

Clinical Practice

Practice Assessment Report

Clinical Observation Form

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

Physician Name:

#1 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?):

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):

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#1 Patient ID (Initials and Date of Birth):

Formulation of Differential Diagnosis (Did the physician formulate an appropriate diagnosis?):

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Management Plan, Investigations and Treatment, including referrals (Was the treatment, investigation, management plan and/or referral appropriate?):

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Communication Skills (Did the physician provide an opportunity for the patient to ask questions?):

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