

GP/RACF - ORGANISE & CO-ORDINATE OR PARTICIPATE IN CASE CONFERENCE

NAME OF AGED CARE FACILITY:

Resident name:	Medicare No:	Date of case conference: / /
Address:	Pension No.:	Time started: Time completed:
DOB: Age: Sex:	Record No.:	Case conference organised and co-ordinated by: <input type="checkbox"/> GP <input type="checkbox"/> RACF

DETAILS OF CARE PROVIDERS PRESENT:

Name	Discipline	Contact Number	Signature
1.			
2.			
3.			

Other Participants (optional): Resident Person responsible

RELEVANT HISTORY / PRINCIPLE DIAGNOSIS

CURRENT MEDICATIONS: see CMA or Medication chart(s)

Issue	Summary of outcomes	Actions to be taken	Team member/service provider responsible

Review Date: / /

Confirm resident consent obtained: Yes

Resident/person responsible did/did not request that any information be withheld from other participants. Specify:.....

Copy of document: Placed in resident's medical record Given to all participants including resident/person responsible