

Outcome of the Family Meeting*

Date of Meeting_____ Place of Meeting_____

Name of family meeting facilitator: _____

Proposed Purpose of Meeting:

Family Members Present, Name and relationship

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Staff members present. Name and role/discipline

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Key Issues Raised at the meeting

*Key points to be recorded at the completion of the family meeting by family meeting facilitator.

A copy should be provided to the patient and family and one copy kept in the medical record.

Key Actions from the meeting

Action 1. _____

Responsible Person _____ Due Date _____

Action 2. _____

Responsible Person _____ Due Date _____

Action 3. _____

Responsible Person _____ Due Date _____

Action 4. _____

Responsible Person _____ Due Date _____

Action 5. _____

Responsible Person _____ Due Date _____

Follow-up Meeting:

When _____ Where _____