**Future Feeding Planning - Annual Review Form**

**Current decision re: future feeding options:** Click here to enter text.

This form should be used annually and also if the decision is reviewed following a significant change in circumstances (e.g. patient deterioration, family/patient request). If the patient is for a feeding tube, then this no longer needs to be carried out following feeding tube insertion.

**If Best Interests Decision in place:**

This decision should be discussed by the MDT at least annually to ensure that all are agreed that the decision remains in the patient’s best interests. If the original decision is in question then appropriate action should be taken and documented e.g. discuss with family, further best interests meeting. The Booklet should be updated as required.

**If patient made own decision with capacity:**

Discuss informally with patient on an annual basis to check they still agree with their decision. If concerns regarding patient capacity, it may be appropriate to complete further capacity assessment – discuss as an MDT.

The form should be kept with the Booklet in the patient medical record.

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| **Date** | **Consultees** | **Summary of key points discussed** | **Conclusion** | **Doctor’s signature:** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Date** | **Attendees** | **Summary of key points discussed** | **Conclusion** | **Doctor’s signature:** |
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