

Risk Management Team Meeting Summary

Individual Name	Individual No.	Date of Meeting
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Individual's circumstances/condition which place individual at risk:

Individual's capacity to make an informed choice:

Needs which **are** being met by CCSE services:

Decision to proceed with individual and/or caregiver meeting:

Options to discuss with individual and/or caregivers:

Monitoring plan (specify how often and by whom contacts will be made):

Signature – Team Member

Date

Signature – Team Member

Date

Signature – Team Member

Date

Signature – Team Member

Date