

Clinician patient assessment form

NAME OF PATIENT

Date of birth/...../..... Hospital number

You are asked to provide your considered clinical opinion and tick one of the below declarations:

- ☐ Having made the appropriate diagnostic investigations, I intend to give treatment that is immediately necessary to save the patient's life, prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.
- ☐ Having made the appropriate diagnostic investigations, I intend to give urgent treatment that is not immediately necessary to save the patient's life but cannot wait until the patient returns home. If the patient's ability to return changes, I will reconsider my opinion.
- ☐ Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is non-urgent and it can wait until they return home. If the patient's ability to return changes, I will reconsider my opinion.
- ☐ I must make further investigations before I can assess urgency.

Date/...../..... Signed (doctor)

Date/...../..... Signed (overseas visitors
manager/administrator)