

Palliative Care Case Conference Planning Checklist - Home Care

Insert name of your organisation

Full name of client: _____ 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		

Document (tick as appropriate)	Sent	Accepted/Declined	N/A
Client & family information	<input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/>
Client & family confirmation	<input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/>
GP invitation	<input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/>
GP confirmation	<input type="checkbox"/>	A <input type="checkbox"/> D <input type="checkbox"/>	<input type="checkbox"/>

	Needed	Obtained	N/A
Clinical record (including most recent medication chart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance care planning document (legal or non-legal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer document eg, NAT-C needs assessment form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>