**GP PRACTICE MDT MEETING DECLARATION & CLAIM FORM**

**Complex Care Case Management Local Commissioned Service**

**Once completed (1 form per meeting), please email this form to**

[camdenlcs@nhs.net](mailto:camdenlcs@nhs.net)

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| **PRACTICE NAME** |  |
| **DATE OF PRACTICE MDT MEETING** |  |
| **TIME OF MEETING** |  |
| **VENUE OF MEETING** |  |
| **ATTENDEES (Please list all staff names & roles who attended the practice MDT)** |  |
| **NUMBER OF PATIENTS DISCUSSED AT MDT** |  |
| **SUMMARY OF ACTIONS AGREED** |  |
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