**EVALUATION TOOL FOR THE CLINICAL CASE REPORT**

**STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CRITERIA** | **RATE** | **REMARKS** |
| **RATING SCALE TO BE USED. NO DECIMAL POINTS PLEASE**  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **1 – 3 needs improvement 4 – 6 Deficiencies but Acceptable**  **7 – 9 very well executed with only minor deficiencies 10 = outstanding**  |
| **CLINICAL HISTORY: The student must have given the following information about the patient** | RATE | REMARKS  |
| 1. General data/ profile of the patient and chief complaint
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| 1. Chief complaint and main reason for the consultation
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| 1. Sequential narrative of the history of present illness
 |  |  |
| 1. Past Medical and any current co morbidity and how it is being managed…. Including drugs and status
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| 1. Family history – genogram of household
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| 1. Personal social – lifestyle
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| 1. Psychosocial context of the patient – personal thoughts and feelings , expectations and impact of current medical problem; family context if relevant to medical problem
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| 1. Immunization history
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| 1. Review of systems
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| **PHYSICAL EXAM FINDINGS:** |  |  |
| 1. Head and neck
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| 1. Chest and Cardio-pulmonary
 |  |  |
| 1. Abdominal exam
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| 1. Musculoskeletal exam and skin findings
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| 1. Neurologic exam
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| 1. Any special exam indicated because of patient’s medical problem
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| **WORKING DIAGNOSIS** |  |  |
| 1. Identified the main medical problem of the patient pertinent to the main reason for consultation
2. Identified other problems patient may have
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| **PROPOSED MANAGEMENT** |  |  |
| 1. Diagnostic confirmatory tests if needed
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| 1. Pharmacologic intervention
 |  |  |
| 1. Non pharmacologic intervention
 |  |  |
| 1. Preventive care recommendations
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| 1. Referrals if indicated
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