





Department of Health Western Australia  
WA Cancer and Palliative Care Network

### CARE PLAN FOR THE DYING PERSON – COMMUNITY

Family Name

UMRN

First Name

DOB

Gender

Hospital: .....

Address

Postcode

Doctor: .....

## 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

**SAMPLE ONLY - DO NOT PRINT**  
Order from iProc on 186481J

