

Psychiatry of old age case summary form

To be submitted by trainees and Fellows completing a Certificate of Advanced Training in Psychiatry of Old Age.

Please attached this form to your end-of-rotation In-Training Assessment form and submit to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Trainee name

RANZCP ID

Trainees are required to complete 10 summaries per 6-month FTE rotation (40 case summaries in the specified [Diagnostic categories](#) for the Certificate, at least 5 cases must be seen in consultation–liaison setting).

Typed vignettes (50 – 100 words) are required for each case and should include:

- patient age and gender
- presenting symptom(s)
- management
- presenting context
- diagnosis
- what was learnt.

For the detailed requirements, please refer to the [Certificate of Advanced Training in Psychiatry of Old Age](#) web page.

PATIENT 1 DETAILS

Consultation–Liaison setting

Yes

Gender

Age

Case completion date

Diagnosis

If other (specify here)

Vignette

supervisor signature

Date

RANZCP ID

PATIENT 2 DETAILS

Consultation–Liaison setting

Yes

Gender

Age

Case completion date

Diagnosis

If other (specify here)

Vignette

supervisor signature

Date

RANZCP ID

PATIENT 3 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 4 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 5 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 6 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 7 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 8 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 9 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

PATIENT 10 DETAILS

Consultation–Liaison setting	Yes <input type="radio"/>	Gender	Age
Case completion date	Diagnosis		
If other (specify here)			
Vignette			
supervisor signature	Date	RANZCP ID	

Trainee signature	Date
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