ENHANCED ACCESS
BUSINESS CONTINUITY PATIENT CONSULTATION TEMPLATE

Clinician: [ ]   Signature: [ ]

Patient Surname: [ ]   Forename: [ ]   DOB: [ ]

Date: [ ]   Time seen: [ ]   Duration: [ ]

Presenting problem;

[ ]

Advice Given;

[ ]

Medication issued;

Drug:	Quantity;	Dose:

Follow Up?   Yes [ ] No [ ]   If yes, when? [ ]

Date consultation entered onto EMIS and sent to registered GP: [ ]

By whom: [ ]

Signature: [ ]

Please continue overleaf as necessary………………