Department of Health Western Australia WA Cancer and Palliative Care Network		Family Name	UMRN	
	CARE PLAN FOR THE DYING PERSON – COMMUNITY	First Name	DOB	Gender
	Hospital:	Address		Postcode
	Doctor:			

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Hospital:		Address		Postcode
Doctor:	– COMMUNITY : Integrated progress n Report the following: changes i ess of Care Plan, and ongoing me			
Section 8	: Integrated progress r	otes		
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Section 8: Integrated progress notes

Important: Report the following: changes in condition, **minimum daily MDT review** including appropriateness of Care Plan, and ongoing care, significant events/conversations/visits, or other.

Date	Time	Notes
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