If case manager, palliative care team or social worker do not attend the family conference, a physician or RN may document the family conference.

1.	Date: Reason:			
2.	Advanced Directive for Healthcare?	Name / re	elationship of patient's proxy:	
3.	Pain / symptom management concerns:			
1.	Family / others present: Name Name	Relationship _		
5.	Hospital participants: (Please list names) Case Manager Chaplain Charge Nurse Hospice Staff		Interpreter	
6.	Summary of conference:			
<b>7</b> .	Goals:			
	Plan:			
	Patient's Code status:			
jıg	nature of Recorder		Date / Time	

St. Joseph Hospital ST. JOSEPH

PATIENT / FAMILY CONFERENCE
PROGRESS NOTE

PATIENT ID

8212-0001 (3/09/09) PMM # 116221