ARCP Clinical Log book – StR1-3

This proforma details the minimum information required for your ARCP. The completed proforma should be verified by your educational supervisor (or TPD) and then uploaded to the “Other evidence” area of your ISCP site prior to your ARCP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | Training Units |  |  |
| **NTN** |  | Year  |  |  |  |
|  | **DH** | **DGH** | **TOTAL** | **% of Total** |
|  | **Num** | **%** | **Num** | **%** | **Num** | **%** |  |
| **Patient numbers** | New |  |  |  |  |  |  |  |
| Transferred  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
|  |
| **IOTN** | IOTN 5 |  |  |  |  |  |  |  |
| IOTN 4 |  |  |  |  |  |  |  |
| IOTN 1,2,3 |  |  |  |  |  |  |  |
|  |
| **Malocclusion** | Class I |  |  |  |  |  |  |  |
| Class II div 1 |  |  |  |  |  |  |  |
| Class II div 2 |  |  |  |  |  |  |  |
| Class III |  |  |  |  |  |  |  |
|  |
| **Extraction / Non-extraction** | Extraction |  |  |  |  |  |  |  |
| Non-extraction |  |  |  |  |  |  |  |
| To be decided |  |  |  |  |  |  |  |
|  |
| **Appliance** | SWA |  |  |  |  |  |  |  |
| Tip Edge |  |  |  |  |  |  |  |
| Self Ligating |  |  |  |  |  |  |  |
| Other fixed |  |  |  |  |  |  |  |
| TAD |  |  |  |  |  |  |  |
| Headgear |  |  |  |  |  |  |  |
| Other Anch |  |  |  |  |  |  |  |
| Removable |  |  |  |  |  |  |  |
| Functional |  |  |  |  |  |  |  |
| Fixed-funct |  |  |  |  |  |  |  |
| **Treatment modalities** | Ortho only |  |  |  |  |  |  |  |
| Palatal canine |  |  |  |  |  |  |  |
| UEd Incisor |  |  |  |  |  |  |  |
| Orthognathic |  |  |  |  |  |  |  |
| Hypodontia |  |  |  |  |  |  |  |
| Cleft  |  |  |  |  |  |  |  |
| Perio |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
|  | **DH** | **DGH** | **TOTAL** | **% of Total** |
|  | **Num** | **%** | **Num** | **%** | **Num** | **%** |  |
| **Current Treatment Stage** | Planning |  |  |  |  |  |  |  |
| Active |  |  |  |  |  |  |  |
| Retention |  |  |  |  |  |  |  |
| Rx not started |  |  |  |  |  |  |  |
| Discontinued |  |  |  |  |  |  |  |
| For transfer | - | - | - | - | - | - | - |
|  |
| **Supervising Consultant** | **DH - Initials** | **Num** | **%** | **DGH - Initials** | **Num** | **%** |  |
|  |  |  |  |  |  |  |
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