HC4 CHC ASSESSMENT MEETING	
Date	
Time	
Location	
Chair person	
Minute taker	

Attendees			
Name	Role	Agency	Contact Information

Apologies			
Name	Role	Agency	Contact Information

Agenda

1. Welcome and Introductions
2. Confirm understanding of confidentiality, recording and data sharing
3. Overview of the CHC review process
4. Summary from provider
5. Input from the person or their representative
6. Input from Health and Social Care professionals
7. Review of CHC assessment domains
    a) Breathing
    b) Nutrition
    c) Continence
    d) Skin Integrity
    e) Mobility
    f) Communication
    g) Psychological and Emotional needs
    h) Cognition
    i) Behaviour
    j) Drug Therapies and Medication
    k) Altered state of consciousness
    l) Other significant Needs
8. Scoring and Eligibility Decision
9. Actions and Responsibilities
10. Closing remarks from Chairperson

Minutes	
1	
2	
3	
4	
5	
6	
7	
8	

Actions			
No.	Description	Who is responsible	Due date
1			
2			
3			
4			
5			