**WHAT IS IMPORTANT? WHAT MATTERS?** (prioritized with patient)

*Patient-identified needs & priorities*

- 
- 
- 

**WHAT ARE SOME CHALLENGES?** (identified by patient and/or care team member)

*Barriers to accomplishing the above*

- 
- 
- 

**WHAT ARE THE NEXT STEPS?** (agreed upon by all)

*Care team steps & responsible party*

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*Patient steps*

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**ADDITIONAL INFORMATION**

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FOLLOW-UP
Date & time: ______________________________
Name(s) of care team member(s): ______________________________________________________
Notes (information shared, decisions made, care plan modifications, etc.)
______________________________________________________________________________
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