

Chaperone log 1

Chaperone approved by the Health Ombudsman

Title and full name of practitioner: _____ Location of contact: _____

Date of contact	Time of contact	Patient's full name	Patient's date of birth	Chaperone's full name	Chaperone's address and contact number	Chaperone's confirmation: <i>By signing below, I confirm that I was present during and directly observed the entire contact between the patient and the practitioner</i>	Date signed by chaperone

Please return to:

Post: Office of the Health Ombudsman, PO Box 13281 George Street, Brisbane Queensland 4003
 Email: monitoring@oho.qld.gov.au
 Facsimile: 3319 6350

