

## 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 \_\_\_\_\_