

SSM Care Conference Record

Part 1: Patient Information		
Patient name:	Patient account #:	
Diagnosis:	Date of admission:	
How are patient's wishes known?		
Patient cognitive/verbal	Advance health care directive Patient's previous request_	
Who is the decision-maker?		
Patient Parents (if minor) Pro	oxy (specify)	
Conference scheduled?		
Yes No (if yes, proceed to P	art 2; if no, explain):	
Part 2: Conference Proceedings		
	Conference date & time:	
Datient present: Ves No	Attending/primary treating physician present: Voc. No.	
Patient present: Yes No Health care team members:	Attending/primary treating physician present: Yes No	
		
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Family members:		
(list name and relation)		
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Issues to be considered (check those add	Iressed)	
Patient's expressed wishes/values		ode Status
Patient/family desires or expectation	nsTreatment options and goals of careP	ain/symptom mgt
Psychosocial and spiritual issues		ther
	• ,	
Discussion, outcomes, and follow-up:		
B 1 1 2 2 2		
Record updated to reflect outcomes of o	conference: Date: Initials:	