

DATE

MDT SUMMARY

RESIDENT

Full Name

NHI

DOB

ROLES

Presenter:

Notes by:

OVERVIEW OF RELEVANT HISTORY

WHY REFERRED

CARE TO DATE

WHAT WAS DISCUSSED?

WHAT WAS DECIDED?

CHECKLIST FOR DISCUSSION

- | | | | |
|--------------------------|-----------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | General condition | <input type="checkbox"/> | Dental |
| <input type="checkbox"/> | Services / professionals involved | <input type="checkbox"/> | Pain and analgesia |
| <input type="checkbox"/> | Met / unmet needs | <input type="checkbox"/> | Mobility |
| <input type="checkbox"/> | Urine/output | <input type="checkbox"/> | Responsive behaviours |
| <input type="checkbox"/> | Labs of note | <input type="checkbox"/> | Medications review, changes |
| <input type="checkbox"/> | Radiology – CT scan etc | <input type="checkbox"/> | Important people, culture, values |
| <input type="checkbox"/> | Food and fluid | <input type="checkbox"/> | Is EPOA activated, on file |
| <input type="checkbox"/> | Weight trend | <input type="checkbox"/> | Advance Care Planning |
| <input type="checkbox"/> | Vitals | <input type="checkbox"/> | Shared goals of care, DNR |
| <input type="checkbox"/> | Past medical history | | |