

**Form 4**

**1 Good medical care**

Commentary:

Action agreed:

**2 Maintaining good medical practice**

Commentary:

Action agreed:

**3 Working relationships with colleagues**

Commentary:

Action agreed:

#### **4 Relations with patients**

Commentary:

Action agreed:

#### **5 Teaching and training**

Commentary:

Action agreed:

#### **6 Probity**

Commentary:

Action agreed:

**7 Health**

Commentary:

Action agreed:

Appraiser: \_\_\_\_\_ (GMC/GDC Number): \_\_\_\_\_

Appraisee: \_\_\_\_\_

Date: \_\_\_\_\_  
          Day       Month       Year

Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_