Resident Name:	Date of Birth:

Case Conference Checklist		
Reason for case conference:		
☐1-2 months post admission	☐Management initiated	☐Nurse initiated
☐Resident initiated	☐Responsible person/advocate initiated	☐GP/NP/MP initiated
☐Allied Health initiated	☐Annual	☐Other:
How was the conference conducted?		
Individuals represented at the consultation		
☐Resident	☐Resident responsible person/advocate	☐Management
☐Nurse	☐GP/NP/MP	☐Allied Health Professional
☐AIN	☐Hospitality	☐Lifestyle officer
☐Other		
Name/s of individuals present at the conference		
Care Plans Discussed (please document what was discussed)		
Nutrition and Hydration		
Mobility and Transfers		
Skin Integrity		

Communication and Cognition
Behaviour Management
Restraint
Medication Administration
Specialised Nursing Care
Pain Management
Wound Management
Lifestyle and Leisure
Intimacy and Privacy Needs
Sleep and Rest
Allied Health
Palliative and End of Life Care
Hospitality and Maintenance

Does the consumer have concerns or other things they wish to discuss?			
Does the Consumer Representative have anything they wish to discuss?			
Risk Management discussion			
Other Care Plan Areas Discussed			
Resident's Preferences, Needs and Choices Discussion			
Action Items			
Signature of resident (where applicable)			
Name of responsible person			
Signature of responsible person			
Name of GP/NP/MP (where applicable)			
Signature of GP/NP/MP (where required)			
Name of staff member/consultant			
Signature of staff member/consultant			
Next review date for a case conference			
Name of person completing the case conference checklist:			Designation:
Date:	Time:	Date uploaded to iCare	