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 Unit Record No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_

**ATTACH LABEL HERE**

**MAR**

**2015**

**ADVANCE CARE PLAN**

**DISCUSSION RECORD**

**This document and the Advance Care Plan (ACP) are to be kept in the “green sleeve” at the front of the patient’s current medical record.**

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| Record of patient ACP documents entered into or removed from medical record. |
|  | ACP document 1 | ACP document 2 | ACP document 3 | ACP document 4 |
| Date Entered |  |  |  |  |
| Entered by (sign) |  |  |  |  |
| Date removed |  |  |  |  |
| Removed by (sign) |  |  |  |  |
| **Discussions** |
| **Date** | **Summary of discussion and materials given** | **Who was involved in the discussion?** | **Name of ACP consultant** |
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ACP – DISCUSSION RECORD

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| **Discussions (cont.)** |
| **Date** | **Summary of discussion and materials given** | **Who was involved in the discussion?** | **Name of ACP consultant** |
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