

A - Notes review form for INTERVENTION Practice

<Study ID number>

Emis number DOB Gender

Is patient still registered at the surgery? Yes No If no, has the patient: left? ___/___/___ died? ___/___/___

Date of consent to trial 15 month date up to and including

3D review contacts	Where	When	PHQ9	Patient priority	EQ5D pain	Medication adherence	First goal	Patient first goal	Clinician first goal	Readcode added
Nurse first review										
GP first review										
Pharmacist										
Nurse second review										
GP second review										

		Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
WIC contacts	Doctor								
	Nurse								
	Unspecified								
OOH contacts	111 phone call								
	OOH: Telephone								
	OOH: Surgery								
	OOH: Home visit								
	Ambulance but not sent to hospital								
Hospital	A&E ¹								
	Hospital Admission ²								

¹ Please complete corresponding A&E form
² Please complete corresponding hospital admission form

Date review completed:

Completed by:

B - Notes review form for USUAL CARE practice

<Study ID number>

Emis number

DOB

Gender

Is patient still registered at the surgery? Yes

No

If no, has the patient: left? ___/___/___

died? ___/___/___

Date of consent to trial

15 month date up to and including

		Date	Date	Date	Date	Date	Date	Date	Date
		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
WIC contacts	Doctor								
	Nurse								
	Unspecified								
OOH contacts	111 phone call								
	OOH: Telephone								
	OOH: Surgery								
	OOH: Home visit								
Hospital	Ambulance but not sent to hospital								
	A&E ¹								
	Hospital Admission ²								

¹ Please complete corresponding A&E form

² Please complete corresponding hospital admission form

Date review completed:

Completed by:

Out-patient clinics (including day cases):

Date	Speciality (e.g. cardio, respiratory)	Role of person seen (e.g. consultant, nurse)	First or follow-up visit	NHS or private	Comments/procedures

Screening / scan appointments

Date	What - screening (e.g. bowel cancer, diabetic eye, aortic aneurysm) / scans (e.g. xray, CT scan)	Whether attended / DNA'd	NHS or private

<p>Patient death details</p> <p>Cause of death:</p> <p>Any other information:</p>
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Date review completed:

Completed by:

Out-patient clinics (including day cases):

Date	Speciality (e.g. cardio, respiratory)	Role of person seen (e.g. consultant, nurse)	First or follow-up visit	NHS or private	Comments/procedures

Screening / scan appointments

Date	What - screening (e.g. bowel cancer, diabetic eye, aortic aneurysm) / scans (e.g. xray, CT scan)	Whether attended / DNA'd	NHS or private

<p>Patient death details</p> <p>Cause of death:</p> <p>Any other information:</p>
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Date review completed:

Completed by:

C - A&E attendance form

Patient Emis number

Practice ID

A&E attendances

Date	Primary diagnosis/reason for visit	Investigations	Treatments	Outcome
		Vital signs	Advice	Discharged
		Biochemistry	PO drugs/PR drugs/Eye drops	Admitted
		Haematology	I/V Cannulation	
		Urinalysis	I/V Drugs	
		ECG	I/V infusion	
		X-ray	LP	
		CT scan	Catheter	
		Ultrasound	Dressing	
		Blood gasses		
		Blood glucose		
		Oximetry / SATs		
		Other	Other	Other

A&E attendance form

Patient Emis number

Practice ID

A&E attendances

Date	Primary diagnosis/reason for visit	Investigations	Treatments	Outcome
		Vital signs	Advice	Discharged
		Biochemistry	PO drugs/PR drugs/Eye drops	Admitted
		Haematology	I/V Cannulation	
		Urinalysis	I/V Drugs	
		ECG	I/V infusion	
		X-ray	LP	
		CT scan	Catheter	
		Ultrasound	Dressing	
		Blood gasses		
		Blood glucose		
		Oximetry / SATs		
		Other	Other	Other

D - Hospital Admissions form

Patient Emis Number

Practice ID

Hospital admissions

Date admitted	
Date discharged	
Specialism / Ward	
Presenting diagnosis / reason for admission	
Significant procedures e.g. physio, operations*	
Type of admission (Elective / unplanned etc)	
Comments	

*You do not include scans / bloods / routine tests

Hospital Admissions form

Patient Emis Number

Practice ID

Hospital admissions

Date admitted	
Date discharged	
Specialism / Ward	
Presenting diagnosis / reason for admission	
Significant procedures e.g. physio, operations*	
Type of admission (Elective / unplanned etc)	
Comments	

*You do not include scans / bloods / routine tests

