**Template 2: Timeline of events**

**Name of Client:**………………………………………………………………………………………………

**Name of Complainant**: (if different from client)………………………………………………………….

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| **Date of event** | **Name of GP practice, Hospital, Department, Consultant etc.** | **Event** | **Comment** |
| *Example* | *Example* | *Example* | *Example* |
| *05/01/07* | *Anytown Health Practice* | *Had GP 1st appointment with Dr Bloggs: listened to chest, advised if no improvement to return in fortnight’s time.* | *Change of inhaler.* |
| *28/01/07* | *Anytown Health Practice* | *2nd GP appointment with Dr Bloggs; explained no improvement, listened to chest/took temperature etc.* | *Antibiotics prescribed.* |
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