CCSSA
CRITICAL CARE SOCIETY OF SOUTHERN AFRICA

PATIENT STICKER
Include ID no. and medical aid details

FAMILY COUNSELLING FORM

Pre-admission level of function/QOL: MRC/NYHA score: ....

Working Diagnosis: ....

....

Complications: ....

....

Co-morbidities: ....

....

Method of discussion: *Telephonic* ☐ *In person* ☐

Reason for discussion: *Collateral history* ☐ *Decision making* ☐ *Update on patient condition* ☐
EOL/non-beneficial care discussion ☐

Date: ..../........../.................. **Time at start:** .... : .... **Time at completion:** .... : ....

Is patient present during discussion?: *Yes* ☐ *No* ☐

If no, why?: *Intubated* ☐ *Unconscious* ☐ *Unable to leave ICU care* ☐ *Low GCS* ☐
Unable to comprehend discussion (confusion/delirium/psychosis/dementia) ☐ *Other* ☐

Name of family member in attendance	Contact number	Relationship
1.		
2.		
3.		
4.		

Contact details and contact no. of persons (agreed on by family) to act as liaison for further communications:

Name: .... **Contact no.:** ....

Name: .... **Contact no.:** ....

NOTES OF MEETING: ....

....

....

....

Name of attending doctor: .... **Signature:** ....

Name of attending registered nurse: .... **Signature:** ....

Other HCPs present in meeting: *Yes* ☐ *No* ☐

If yes,

1. Name: .... FOM: .... Signature: ....
2. Name: .... FOM: .... Signature: ....

Translator required?: *Yes* ☐ *No* ☐ Language used: ....

Name of translator: .... Position: .... Signature: ....

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