

Planning checklist: Support at home

Organisation:

Palliative care case conference

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

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

Venue: _____ Room booked: _____

Dial-in telephone number /
online link: _____ Code: _____

Case conference facilitator: _____

Goals of case conference:
*Medicare item codes are
claimable where the GP facilitates
the meeting.

Name of Care Partner: _____

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 summary (including most recent medication chart)			
Advance care planning document (legal or non-legal)			
Carer document e.g. NAT-C needs assessment form			
Other (specify)			