Alternative Professional Questionnaire for GP consultations

Please complete one page per day for one week

Name :

Role:

Week commencing : __/___ /20__

For every patient seen, please complete the questions using 5-bar gate tallies, as illustrated:

Could this patient have been seen and appropriately managed by another healthcare professional?
Yes
No (only by GP)

Please return to :

Office use only	No Pts	Yes	No	ANP	Para medic	Physio	Pharm	Phys Ass	Prac Nurse	MH	HCA	Social pres/ care coord	Elsewh	Other
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