

Date		Centre name		HCP	
Session number		Centre number		Reg. No.	
Payable Start time		Medical Centre Administrator (MCA)		Preferred No of cases to be seen	
Payable Finish time					
Number of Clients		HCP's Signature		MCA Signature	

Examination Details														ESA LCW IB PCA				IB OOT		IIDB/SDA														
NINO										Surname				Special Needs Met?	Arrival Time		Start Time		End time		Total time	EA/SG code	NFD	Prog	CR1? Y/N	Capable	Prog	FEV	FME?	Adj'd	%	Prov Award	Related Benefits	Next act

Were any clients left waiting or sent away?

Yes\*☐

No☐ \*If Yes, complete unseen client record sheet

If less than preferred volume seen state reason .....

FOR MSC USE ONLY

Checked & approved for payment by.....Signature.....Date.....

Input to SMART by.....Signature.....Date.....