

Name _____
Patient # _____
Actor _____

Date _____

Clinical Skills
Evaluation by Patient

Puts patient at ease / demonstrates empathy	Yes	No
	[]	[]

Gives patient opportunity to express their concerns	Yes	No
	[]	[]

Professional manner	Yes	No
	[]	[]

Office visit was conducted in an organized manner	Yes	No
	[]	[]

Adequate explanation of plan of care	Yes	No
	[]	[]

Total points _____