



XC201180

PLEASE USE ID LABEL OR BLOCK PRINT

HEALTH SERVICE: _____ CASE CONFERENCE CHECKLIST (Residential Aged Care) DOCTOR: _____	Surname	MRN	
	Given Name	DOB	Sex
	Address		Post Code

Date of Meeting:	
Attendees / staff designation (ensure resident is comfortable discussing matters in this forum):	
Any compliments or concerns regarding care / service / staff / environment:	
DISCUSSION POINTS:	Ask resident / representative on areas of care that are good, any concerns especially with regards to feeling intimidated or bullied and how we can support residents to promote optimum health and the resident's civic and consumer rights.
<input type="checkbox"/> Physical Care <i>Skin, dental care</i>	
<input type="checkbox"/> Emotional Support	
<input type="checkbox"/> Environment <i>consider noise, safety, privacy</i>	
<input type="checkbox"/> Choice <i>consider if decision making and independence is promoted</i>	
<input type="checkbox"/> Meals	
<input type="checkbox"/> Laundry	
<input type="checkbox"/> Cleaning	
<input type="checkbox"/> Referral to other health specialists <i>e.g. hearing, vision, etc.</i>	

RC25 CASE CONFERENCE CHECKLIST

HEALTH SERVICE: _____ CASE CONFERENCE CHECKLIST (Residential Aged Care) DOCTOR: _____	Surname	MRN	
	Given Name	DOB	Sex
	Address		Post Code

DISCUSSION POINTS:	
<input type="checkbox"/> Leisure Activities	
<input type="checkbox"/> Cultural Needs	
<input type="checkbox"/> Medication / Pain Management	
<input type="checkbox"/> Administration / Finance / Accounts concerns	
<input type="checkbox"/> Feedback mechanisms <i>Consumer feedback forms Share information on Advocare and Office of Health & Disability Complaints</i>	
<input type="checkbox"/> Palliative care wishes	
<input type="checkbox"/> Security of Tenure <i>Discuss questions on Resident's Handbook and Conditions of Occupancy and reinforce Charter of Resident's rights and responsibilities</i>	
Other comments / suggestions:	
Staff Signature:	Designation:
Resident / Representative Signature:	Print name:
Any areas taken to Continuous Improvement Plan:	
Review date:	