

Chaperone log 2

Patient selected chaperone

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

Patient information		Chaperone information	
Date of contact:		Chaperone's full name:	
Contact time:		Chaperone's address:	
Patient's full name:		Chaperone's phone number:	
Patient's date of birth:		Relationship to patient:	
Patient confirmation		Chaperone confirmation	
<p>I confirm that I chose to use the named chaperone for the contact between me and the practitioner.</p> <p>Signed:</p> <p>Date:</p>		<p>I confirm that:</p> <ol style="list-style-type: none"> 1. I am 18 years of age or older. 2. I received and read the Office of the Health Ombudsman's (OHO) <i>Information for a chaperone selected by a patient</i> fact sheet, prior to any contact between the named practitioner and the named patient. After reading this fact sheet, I agreed to act as the named patient's selected chaperone. 3. I was present throughout and directly observed the contact between the named practitioner and the named patient. 4. I acknowledge that the OHO may contact me regarding my role as a chaperone and agree to cooperate with any enquiries made of me by the OHO for the purpose of monitoring the practitioner's compliance with the requirement for a chaperone. <p>Signed: _____ Date: _____</p>	

Please return to:

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

