

EXAMPLE FD CASE PRESENTATION

Patient X

Emergency Case example

Milestone 1

History

Reason for Attendance

Presenting complaint

History of presenting complaint

Medical History

- Cardiovascular
- Respiratory
- Gastrointestinal system
- Kidney
- Liver
- Endocrine
- Musculoskeletal
- Nervous system
- Blood
- Allergies

Medications list:-

Social History

- Alcohol consumption
- Smoking quantity per day
- Employment/Hobbies

Dental History

- Remember this is an emergency appointment so your history should relate to the dental emergency. A full exam is not required.
- C/O
- I/O exam
- E/O exam

SOCRATES to establish the provisional diagnosis

- Site, Onset, Character, Radiation, Association, Time course, Exacerbating or relieving Factors, Severity

Special Investigations

- Radiographs
- Clinical photographs
- Percussion testing
- Sensibility testing

- **Diagnosis**
- **TREATMENT OPTIONS**
- **TREATMENT PLAN**
- **TREATMENT UNDERTAKEN**
 - Clinical treatment
 - Referral letters sent and responses received if applicable.
- **REVIEW OF PATIENT IF APPLICABLE**

Reflection

- Treatment
- Patient Management
- Team working
- Future Practice

Surname:

Forename(s):

Date of Birth: _ _ - - - - -

Patient ID Number _ _ - - - - -

Practice Stamp

PATIENT CONSENT TO PHOTOGRAPHY / VIDEO RECORDING

This form gives my consent to be photographed, filmed or recorded (the "material") as indicated below. I understand if I do not wish to be photographed, filmed, or recorded, my decision will be respected. I am able to change my decision at any time and this decision will have no bearing on any treatment or care that I need.

I confirm it has been explained to me, in terms I have understood, how the material could be used.

I understand the material has educational value – if I consent to level 4, this means it could be used in training clinical staff for research or published in different media **anywhere in the world**. I understand that this means it may also be seen by the general public. Every effort will be made to conceal my identity but this cannot be completely guaranteed.)

I can see the material by arrangement with the clinician involved in my care.

I understand that no fee is payable to me by the above dental practice or any other person, in respect of the material either now or in the future.

I CONSENT to the material being part of my medical record AND USED FOR TEACHING, PRESENTATION AT CONFERENCES, OR MADE AVAILABLE ON WEBSITES AND IN PUBLICATIONS.

Signature: (Patient / Guardian - *please circle*)

Print Name: Date: _ _ / _ _ / _ _ _ _

Consent form

Consent form