

Addiction psychiatry written case history submission form

To be completed by trainees/Fellows submitting a written case history in the Certificate of Advanced Training in Addiction Psychiatry.

Please attach this form to the case history submitted to your Director of Advanced Training. The case history will be marked by two independent markers.

Trainee name	<input type="text"/>	RANZCP ID	<input type="text"/>
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CASE DETAILS

Case history title	<input type="text"/>		
Submission number	<input type="radio"/> First <input type="radio"/> Second <input type="radio"/> Third	For resubmission <i>(please indicate)</i>	<input type="radio"/> Same patient <input type="radio"/> New patient
			Word count (3000–5000) <input type="text"/>

SUPERVISOR DECLARATION

I certify that:

- to the best of my knowledge this case history accurately reflects the presentation of the patient and the management as carried out by the trainee/Fellow
- I have read the case report and to the best of my knowledge this case history is the trainee's/Fellow's own work.

Supervisor name	<input type="text"/>	RANZCP ID	<input type="text"/>
Supervisor signature	<input type="text"/>	Date	<input type="text"/>

TRAINEE/FELLOW DECLARATION

I hereby certify that:

- this case history is based on a case seen while I was enrolled in the Certificate of Advanced Training in Addiction Psychiatry
- I have proofread the case history
- this case history is my own independent undertaking, is based on a patient directly under my care and accurately reflects the patient's presentation
- I have de-identified the case history to preserve the anonymity of the patient by using pseudonyms and/or modifying other information which may lead to the identification of the patient.

Trainee signature	<input type="text"/>	Date	<input type="text"/>
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