



**Queensland
 Government**

**Care Plan for the
 Dying Person (CPDP)
 Clinical Notes Additional Page**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Please document **all multidisciplinary notes** within the CPDP Clinical Notes

CPDP Clinical Notes

DATE / TIME

Add signature, printed name, staff category, date and time to all entries
MAKE ALL NOTES CONCISE AND RELEVANT
 Leave no gaps between entries

DO NOT WRITE IN THIS BINDING MARGIN

CPDP CLINICAL NOTES ADDITIONAL PAGE

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SW270b

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