1. Request for assessment

Requester: describe the activity and the questions that need a clinical answer.

Patient name / date of birth / encounter identifier:

Page or continuation identifier:

Requester / role / organization / direct contact; request date and version

Recipient clinician / service; verified reply route; response checkpoint

Proposed procedure or activity / site; date, setting and urgency

Anesthesia or sedation plan, or essential job duties and physical demands

Numbered clinical questions and the decision each answer will inform

Relevant medical history / recent changes; source and date of each item

Medicines and actual reported use; allergies and reactions; discrepancies

Attachments / dates / versions; information still to obtain and owner

Patient discussion; authorization or other sharing basis; requester authentication

Use the recipient's required form when applicable. Complete the fields relevant to the proposed procedure or activity. For employer disclosures, send information appropriate to the request and the recorded disclosure basis.

For longer answers, attach dated continuation pages with patient identifiers and author details.

Store completed information in the approved record and verify the intended recipient.

2. Clinician response

Assessing clinician: document findings, recommendations and unresolved questions.

Patient name / date of birth / encounter identifier:

Page or continuation identifier:

Request version and exact procedure / activity / anesthesia scope addressed

Clinician / role / direct contact; assessment date, time and method

Relevant history, examination, functional findings and results; sources / dates

Risk assessment and rationale; tool / inputs / result if used; assessment limits

Answers to numbered questions; recommendations, restrictions and duration

Status: recommendation complete / conditions outstanding / further assessment

Medication plan / prescribing owner / patient instructions issued or still pending

Open issue / required evidence / responsible person / review checkpoint

Patient discussion completed; clinician signature / credentials / date / time

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3. Receiving-team review

Receiving team: record the decision, accepted tasks and communication actually completed.

Patient name / date of birth / encounter identifier:

Page or continuation identifier:

Response author / date / version; received by and when; attachments received

Reviewed by / role / date / time; questions answered or needing clarification

Resulting procedure or work plan; decision maker / rationale / applicable conditions

Open task / named owner / acceptance time / checkpoint / overdue-response route

Medication instructions reconciled; prescribing clinician / communication status

Patient instructions actually given; by whom / date / route / remaining questions

Booking or work-arrangement status; changes requiring reassessment

Record location / verified destination / sent time; reviewer authentication

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