

CHART REVIEW FORM

DOCTOR #1

REVIEWER: Dr. DATE: July 20, 2021

CHARTS REVIEWED:

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	1	1946	f	Aug31/20- april6/21
Diagnosis:	copd			

Comments: SOAP format not followed- but also information that would be in soap is not all there-particularly subjective There is minimal data —relevant negatives need to be recorded as well as positives. The assessment should be stated along with the plan

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	2	1931	f	Aug 23/19-april 6/21
Diagnosis:	A fib,anemia,dizziness			

Comments:

Little stated as patient subjective symptoms exam seems limited and relevant pos and neg not always documented.

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	3	1992	f	July 6/20-april 6/21
Diagnosis:	Abd pain, pelvic pair)		

Comments:

History is not well documented as to what symptoms present and what not. It is helpful that results are being tracked in the notes so as to be able to follow the course but a number of relevant questions were not asked .Also in exam notes, drawing of abd is show but not where tenderness is- relevance of diagram? Not stated if u/s showed Mirena or not- no discussion with patient about mirena- did she check it? have it removed? Need to document more details

OVERVIEW OF CHARTS



Please complete this section takin	g into account all charts i	reviewed.
MEDICAL RECORD KEEPING:	☐ Satisfactory	☑ Needs Improvement
Comments: needs improvement Few details are provided in patient Flow sheets would help for trackin	· · · · · · · · · · · · · · · · · · ·	
MEDICAL MANAGEMENT:	☑ Satisfactory	☐ Needs Improvement
Comments: satisfactory		
OVERALL ASSESSMENT		
STRENGTHS: cumulative profile is	helpful, documentation o	of reports in the notes is helpful
CONCERNS: lack of details recorde	ed	
	ant negatives as well as p	using SOAP format to ensure history and positives. Consider incorporating flow