

CARE PLAN MEETING SUMMARY

Resident's Name: _____ Date: _____

Reason for meeting: *Quarterly* *Annual* *Significant Change*

Nursing notes

Dietary notes: Weight from previous quarter _____ Current weight _____

Dietary changes: Yes No Date of change _____ Reason for change _____

Resident's preferences

Social services notes: _____

Therapy notes: PT OT ST Restorative

Resident/Family requests/complaints: _____

Signature(s) of attendees:

Date(s):

Resident/family requests a copy of care plan: Yes No