**Genetic Nurse and Counsellor Professional Branch Board**

### Form E. Case Log Record

**Important points**:

* You must record 50 family cases from your own caseload when you have been the sole or lead counsellor
* 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 or cases where you were an observer
* Each clinical skill must be achieved in at least ten cases, and must be used in an appropriate clinical context
* For each case, you should show you have used at least five clinical skills, used in an appropriate clinical context
* If you work in a specialty area of genetics (eg oncogenetics or cardiac genetics), you must use at least 10 cases from outside your specialty.
* Please attach a legend to this form for ‘Diagnosis at referral and ‘Final diagnosis’ to clarify the type of condition in each case. Please be specific about the case. Rather than ‘cardiac’ or ‘prenatal’, you should indicate ‘hypertrophic cardiomyopathy’ or ‘autosomal dominant cardiac arrhythmia’ or ‘prenatal diagnosis of Niemann Pick’

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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  |  |  |  |  |  |  |  |  |  |  |
| 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 of consultation |  |  |  |  |  |  |  |  |  |  |
| Present option for client to be involved in research (this is not mandatory) |  |  |  |  |  |  |  |  |  |  |
| **Full name, position and signature of senior colleague or line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Number** | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Registration family code |  |  |  |  |  |  |  |  |  |  |
| Date of counsellor’s relevant contact with the family |  |  |  |  |  |  |  |  |  |  |
| Diagnosis at referral  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |
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| 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) |  |  |  |  |  |  |  |  |  |  |

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| **Number** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** |
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| **Number** | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
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| **Number** | **41** | **42** | **43** | **44** | **45** | **46** | **47** | **48** | **49** | **50** |
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