My MDM – Getting ready for my meeting and feedback

This form will be given to the ward team before you see them

Please be aware that there is resource directory stored on the G Drive, outlining provisions in the local area for patients cultural needs.

Name:
Date:
Changes I would like to make to how my MDM is run today
(example: How many people do you want in the room, where the MDM takes place, any other adjustments)
Cultural and sensory questions relating to MDM
- Would you like assistance from an interpreter during any of your MDM sessions? For instance, would you prefer to communicate in your native language? - Are there any traditions or practices that are important to you? For instance, any specific prayer times for us to be aware of? - Do you have any cultural or spiritual beliefs you would like support with during your MDM?
Things that have gone well for me over the last 2 weeks

Things that have not gone so well for me over the last 2 weeks
Things I would like to work on to help me progress
My Requests
Feedback
(To be completed after/during meeting upon request) Outcome: Outcome:
Staff present