

Palliative Care Multidisciplinary Team Meeting

Client and Family/Carer Information Sheet

To assist in providing you with the best possible treatment and care we would like to discuss and plan your care with other health care providers. This will improve the consistency and continuity of your care.

A collaborative specific treatment plan will be developed that will enhance your quality of life and provide optimal outcomes for you. The plan will then be presented to you, and you will have the opportunity to accept, decline, or alter the plan.

Before the meeting, we need to obtain consent from you (or the person who can legally give consent on your behalf) that you agree to the case conference and understand how these meetings are conducted.

Membership of the Multidisciplinary Team Meeting may comprise of:

- Palliative Care Medical Specialist
- Representative from the Community Nurses (or your local nurses)
- Palliative Care Clinical nurse and/or Social Worker
- Your GP
- Other health professionals or service providers who are working with you

Consent

_____ (Staff Name) has explained the purpose of the Multidisciplinary Team Meeting to me. I give permission to discuss my diagnosis, medical history, health and care issues to plan care that is specific to me and my needs whilst I am a patient of the Palliative Care Service.

I have advised _____ (Staff Name) of the information that I do not want discussed at this meeting and understand that my care will not change until I have been informed of the outcome of the MDT meeting.

Client Name: _____ DOB: _____ UR: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date : _____