**Case Based Discussion (CBD)**

| Name (GP/trainee) | Date |
| --- | --- |
| Name (assessor) | Role (assessor) |

| Case summary (brief overview of case, including reason for consultation, examination findings (if undertaken) and relevant past medical history/drug history.  |
| --- |

| **Summary of discussion.** |
| --- |

| **Trainee reflection and learning points.** |
| --- |