



### Consultation Report

REQUEST FOR CONSULTATION:

TO:

DATE dd/mm/yyyy: \_\_\_\_\_

FROM:

TIME hh/mm: \_\_\_\_\_

REASON FOR CONSULTATION:

- CONSULTATION ONLY [ ]
- URGENT CRITICAL [ ]
- CONSULTATION, MANAGE CARE [ ]
- CONSULTATION, CONCURRENT CARE [ ]

\_\_\_\_\_

Signature of Attending Physician.

### Consultant's Interim Report

DATE: dd/mm/yyyy

TIME: hh/mm

SIGNATURE OF CONSULTANT