Office of the HEALTH OMBUDSMAN

Listen. Respond. Resolve.

Chaperone log

www.oho.qld.gov.au
133 OHO (133 646)

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

Date of contact	Time of contact	Patient's full name, date of birth and contact number	Patient consent provided and documented on patient record? (Yes/No) – if no, please state reason	Chaperone's full name	Chaperone's confirmation: *By signing below, I confirm I was present during and directly observed the entire contact between the patient and the practitioner*	Date signed by chaperone	Time 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: (07) 3319 6350