

## AUDIT PRE-TREATMENT INFORMATION

Practice Name:		Date:	
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Have you included the following information:	Yes ✓	Comments
1. Methods of examination and treatment used in your clinic	<input type="checkbox"/>	
2. Patients need to get undressed and suitable clothing for treatment	<input type="checkbox"/>	
3. Information about the need for touch and physical examination	<input type="checkbox"/>	
4. The extent of treatment given at the first appointment	<input type="checkbox"/>	
5. Costs of treatment	<input type="checkbox"/>	
6. Option of a chaperone	<input type="checkbox"/>	
7. Treatment benefits and risks	<input type="checkbox"/>	

It is Good Clinical Practice to include information on the following:	Yes ✓	Comments
1. Triage takes place at the first appointment, referral may be necessary	<input type="checkbox"/>	
2. How and when the practice communicates with wider network of health professionals	<input type="checkbox"/>	
3. Signed permission to contact the patient's GP	<input type="checkbox"/>	
4. How to obtain advice between treatments	<input type="checkbox"/>	
5. Information on future prevention of recurrence	<input type="checkbox"/>	
6. How to provide feedback to your practice	<input type="checkbox"/>	

Other Good Clinical Practice:	Yes ✓	Comments
1. Is it possible to give pre-treatment information in advance of appointments e.g. via email?	<input type="checkbox"/>	
2. Do you record details of written or pre-treatment information given in the patient record?	<input type="checkbox"/>	

Name:		Signature:	
Position:			

