# Consultations Review Log

Please use this sheet when reviewing each consultation prior to submission. (Boxes will expand as you type.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consultation No** | **Date and Time** | **Length of consultation** | **Reason for consultation**  *(add relevant background information including medication)* | **Age and sex of patient** | **Consent (Y/N)** |
|  |  |  |  |  |  |

Consider each of the areas listed below and rate your consultations 1 - 5 (poor - excellent) and explain your choice underneath. The reviewer will use this information when formulating feedback.

|  |  |  |
| --- | --- | --- |
| **Area** | **Score (1-5)** | **Reflection** |
| **Communication** |  |  |
| **Partnership** |  |  |
| **Health Enablement** |  |  |
| **Management Plan** |  |  |
| **Summary of learning points in this:** | |  |
| **Consider if this is a representative sample of your work:** | |  |

*(Save/use new copy of this form for each consult review.)*