

IMT YH Palliative Care Case Presentation Form

Date	Presenter	Session
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Patient Information: Please do not include any patient identifiable information on this form

Please aim to complete as much of the form as possible. It is acceptable to be brief and to use abbreviations. The form is used as a guide to support you with presenting your case.

Age:	Gender:	Original Presentation:
What are the main questions or concerns you have about this patient?		

What do you hope to understand more about to support you with this case? *(Check all that apply)*

Pain and Symptom management	<input type="checkbox"/>
Communication (e.g. addressing goals of care / delivery of bad news)	<input type="checkbox"/>
Spiritual, emotional, or existential distress	<input type="checkbox"/>
Advanced care planning	<input type="checkbox"/>
Ethical Issues	<input type="checkbox"/>

Brief history of presenting complaint
Current and Past medical history
Current medications and therapies

Allergies / Adverse drug responses

Social and spiritual History

Review of Symptoms (Please score all even if not present)

0=none 1=mild 2=moderate 4= severe 5= overwhelming

Pain	
Shortness of breath	
Weakness or lack of energy	
Depression	
Nausea	
Vomiting	
Poor appetite	
Constipation	
Sore or Dry Mouth	
Poor Mobility	

List the learning points you took from this case

- 1.
- 2.
- 3.

Please provide any other information you feel is important

Please ensure that no person identifiable information has been included

Please return your completed form to : **Sandra Gregory, Project ECHO support**
Assistant at s.gregory@hospicesheffield.co.uk