|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Reason for referral*** | ***History of complaint*** | ***Medication history, allergies*** | ***Examination findings.*** | ***Relevant psychosocial history*** | ***Past medical history*** |
| *Y* | *Y* | *Y* | *Y* | *N* | *N* |
| *Y* | *Y* | *N* | *Y* | *N* | *Y* |
| *Y* | *Y* | *Y* | *Y* | *N* | *N* |
| *Y* | *Y* | *Y* | *N* | *Y* | *Y* |
| *Y* | *Y* | *N* | *Y* | *Y* | *N* |
| *Y* | *Y* | *Y* | *N* | *N* | *N* |
| *Y* | *Y* | *N* | *Y* | *N* | *Y* |
| *Y* | *Y* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *N* | *Y* | *N* | *Y* |
| *Y* | *Y* | *Partial* | *Y* | *Y* | *Y* |