

Palliative Care Case Conference

Organisation: _____

Planning Checklist - Home Care

Full name of resident: _____ DOB (dd/mm/yy): _____

Date of case conference (dd/mm/yy): _____ Time: _____

Venue: _____ Room booked: _____

Dial-in telephone number: _____ Code: _____

Case conference facilitator: _____

Goals of case conference:

Family Participants

Name	Role/Relationship	Contact Details

Health and Care Professionals

Name	Role/Relationship	Contact Details

Document (tick as appropriate)	Sent	Accepted/Declined	N/A
Client & family information		A D	
Client & family confirmation		A D	
GP invitation		A D	
GP confirmation		A D	

	Needed	Obtained	N/A
Clinical record (including most recent medication chart)			
Advance care planning document (legal or non-legal)			
Carer document e.g. NAT-C needs assessment form			
Other (specify)			