



Case-based Discussion Level

Name: _____

GMC Number: _____

Assessment details

Date of assessment:

Focus of assessment (tick all that apply)

- Assessment of a psychiatric emergency (acute psychosis)
- Assessment of change in functioning
- Assessment of a common psychiatric condition
- Assessment of a complex psychiatric condition
- Assessment of response to treatment
- Assessment of a severe and enduring mental illness
- Assessment of a psychiatric emergency (suicidal feelings and acts)
- Management of a psychiatric emergency (acute psychosis)
- Management of a common psychiatric condition
- Management of a severe and enduring mental illness
- Management of a psychiatric emergency (suicidal feelings and acts)
- Obtaining informed consent
- If the focus of the assessment is not listed above then please describe it here

Clinical setting CMHT Crisis/ Emergency General Hospital In-patient
 OPD Other (Please specify)

Previous contact 0 1 – 4 5 – 9 >9

Complexity High Average Low

Diag 1: F

Diag 2: F



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Assessment gradings

Please use the following rating scale:

- 1 - 3 Below expected standard
- 4 Meets expected standard
- 5 - 6 Above expected standard
- U/C Unable to comment

	1	2	3	4	5	6	U/C
Clinical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical assessment/ diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment/ management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up/ care planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment comments

Anything especially good

Suggestions for development