

Practice monitor log

Title and full name of practitioner: _____ Location of contact: _____

Date and time of health service	Patient's full name, date of birth and contact number	Please state whether contact ¹ with patient was 'in person' or on a 'communication device' (e.g. phone)	Practice monitor signature	Date and time signed by practice monitor	Practitioner signature	Date and time signed by practitioner

Practitioner declaration

- I confirm that a practice monitor was in attendance for all patients listed above with whom I had contact either in person or on a communication device, and that consent was obtained from each patient and documented in accordance with the requirements of the conditions imposed on my registration.
- I authorise staff of the Office of the Health Ombudsman to contact my place of practice to verify the information contained on this form and in appointment records, for the purpose of determining my compliance with the conditions imposed on my registration.

Practitioner signature: _____ Date: _____

¹ Including consultation, interview, examination, assessment, prescribing for, advising, or otherwise treating a patient.

Office of the Health Ombudsman

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