



PATIENT: \_\_\_\_\_ NOTE-TAKER: \_\_\_\_\_

MEETING ATTENDEES: \_\_\_\_\_

LOCATION:  private  chairside  other: \_\_\_\_\_ DATE: \_\_\_\_\_

**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*

*Time frame*

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

*Patient steps*

*Time frame*

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**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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**FOLLOW-UP**

Date & time: \_\_\_\_\_

Name(s) of care team member(s): \_\_\_\_\_

Notes (information shared, decisions made, care plan modifications, etc.)

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Date & time: \_\_\_\_\_

Name(s) of care team member(s): \_\_\_\_\_

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