

College of Integrated

Chinese Medicine

Practitioner

Evaluation Forms

August 2018

# Clinical Observation Confirmation Form and Invoice

If you are observing in the Teaching Clinic at CICM, then please complete the top part of this form and hand in to reception who will sign it on behalf of the student practitioner.

This is to confirm that:

Class: ………………………………………….. Date: …………………………..

Has spent………………………………………………. hours with me in my practice

and has seen………………………….patients on (day and date)……………………...

**Practitioner details**

Name (please print):

Signed:

# College of Integrated Chinese Medicine Evaluation of Clinical Observations

Student name……………………………….

Practitioner name………………………………….…

Date………………………..............................

Class ………………………………….…….…….…

Please write down any feedback you have on how the student fared in these areas during clinical observation with you.

* Rapport with you
* Rapport with patient
* Presentation/dress
* Punctuality
* Appropriate behaviour and dialogue
* Professionalism