Fellow-in-Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_

**Patient's Age:\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visit Number:­\_\_\_\_\_\_\_\_ Duration of Care to Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***This page is designed to be reviewed orally by the FiT with his/her mentor prior to seeing a patient who has already been examined and treated by the FiT. The FiT should use this form to just jot down notes to discuss in more detail OR expand spacing and insert detailed notes to discuss with his/her mentor.***

* **Health Outcomes Tool: \_\_\_\_\_\_\_\_\_ Initial Score: \_\_\_\_\_\_\_\_\_ Latest Score: \_\_\_\_\_\_\_\_\_\_**
* **Concise history and SINSS assessment:**
* **Predominant working hypothesis:**
* **Asterisks & main functional restrictions from Patient History (Subjective Exam):**
* **Asterisks from the Physical Exam (Objective Exam):**
* **Any areas remaining to be examined:**
* **Intervention(s) provided up to this point & the impact of the intervention(s):**
* **Remaining treatment progression plans:**
* **Remaining patient education/home program plans:**
* **Questions regarding this patient’s evaluation, diagnosis, or intervention to address today:**
* **Summarize psychosocial influences on this patient case:**
* **How much emphasis on therapeutic neuroscience education is needed today and before D/C?**
* **Main learning goal for this mentorship session:**

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