**High School Health Centre.**

**Main Street**

**London**

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| **Doctor’s Name:** |  | **Patient’s Name:** |  |

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| **Date and time of appointment:** |  | **Room number:** |  | **Recent photograph of patient:** |  |

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| **What was your first impression when you visited the patient?** |

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| **What physical symptoms did the patient display?**  **What psychological symptoms did the patient display?** |

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| **What is your overall impression of your interview of the patient?**  **Use specific examples of what they have said in your answer.** |

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| **What is your advice to the patient?** |

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| **Signature of doctor:** |  |  | **Once this form has been completed, it must be checked and signed by the consulting doctor.** |  |

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| **Peer Consultation.**  Share this medical report with another colleague in your department. Your colleague should detail here whether they concur or not and why.  Colleague’s name and signature:  Colleague’s opinion: Agree with diagnosis / disagree with diagnosis.  Why?: |