Meeting Minutes & Workshop Notes Template

for XYZ Clinic Appointment System

VERSION 1.0

Prepared for



4/05/2025

Prepared by

Blueage Marketing Team

1. Meeting Overview

Field	Details
Meeting Title	Stakeholder Workshop – Booking System Requirements
Date & Time	08/05/2025, 10:00 AM – 11:30 AM
Location	Zoom / Conference Room B
Facilitator	[Your Name], Business Analyst
Recorder	[Your Name] or Assigned Note-Taker
Project Name	XYZ Clinic Online Appointment System

2. Attendees

Name	Role	Department	Attendance
Dr. Ayo Bayo	Project Sponsor	Management	\checkmark
Shade Bisi	Operations Manager	Admin	\checkmark
Damilola Japa	IT Lead	IT/Development	\checkmark
Mary Mac	Receptionist (End User)	Front Desk	×

3. Agenda

- 1. Review project goals
- 2. Discuss booking system user flows
- 3. Identify pain points in current process
- 4. Capture new and updated requirements
- 5. Define next steps and responsibilities

4. Key Discussion Points & Notes

Торіс	Summary / Notes
Booking Process Flow	Stakeholders confirmed steps for booking, rescheduling, and canceling appointments
Pain Points	Manual errors, long call wait times, no audit trail for cancellations
New Requirement Identified	Patients should receive SMS & Email reminders; rescheduling option needed

UX Concern	System must be mobile-friendly for patients who prefer smartphones
Technical Consideration	Integration with existing EHR system to avoid data duplication

5. Action Items

Action Item	Responsible Person	Due Date	Status
Draft updated process flow diagram	[Your Name]	09/05/2025	In Progress
Confirm SMS API integration feasibility	Lisa Ben	10/05/2025	Not Started
Send follow-up meeting invite	Shade Bisi	09/05/2025	Completed

6. Decisions Made

- Booking system will require both email and SMS notifications
- Rescheduling feature will be included in the MVP
- Admin users will have dashboard access with audit logs

7. Next Steps

- Finalize Functional Requirements Document (FRD)
- Review and approve process flow diagram
- Schedule UAT planning session

8. Approval

Name	Role	Signature	Date
Shade Bisi	Operations Manager		
[Your Name]	Business Analyst		