

# Clinical Diligence Evaluation

**Patient:** Patient's name **ID:** Patient ID or record number **Age:** Age **Case date:** DD/MM/YYYY  
**Responsible clinician:** Physician's name

## 1. Initial Assessment

- **Chief complaint:** Brief description of the reason for consultation
- **Complete history taken:** Yes / No / Partial (specify)
- **Physical examination performed:** Yes / No / Incomplete
- **Complementary tests requested:** List of tests
- **Initial diagnosis:** Working or confirmed diagnosis

## 2. Clinical Decision-Making

- **Treatment initiated:** Treatment details
- **Rationale:** Based on guidelines, clinical experience, or evidence?
- **Informed consent obtained:** Yes / No / Verbal / Written

## 3. Follow-up and Reevaluation

- **Subsequent check-ups done:** Yes / No / Not applicable
- **Review of results:** Accurate interpretation of tests and clinical evolution
- **Treatment adjusted if needed:** Yes / No / Not applicable

## 4. Communication and Documentation

- **Patient and/or family informed:** Clear / Incomplete / Not documented
- **Proper clinical records kept:** Yes / No / Incomplete
- **Relevant notes:**
  1. Comments on clarity, chronology, and clinician's signature

## 5. Overall Assessment

- **Level of clinical diligence observed:**
  1. ☐ Excellent
  2. ☐ Adequate
  3. ☐ Deficient
  4. ☐ Negligent
- **Justification:** Brief evaluator's comment

**Evaluator:** Evaluator's name **Date of evaluation:** DD/MM/YYYY

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