


**Appendix 18.2: Clinical documentation
Clinical discussion (case conference) proforma**

 Queensland Government	PLEASE AFFIX CLIENT LABEL HERE			
	Family Name:		URN:	
	Given Names:			
Health Service District	Date of Birth: / /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
CLINICAL DISCUSSION PROFORMA – CHILD				
Date	/ / 2010			
Cluster (optional)	A		B	
Case Coordinator				
Attending Disciplines	OT		PT	
	Medical		SW	
	Psych		SP	
	EIPS		Diet	
	Aud		Pod	
Discussion Points				
Diagnostic Category (optional)				
Treatment Outcome				
Pathway Agreed & Disciplines (if relevant)				
Actions				
Feedback Session	Yes		No	/ / 20
Goal Setting	Yes		No	/ / 20
School /other agency visit	Yes		No	/ / 20
Team Report sent to family	Yes		No	/ / 20
Additional review required	Yes		No	/ / 20
Documented by	Signature		Date / / 20	

⊗
 BINDING MARGIN
 DO NOT WRITE

CLINICAL DISCUSSION PROFORMA - CHILD