

# Confirmation for you and your family

Organisation: \_\_\_\_\_

## Palliative care case conference

A palliative care case conference has been organised for:

Name of resident/client: \_\_\_\_\_

Resident/client date of birth (dd/mm/yy): \_\_\_\_\_

Case conference date (dd/mm/yy): \_\_\_\_\_ Start time: \_\_\_\_\_

Location: \_\_\_\_\_

Your involvement in planning care is important. If you are unable to attend in person but would like to join by telephone, please dial in using the following telephone number and code.

Dial-in telephone number: \_\_\_\_\_ Code: \_\_\_\_\_

Your contact for this case conference is:

Name of staff member: \_\_\_\_\_

Role: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please write down if there are any issues you want to talk about and remember to bring this form with you to the meeting so that this can be included.