*Initial / Progress / Discharge Planning (delete as appropriate) Family Meeting*

Agenda / Minutes of Meeting

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| --- | --- | --- | --- |
| MEETING DATE: |  | **MEETING TIME:** |  |
| **ATTENDEES:** | **CLIENT:**  **CHAIRPERSON:**  **ACC:**  **FAMILY:**  **STAFF:** | | |
| **APOLOGIES:** |  | | |
| **MINUTES/ACTION POINTS RECORDED BY:** |  | | |

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| MINUTES/NOTES | **ACTION POINT ASSIGNED TO** | **COMPLETION REQUIRED BY** |
| (delete meeting agendas as appropriate for the type of meeting)  **Initial Meeting Agenda:**   * Introductions * Medical background * Goal review: i) ... (insert goals from CMS)   ii) ...  iii) ...   * Assessment findings and what these mean in relation to the goals * Short-term plan & potential length of stay * Identify potential discharge destination * Summary * Next meeting date   **Progress Meeting Agenda:**   * Introductions * Review of: i) initial meeting   ii) goal achievement/progress   * Setting further short term plans * Plan for discharge * Summary * Next meeting date   **Discharge Planning Meeting Agenda:**   * Review of progress towards client goals (insert goals from CMS) * Confirm discharge destination * Identify care support required * Identify therapy support required * Discharge planning * Summary |  |  |
| Family: |  |  |
| Medical: |  |  |
| Physiotherapy: |  |  |
| Occupational Therapy: |  |  |
| Speech & Language Therapy: |  |  |
| Psychology: |  |  |
| Social Work: |  |  |
| ACC: |  |  |
| Plan/Summary of recommendations: |  |  |

Signed:

Dated: