

Sample Medical Record Review Summary Sheet

Date: _____

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| 1. Is the patient ID noted prominently? | Yes | No | N/A |
| 2. Is there biographical/personal data? | Yes | No | N/A |
| 3. Is the provider identified on each entry? | Yes | No | N/A |
| 4. Are all entries dated? | Yes | No | N/A |
| 5. Is the record legible? | Yes | No | N/A |
| 6. Is there a completed problem list? | Yes | No | N/A |
| 7. Are allergies and adverse reactions to medications prominently displayed? | Yes | No | N/A |
| 8. Is there an appropriate past medical history in the records? | Yes | No | N/A |
| 9. Is there documentation of tobacco use/exposure? | Yes | No | N/A |
| 10. Is there documentation of alcohol/substance abuse? | Yes | No | N/A |
| 11. Is there a pertinent history and physical exam? | Yes | No | N/A |
| 12. Are lab and other studies ordered as appropriate? | Yes | No | N/A |
| 13. Are labs filed in chronological order? | Yes | No | N/A |
| 14. Are working diagnoses consistent with diagnosis(es)? | Yes | No | N/A |
| 15. Are there diagnoses for all ordered treatments, labs and diagnostic tests? | Yes | No | N/A |
| 16. Are action/treatment plans consistent with diagnosis(es)? | Yes | No | N/A |
| 17. Is there a date for return visit or other follow-up plan for each encounter? | Yes | No | N/A |
| 18. Are problems from previous visits addressed? | Yes | No | N/A |
| 19. Is there evidence of appropriate use of consultants? | Yes | No | N/A |
| 20. Is there evidence of continuity and coordination of care between primary and specialty physicians? | Yes | No | N/A |
| 21. Do consultant summaries, lab, and imaging study results | Yes | No | N/A |

reflect primary care physician review?

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|--|-----|----|-----|
| 22. Is there evidence of continuity and coordination of care between primary and ancillary services? | Yes | No | N/A |
| 23. Is there a completed immunization record? | Yes | No | N/A |
| 24. Are missing immunizations identified? | Yes | No | N/A |
| 25. Are efforts to catch up on missing immunization identified? | Yes | No | N/A |
| 26. Are all elements of VICP administration documented? | Yes | No | N/A |
| 27. Are vaccine refusals documented? | Yes | No | N/A |