Shamrock Assist

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ASSESSMENT FORM

DOCTOR NAME	Hisham El Tahir Ahmed ElSheikh Idris Consultant Psychiatry		
POSITION			
IMCR NO	024253		
DATE	17th Aug 2022		

The above named Doctor has recently been placed under your supervision for a locum position. As part of our follow up after care programme, we would greatly appreciate if you could provide us with a follow up assessment for the doctor's time spent at this GP. Please could you complete and return this reference at your earliest convenience to assist this locum

Please note that this information may be used as a reference for future locum placements.

Criteria	Excellent	Good	Average	Poor
Academic Knowledge	1			
Clinical Ability				
English Spoken	V ,			
English Communication				
Attendance				
Punctuality .				
Rapport with Patients	V			
Rapport with Staff				
Medical Records				

Medic	cal Records					
Would you be h (Please circle re	appy to receive this c levant option)	doctor again for a	locum position? No		Unsure	
If so, do you kno	f so, do you know of any future dates, which this locum maybe required?					
Please feel free	to make any addition	al comments, wh	nich you feel will be	e helpful to us i.e	e. any training need	s you have
identified.	DR. IDRI	5 15 6	An Exce	Turas	POCTOR	
	APD COLLE					
Consultant Nam	1-86229	Clinic N	ure: H.	se- l	A015 OFA	ary
Please return to				Com	munity Mental ho Portlaoise 057/862292	ealth centre
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