



Safety 4 patients

Diagnostic process dyspnea patients

Date: Time:

Name physician:

Patient number:

Date of admission:

Possible diagnosis for this patient:

1.

2.

3.

4.

5.

Likelihood of above mentioned diagnosis. Please note down the numbers of the diagnosis on this line



Not Likely

Most Likely

Please indicate your experienced workload during diagnosing the patient:



Low

High