

BEST PRACTICE TOOL/PROGRAMME

Tool/programme name/title
Tool/programme summary (maximum 100 words)
Background (maximum 50 words)
Deficit addressed* (P/C/A/PS):
Target user** (H/P/F/E/CSW):
Key goal(s): 1) 2) 3)
Describe how the tool/programme is used (maximum 100 words)
Key outcome(s): 1) 2) 3)
Reference(s) to support usage***: 1) 2) 3)
Example of usage (maximum 100 words)
Contact(s) for further information (name/address/email/weblink):

Notes

* P/C/A/PS: Tool/programme addresses **Physical, Cognitive, Academic** and/or **PsychoSocial** deficits

H/P/F/E/CSW: Tool/programme will be used by the **Healthcare professional, Patient and/or **Family, Educator, Community Service Worker**

***References: Vancouver style e.g. Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation HIV-infected patients. N Engl J Med. 2002;347:284-7.