|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Local logo |  | Patient name: |  |
| NHI: |  |
| DoB: |  |

# Staff signature sheet

Please sign below if completing any Te Ara Whakapiri documentation.

| **Name** | **Designation** | **Signature** | **Initials** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Multidisciplinary team (MDT) review

A multidisciplinary team (MDT) review should take place every three days, if the person’s condition improves or if they or their family/whānau express concern about the plan of care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reassessment date: |  | Reassessment time: |  | Initials: |  |
|  |  |  |  |  |  |
| Reassessment date: |  | Reassessment time: |  | Initials: |  |
|  |  |  |  |  |  |
| Reassessment date: |  | Reassessment time: |  | Initials: |  |