**Genetic Nurse and Counsellor Professional Branch Board**

### Form E. Case Log Record

**Important points**:

* You must record 50 family cases from your own caseload when you have been the sole or lead counsellor
* You can only use cases where you saw the family within the last three years (dated up to the date you submit your case log)
* You cannot use cases from when you were a student or cases where you were an observer
* Each clinical skill must be achieved in at least ten cases, and must be used in an appropriate clinical context related to the case
* For each case, you should show you have used at least five clinical skills and please make sure they are relevant and appropriate for both, the specific clinical context of the case and for your involvement in it as genetic counsellor. Rarely all skills are used in a single case.
* Please attach a legend to this form for ‘Diagnosis at referral and ‘Final diagnosis’ to clarify the type of condition in each case (If there is no specific final molecular diagnosis, or if the case is ongoing, please indicate that). Please be specific about the case including the consultand’s situation. Rather than ‘cardiac’ or ‘prenatal’, you should indicate ‘hypertrophic cardiomyopathy’ or ‘autosomal dominant cardiac arrhythmia’ or ‘prenatal diagnosis of Niemann Pick’.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Reason for referral  |  |  |  |  |  |  |  |  |  |  |
| Outcome or final diagnosis (if identified) |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** |
| Draw a family tree |  |  |  |  |  |  |  |  |  |  |
| Take consultand’s (patient or client) medical history  |  |  |  |  |  |  |  |  |  |  |
| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |
| Assess risk to the consultand |  |  |  |  |  |  |  |  |  |  |
| Assess risk to other family members |  |  |  |  |  |  |  |  |  |  |
| Assess risk to future children |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |
| Discuss possible testing options  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |
| Discuss clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support (specific psychosocial circumstances) |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or support groups or provide additional information resources  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting or with clinical colleagues  |  |  |  |  |  |  |  |  |  |  |
| Keep accurate clinical record of consultation |  |  |  |  |  |  |  |  |  |  |
| Present option for consultand to be involved in research (this is not mandatory) |  |  |  |  |  |  |  |  |  |  |
| **Full name, position and signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Number** | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis (if identified) |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** |
| Draw a family tree |  |  |  |  |  |  |  |  |  |  |
| Take consultand’s (patient or client) medical history  |  |  |  |  |  |  |  |  |  |  |
| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |
| Assess risk to the consultand |  |  |  |  |  |  |  |  |  |  |
| Assess risk to other family members |  |  |  |  |  |  |  |  |  |  |
| Assess risk to future children |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |
| Discuss possible testing options  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |
| Discuss clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support (specific psychosocial circumstances) |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or support groups or provide additional information resources  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting or with clinical colleagues  |  |  |  |  |  |  |  |  |  |  |
| Keep accurate clinical record of consultation  |  |  |  |  |  |  |  |  |  |  |
| Present option for consultand to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |

**Initials or signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis (if identified) |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** |
| Draw a family tree |  |  |  |  |  |  |  |  |  |  |
| Take consultand’s (patient or client) medical history  |  |  |  |  |  |  |  |  |  |  |
| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |
| Assess risk to the consultand |  |  |  |  |  |  |  |  |  |  |
| Assess risk to other family members |  |  |  |  |  |  |  |  |  |  |
| Assess risk to future children |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |
| Discuss possible testing options  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |
| Discuss clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support (specific psychosocial circumstances) |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or support groups or provide additional information resources  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting or with clinical colleagues  |  |  |  |  |  |  |  |  |  |  |
| Keep accurate clinical record of consultation  |  |  |  |  |  |  |  |  |  |  |
| Present option for consultand to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |
| **Initials or signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Number** | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis (if identified) |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** |
| Draw a family tree |  |  |  |  |  |  |  |  |  |  |
| Take consultand’s (patient or client) medical history  |  |  |  |  |  |  |  |  |  |  |
| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |
| Assess risk to the consultand |  |  |  |  |  |  |  |  |  |  |
| Assess risk to other family members |  |  |  |  |  |  |  |  |  |  |
| Assess risk to future children |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |
| Discuss possible testing options  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |
| Discuss clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support (specific psychosocial circumstances) |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or support groups or provide additional information resources  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting or with clinical colleagues  |  |  |  |  |  |  |  |  |  |  |
| Keep accurate clinical record of consultation |  |  |  |  |  |  |  |  |  |  |
| Present option for consultand to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |

**Initials or signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | **41** | **42** | **43** | **44** | **45** | **46** | **47** | **48** | **49** | **50** |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral  |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis (if identified) |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** |
| Draw a family tree |  |  |  |  |  |  |  |  |  |  |
| Take consultand’s (patient or client) medical history  |  |  |  |  |  |  |  |  |  |  |
| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Confirm the diagnosis (e.g. by using medical records, checking registry, checking test results)  |  |  |  |  |  |  |  |  |  |  |
| Provide information on condition |  |  |  |  |  |  |  |  |  |  |
| Assess risk to the consultand |  |  |  |  |  |  |  |  |  |  |
| Assess risk to other family members |  |  |  |  |  |  |  |  |  |  |
| Assess risk to future children |  |  |  |  |  |  |  |  |  |  |
| Explain inheritance pattern |  |  |  |  |  |  |  |  |  |  |
| Discuss possible testing options  |  |  |  |  |  |  |  |  |  |  |
| Discuss reproductive options |  |  |  |  |  |  |  |  |  |  |
| Discuss clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support (specific psychosocial circumstances) |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or support groups or provide additional information resources  |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting or with clinical colleagues  |  |  |  |  |  |  |  |  |  |  |
| Keep accurate clinical record of consultation |  |  |  |  |  |  |  |  |  |  |
| Present option for consultand to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |

**Initials or signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**