Audit of non-attenders for booked appointments

Record Yes (Y), NO (N), or Not Applicable (NA) to each of the questions below concerning missed appointments.

Patient identifier: ☐

Patient's age ☐

☐

Patient's sex

Morning appointment   Yes ☐   No ☐

Afternoon appointment   Yes ☐   No ☐

Evening appointment   Yes ☐   No ☐

Day of non-attendance   M ☐   Tu ☐   Wed ☐   Th ☐   F ☐   Sat ☐

Clinician with whom appointment booked ☐

Reason for non-attendance (if known) _____
_____

Total number of appointments missed   ☐
by this patient