

Addiction Psychiatry case summary form

To be submitted by trainees/Fellows completing a Certificate of Advanced Training in Addiction Psychiatry.

Please attach 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.

Trainees/Fellows are required to complete 60 discrete case summaries (as per the specified categories).

Trainee name

RANZCP ID

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

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

For the detailed requirements, please refer to the training requirements of the [Certificate of Advanced Training in Addiction Psychiatry](#).

PATIENT DETAILS

Gender

Case completion date

Age

Category

Vignette

Supervisor signature

Date

RANZCP ID

PATIENT DETAILS

Gender

Case completion date

Age

Category

Vignette

Supervisor signature

Date

RANZCP ID

PATIENT DETAILS

Gender	<input type="text"/>	Case completion date	<input type="text"/>
Age	<input type="text"/>	Category	<input type="text"/>
Vignette			
<input type="text"/>			
Supervisor signature	<input type="text"/>	Date	<input type="text"/>
		RANZCP ID	<input type="text"/>

PATIENT DETAILS

Gender	<input type="text"/>	Case completion date	<input type="text"/>
Age	<input type="text"/>	Category	<input type="text"/>
Vignette			
<input type="text"/>			
Supervisor signature	<input type="text"/>	Date	<input type="text"/>
		RANZCP ID	<input type="text"/>

PATIENT DETAILS

Gender	<input type="text"/>	Case completion date	<input type="text"/>
Age	<input type="text"/>	Category	<input type="text"/>
Vignette			
<input type="text"/>			
Supervisor signature	<input type="text"/>	Date	<input type="text"/>
		RANZCP ID	<input type="text"/>

PATIENT DETAILS

Gender	<input type="text"/>	Case completion date	<input type="text"/>
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Age	<input type="text"/>	Category	<input type="text"/>
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Vignette

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