

## 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
<b>Diagnosis:</b>				

Comments:

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Comments:

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<b>Diagnosis:</b>				

Comments:

**LEGEND**

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

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

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

**PRACTICE IMPROVEMENT RECOMMENDATIONS**

**Required Changes - Patient Safety Concerns**

Comments:

Signature

Reviewer Name

Date