

DR. X OFF-SITE CHART REVIEW FORM

REVIEWER:

DATE:

PREAMBLE: Initial Quality Improvement Program chart review.

CHARTS REVIEWED:

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
Diagnosis:				

Comments:

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Comments:

<p>OVERVIEW OF CHARTS Please complete this section taking into account all charts reviewed. See legend below for definition of categories.</p>	<p>No/Minimal Concerns Reasonable care provided</p>	<p>Opportunities for Improvement</p>	<p>Required changes - Patient safety concern</p>
<p>Medical Record Keeping</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Comments:</p>			
<p>Medical Management</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Comments:</p>			

Level of Concern	Definition
<p>No/Minimal Concerns Reasonable care provided</p>	<p>No/minimal concerns, care provided is reasonable and adequate.</p>
<p>Opportunities for Improvement</p>	<p>Suggested changes or improvements to practice for self-directed implementation.</p>
<p>Required changes – Patient safety concern</p>	<p>Patient safety concerns or major practice changes needed and CPSM follow-up required.</p>

<p>OVERALL ASSESSMENT</p>
<p>Strengths</p>
<p>Comments:</p>
<p>Opportunities for Improvement</p>
<p>Comments:</p>

PRACTICE IMPROVEMENT RECOMMENDATIONS

Required Changes - Patient Safety Concerns

Comments:

Signature

Reviewer Name

Date