

In Waiting Room

Date ____ / ____ / ____

Where _____ Time _____

Your name _____

Child name _____

Age _____ Weight _____ kg Height _____ cm

Problem _____

Where on Body (eg left arm) _____

Pain Level (1 no pain - 5 crying)

1 2 3 4 5

General Health

Very Sick Sick Normal

Consultation with Doctor

Take Photo of Video of Child and Doctor

Doctor name _____

Main Diagnosis _____

Other Issues _____

What other diagnosis could it be? _____

Solution _____

Alternative solution _____

What happens if do nothing 6 months? _____

What can child do better after surgery?

No Pain Sport School

Other _____

Chance of bad outcome

High Normal Low

What pain relief now for child? _____

After Consultation

How long was consult _____ (mins)

Was child co-operative

Yes No

Were parents at consult

Yes No

Names of parents _____

Any other comments _____

Next Step (and when) _____

Other comments _____

1. Send Photo or Video of Child and Doctor
2. To morechildsurgeries
3. To Selian Admin

Doctor

Outreach

Admin