

Patient computer ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Patient DOB: \_\_\_/\_\_\_/\_\_\_ Gender: Female  Male

**1. Is this consultation:**

(tick **one**) Telephone   
Face-to-face

*Please tick box if patient did NOT attend/  
Could NOT be contacted by phone*

**2. Health Professional:** Patient's GP   
(tick **one**) Duty GP   
Other GP   
Nurse   
Nurse Practitioner   
Other \_\_\_\_\_

Health Professional Initials: \_\_\_\_\_

**3. START TIME** \_\_\_ : \_\_\_ (from computer screen)

**4. Content** (please tick one box for each line)  
0= no content; 1= some; 2= substantial

**5. Further information** (tick as many as apply)

Physical	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Social	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Psychological	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Admin	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Prescription given/arranged?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Investigation ordered?	yes <input type="checkbox"/>	no <input type="checkbox"/>
If yes:		Bloods <input type="checkbox"/>
		Urine <input type="checkbox"/>
		Swabs <input type="checkbox"/>
		XR <input type="checkbox"/>
		Other <input type="checkbox"/>

(tick as many as apply)

**6. Follow-up at practice advised?** yes  no   
If yes: Same day   
Next day   
Within 3-7 days   
Later than 7 days   
With whom: GP   
Nurse   
Other   
What type: Face-to-face   
Telephone   
Home visit

**7. Referred to hospital?** yes  no   
If yes: Same day   
2 week wait   
Routine

**8. Other referral?** yes  no

**9. LAST QUESTION!**

“Thank you. As part of our research, we will send you a short questionnaire about your experience of care today. We would be grateful if you would fill it in and return it to the research team we’re working with. We would also like a researcher to look at your notes in about 12 weeks’ time to examine whether you’ve needed any further help or advice.

Would that be OK?”

Yes   
No

**10. END TIME:** \_\_\_ : \_\_\_ (from computer screen)