



Supervisory Physician Medical Record Review Tool – SAMPLE

Physician Reviewer: _____ Date of Review: _____

Non-Physician Provider:

Patient Name: _____ Date of Service: _____

Chart Review – Release of Information	Yes	No	N/A
Care Element Reviewed			
Is the history of the present illness documented?			
Are vital signs documented?			
Is the patient weight documented? (Metric weight measurement is the best practice)			
Are medication reconciliation and allergies documented?			
Is the review of systems clinically pertinent for the clinical presentation?			
Is the physical exam clinically pertinent for the clinical presentation?			
Is evidence of shared medical decision-making documented?			
Is the treatment plan appropriate to the presenting complaint?			
Has diagnostic testing been ordered, reviewed, and acted upon as appropriate?			
Are prescriptions appropriate to the diagnosis and documented in the correct format?			
Is the care provided within the practitioner's scope of practice?			
Was input requested from a supervisory physician if and when appropriate?			
Is referral decision-making documented, along with the information sent to the consulting provider?			
Does a physician evaluate patients presenting for a complaint or symptom that is ongoing and unresolved?			
Is care that may be outside the scope of practice of the primary supervising physician identified so that an appropriate supervising physician may be assigned, and is all of this supervisory oversight documented?			
Notes:			

Statement of confidentiality for peer review (per facility)

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