

### APPENDIX 3. MEDICAL VISIT RECORD SHEET

**Date of healthcare professional's visit**

**Time healthcare professional arrived**

**Time healthcare professional left**

**Who else was present?**

Did you feel you had time to answer the healthcare professional's questions fully?  
**Yes / No** if no, please give details.

Did the healthcare professional phrase questions in a way that suggested a particular answer? **Yes / No** If yes, please give details.

Did anything the healthcare professional do, or ask your child to do, cause your child pain?  
**Yes / No** if yes, please give details, including whether your child mentioned they were in pain.

Anything else you wish to record (continue overleaf or on a new sheet if you need to).

**Signed** (your signature)

Date

**Signed** (friend or carer who was present)

Date