**Genetic Nurse and Counsellor Professional Branch Board**

### Form E. Case Log Record

Important points:

* You must record 50 family cases
* 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 may not use cases from when you were a student
* Each clinical skill must be achieved in at least ten cases
* For each included case, you should show you have used at least five clinical skills
* If you work in a special area of genetics, you must use at least 10 cases from outside your specialty.
* Please provide a legend for ‘Diagnosis at referral and ‘Final diagnosis’ to clarify the type of condition in each case. Please be specific about the case. Rather than ‘cardiac’ or ‘prenatal’, you should indicate ‘hypertrophic cardiomyopathy’ or ‘autosomal dominant cardiac arrhythmia’ or ‘prenatal diagnosis of Niemann Pick’

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| **Number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| 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 patient/client (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 |  |  |  |  |  |  |  |  |  |  |
| 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 to record contact |  |  |  |  |  |  |  |  |  |  |
| Present option for client to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |
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| **Number** | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
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