**SW Neuromuscular ODN Monthly Activity Sheet**

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| **Name** |  | | | **Activity for  Month / Year** |  |
| **Annual Leave** taken during this month | |  | **Sick Leave** taken during this month |  |

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| **CARE/ADVICE RELATED ACTIVITY** | Child | Trans | Adult |
| Number of **NEW** client contacts I have seen in a **NEUROMUSCULAR MDT CLINIC** |  |  |  |
| Number of **FOLLOW-UP** client contacts I have seen in a **NEUROMUSCULAR MDT CLINIC** |  |  |  |
| Number of **NEUROMUSCULAR MDT CLINICS** I have attended |  |  |  |
| Number of **NEW PATIENT HOME VISITS** I have carried out |  |  |  |
| Number of **FOLLOW UP HOME VISITS** I have carried out |  |  |  |
| Number of **COMMUNITY VISITS** (ie, Schools, Colleges, workplaces) |  |  |  |
| Number of **NEW** clients seen in **MY** **OUT PATIENT CLINIC** appointments |  |  |  |
| Number of **FOLLOW-UP** clients seen in **MY** **OUT PATIENT CLINIC** appointments |  |  |  |
| Number of **IN-PATIENT** contacts |  |  |  |
| Number of **EXTERNAL REFERRALS** from other healthcare professionals I have received |  |  |  |
| Number of **SELF REFERRALS** I have received |  |  |  |
| Number of **REFERRALS** I have made to other services |  |  |  |
| **OTHER DIRECT PATIENT CONTACT** *(in hours)* (ie, via telephone and e-mail) |  |  |  |
| **EDUCATION AND TRAINING ACTIVITY** | | | |
| **PATIENT ENGAGEMENT ACTIVITY** *(in hours)* (ie, Workshops, attending charity run events, NM Information Day, School visits, etc – inclusive of preparation time) | |  | |
| **CONTINUING PROFESSIONAL DEVELOPMENT** *(in hours)* (ie, SWIM, Study days, in-house training, national or international conferences, etc) | |  | |
| **PROFESSIONAL ENGAGEMENT ACTIVITY** *(in hours)* (ie, training you have provided to other health and social care professionals) | |  | |
| **ADMINISTRATIVE ACTIVITY** | | | |
| **ADMINISTRATIVE TASKS** related to patient care *(in hours)* (ie, patient correspondence, reports, updating database/patient records, etc) | |  | |
| **BENEFITS ADMINISTRATIVE TASKS** supporting clients to complete benefits claim forms (ie, PIPs, DLA, ESA, etc). | |  | |
| **NETWORK SERVICE DEVELOPMENT** *(in hours)* (ie, developing patient pathways, guidelines, attendance at Network business meetings, etc) | |  | |

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| **TRAVEL TIME & MILEAGE** | | |
|  | **Total Hours** | **Total Mileage** |
| **Travelling to Out Patient Clinics** |  |  |
| **Travelling to Home Visits** |  |  |
| **Any comments about this month’s activity?** | | |