Pro Forma for Equipment Availability

Sessional GPs check in “Available in Bag” column only

| **EQUIPMENT** | **Available in** | | | **Comments**  *(Sessional GPs should reflect on how you ensure you have access to appropriate equipment to enable your delivery of appropriate standard of care where you practice)* |
| --- | --- | --- | --- | --- |
| **Practice** | **Consulting Room** | **Bag** |
| Auroscope / speculae |  |  |  |  |
| Ophthalmoscope |  |  |  |  |
| sphygmomanometer (tested) |  |  |  |  |
| Stethoscope |  |  |  |  |
| Thermometer |  |  |  |  |
| Peak Flow meter |  |  |  |  |
| Weighing scales |  |  |  |  |
| Tape measure for height |  |  |  |  |
| Vaginal Speculae |  |  |  |  |
| Tuning Fork |  |  |  |  |
| **Disposables** | | | | |
| Cytobrushes |  |  |  |  |
| Tongue depressors |  |  |  |  |
| Gloves |  |  |  |  |
| Syringes and needles |  |  |  |  |
| Phlebotomy equipment |  |  |  |  |
| Flourescene / anaesthetic eye drops / blue light |  |  |  |  |
| Urine sticks |  |  |  |  |
| Speculae/ proctoscopes |  |  |  |  |
| Urine testing sticks |  |  |  |  |
| Liquid Soap |  |  |  |  |
| Paper towels |  |  |  |  |
| **Others** | | | | |
| [Insert details] |  |  |  |  |
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| **Signature:** |  |
| **Date:** |  |