

# Comprehensive Chart Review Form

Chart SS# _____	
_____ Data reviewer	_____ Date of review

## DATA PARAMETERS

Not Applicable (NA)

	Adequate	
▪ <b>Medical history</b> is completed	Y   N	
▪ <b>Family history</b> entered	Y   N	
▪ <b>Alcohol history</b> within 1 year	Y   N	
▪ <b>Tobacco history</b> on 1 <sup>st</sup> visit & annually	Y   N	
<b>Blood pressure</b> taken on 1st visit, then at least annually	Y   N	
<b>Blood pressure</b> recheck advised and accomplished if >120/80	Y   N	
<b>Scanned documents</b> are assigned to the appropriate category.	Y   N	
<b>Entries signed and dated.</b> All lab, radiology, outside reports, consultations, and progress notes are acknowledged, initialed or signed.	Y   N	

# Comprehensive Chart Review Form

Chart SS# \_\_\_\_\_

\_\_\_\_\_  
Clinical reviewer

\_\_\_\_\_  
Date of review

## CLINICAL PARAMETERS

Not Applicable = NA

<i>NEW PREVENTION ITEMS Evidence of pt educ/counseling for..</i>	<b>Adequate</b>	
<i>STD risk and screening</i>	<b>Y or NA N</b>	
<i>Heart Disease, DM risk</i>	<b>Y or NA N</b>	
<i>Tobacco guidelines were followed</i>	<b>Y N</b>	
<i>If Alcohol overuse -- counseled</i>	<b>Y or NA N</b>	
The hx and PE are adequate based on the chief complaint and other entries in the chart.	<b>Y N</b>	
The diagnoses are appropriate for the findings on the hx and PE.	<b>Y N</b>	
The diagnostic procedures are appropriate based on the diagnosis.	<b>Y N</b>	
The treatment is consistent with the working diagnosis.	<b>Y N</b>	
Patient instructions, education (including handouts, websites) are appropriate and recorded.	<b>Y or NA N</b>	
Previous problems have been reviewed- CONTINUITY	<b>Y or NA N</b>	
Consultations and referrals are appropriate and timely.	<b>Y or NA N</b>	
Appropriate follow-up is provided (including for missed appointments)	<b>Y or NA N</b>	
When indicated, operative reports are present and adequate for the procedure.	<b>Y or NA N</b>	