*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:** |  |

|  |  |  |
| --- | --- | --- |
| 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
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| Family: |  |  |
| Medical: |  |  |
| Physiotherapy: |  |  |
| Occupational Therapy: |  |  |
| Speech & Language Therapy: |  |  |
| Psychology: |  |  |
| Social Work: |  |  |
| ACC: |  |  |
| Plan/Summary of recommendations: |  |  |

Signed:

Dated: