**Form F. 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.

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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 (use a code and include in a legend below the table) |  |  |  |  |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |  |  |  |  |
| **Initials or signature of senior colleague** |  |  |  |  |  |  |  |  |  |  |

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| **Number** | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| Date of counsellor’s first contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** | | | | | | | | | | |
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| Discuss the consultand’s needs and expectations |  |  |  |  |  |  |  |  |  |  |
| Discuss the family psychosocial history |  |  |  |  |  |  |  |  |  |  |
| Verify the diagnosis |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |
| Arrange clinical surveillance and/or clinical screening |  |  |  |  |  |  |  |  |  |  |
| Provide additional psychological support |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or lay organisation |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting |  |  |  |  |  |  |  |  |  |  |
| Document case appropriately |  |  |  |  |  |  |  |  |  |  |
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| **Initialled Signature of senior colleague** |  |  |  |  |  |  |  |  |  |  |

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| **Number** | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| Date of counsellor’s first contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |
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| Provide additional psychological support |  |  |  |  |  |  |  |  |  |  |
| Refer to other health, social care or lay organisation |  |  |  |  |  |  |  |  |  |  |
| Discuss case at clinical meeting |  |  |  |  |  |  |  |  |  |  |
| Document case appropriately |  |  |  |  |  |  |  |  |  |  |
| Present option for client to be involved in research (this is not mandatory for all applicants) |  |  |  |  |  |  |  |  |  |  |
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| **Number** | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| Date of counsellor’s first contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |
| **CLINICAL SKILLS** | | | | | | | | | | |
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| **Number** | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| Date of counsellor’s first contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral |  |  |  |  |  |  |  |  |  |  |
| Final diagnosis |  |  |  |  |  |  |  |  |  |  |
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