AGENDA

Patient/Client _____ Date _____

Team members in attendance

✓ Release check. All on release or new release completed.

Name	Relation

IMPORTANT TO – input from (Patient/Client) _____ only

IMPORTANT FOR – input from professionals/family/friends

CHOOSE TOP THREE

- Discuss strategies to obtain goals/address issues
- ACTION PLAN - Assign roles and person responsible
- Timeline

FOLLOW UP PLAN

- next meeting scheduled if needed
- Shared Care Plan – how will it be shared