

Case Notes Review Form

Practice ID

Patient ID Number

DOB

Gender

Review Date

Is the patient still registered with the surgery?

Yes

No

If no, has the patient:

Moved away? (date)

Died? (date)

Date of same day appointment request

Contacts within 4 weeks up to and including:

Emergency Hospital Admissions within 7 days up to and including:

No contacts after index consultation

		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
		Contact 1- Index	Contact 2	Contact 3	Contact 4	Contact 5	Contact 6	Contact 7	Contact 8	Contact 9	Contact 10	Contact 11	
		Not Found											
GP Surgery Contacts	GP: In Surgery												
	GP: Telephone												
	GP: Home Visit												
	GP: Unspecified												
	Nurse: In Surgery												
	Nurse: Telephone												
	Nurse: Home Visit												
	Nurse: Unspecified												
	General Unspecified												
	DNA												
WIC Contacts	Doctor	Index contact -Should have Clinician Form-											
	Nurse												
	Unspecified												
OOH Contacts	Doctor: In Surgery												
	Doctor: Telephone												
	Doctor: Home Visits												
	Nurse: In Surgery												
	Nurse: Telephone												
	Nurse: Home Visit												
	Unspecified												
A&E Contacts	A&E contact												
Hospital Admission**	Emergency Admission												
	Bed days												

Researcher Comments

** Hospital Admission Codes: Unrel = Unrelated admission; R-P = Related, planned admission; R-U = Related, unplanned admission