

Doctor's encounter form [As supplied by authors]

Time [start watch on patient's entry, stop on exit]

Min _____ **Sec** _____

Interruptions

Min _____ **Sec** _____

Separate issues

How many did you identify?

N _____

By the way events

[The patient raises a further issue after either:

- rising to go to the door

- you have put the notes back in the envelope

- you have completed the prescription]

Yes **No**

Parent or guardian presenting a child

Yes **No**