

Appendix 3: Medical visit record sheet

Date of healthcare professional's visit:	
Time healthcare professional arrived:	
Time healthcare professional left:	
Who else was present?	

Did you feel that you had time to answer the healthcare professional's questions fully?
Did the healthcare professional phrase questions in a way that suggested a particular answer?
Did anything the healthcare professional do, or ask your child to do, cause your child pain?
Anything else you wish to record

Signed (your signature)	Date
Signed (friend or carer who was present)	Date