### Name of Care Home

Date, year

Fax number

Dr. X

Victoria, BC

Dear Dr. X,

Re: Care Conference Notification

This letter is to advise you of a scheduled Care Conference involving your resident(s) who are currently residing at Name of Facility on **Day of Week, Month, Day, Year.**

ResidentFirstName LastName - time of care conference

ResidentFirstName LastName - time of care conference

ResidentFirstName LastName - time of care conference

The meeting will be held in the Conference Room located on the main floor of the facility, and will be 30 minutes in length.

As you know, care conferences are interdisciplinary in nature; your attendance is valued and appreciated. Please indicate below whether or not you are able to attend, and also note any concerns or issues you would like addressed at the care conference. You may return this form either by mail or fax. Our fax number is 250-000-0000.

If you are unable to attend, you may review the care conference report in the resident health paper or electronic record.

With thanks,

Name of writer and contact information

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| --- |
| 1. I will \_\_\_\_ /will not \_\_\_\_ be attending this Care Conference.
2. I would like the following issues/concerns addressed at the Care Conference:
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***Please return by fax as soon as possible. Thank you!***