

**CFHP  
PCP MEDICAL RECORD REVIEW TOOL**

**Physician:  
Physician Number:**

**Nurse Reviewer:  
Physician Type:**

**Date of Review:**

												Y	N	Y + N	S C O R E
A. Documentation _____															
B. Continuity of Care _____															
C. Preventive Health _____															
<b>Plan --- Age --- Sex</b>															
<b>A. DOCUMENTATION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>					
1. Patient identification on each page															
2. Personal/Biographical information															
3. Allergies prominently noted															
4. Problem List															
5. Medication List															
6. Entries legible															
7. All entries contain author identification															
8. All entries are dated															
9. Advance Directives (Medicaid 18 & older)															
<b>B. CONTINUITY OF CARE</b>															
10. Past medical history (pts w/3 or more visits)															
11. Tobacco, alcohol, & other substance use assessed (12 & older)															
12. Chief complaint noted															
13. History & exam pertinent to complaint															
14. Working diagnosis consistent with findings															
15. Basic teaching provided															
16. Appropriate plan of treatment															
17. Appropriate use of consults															
18. Appropriate studies ordered															
19. Unresolved problems addressed															
20. Evidence of physician review on studies															
21. Results of consultations are reviewed & filed															
22. Date of next visit/instructions for follow-up															
23. ER and Hospital reports/records															
24. Patient is not placed at inappropriate risk															
25. Evaluation for abuse/neglect (Medicaid Adults)															
<b>VALIDATIONS - √ for compliance (not scored)</b>															
26. Diagnosis Validation															
27. Claims Validation															

$$\frac{Y}{Y+N} \times 100 = \% \text{ compliance}$$

**Comments:** \_\_\_\_\_  
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**Date of Review:**

<i>PREVENTIVE CARE</i>												Y	N	Y + N	S C O R E
Name: Member ID:															
Plan --- Age --- Sex															
<b>ADULT SCREENING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>					
1. Routine check-up															
2. Blood Pressure measurement															
3. Obesity Screening/BMI Measurement															
Latest Date BMI Documented – Not Scored															N/A
*BMI Value – Not Scored															N/A
4. Cholesterol profile (Every 5 yrs for men 35 & older and women 45 & older)															
5. STD screening (At risk only)															
6. Colorectal Exam to include <u>1</u> of the following: • Stool for occult blood, • Flexible Sigmoidoscopy, or • Colonoscopy															
7. Fasting Plasma Glucose / Oral GTT (At risk only)															
8. Tuberculosis screening (PPD) (At risk only)															
9. Depression Screening															
10. General counseling															
<b>WOMEN</b>															
11. Mammogram (Every 1-2yrs for women 50 & older)															
12. Cervical Cancer Screening															
13. Osteoporosis Screening (Women 65 & older)															
<b>MEN</b>															
14. Abdominal Aortic Aneurysm Screening (Men 65-75 who have hx of smoking)															
<b>IMMUNIZATIONS</b>															
15. Tetanus, Diphtheria, Pertussis (Td/Tdap)															
16. HPV (Women <27)															
17. Varicella															
18. Zoster															
19. MMR															
20. Influenza															
21. Pneumococcal															
22. Hepatitis A															
23. Hepatitis B															
24. Meningococcal															

X = Patient qualifies for screening but timeframe has not yet expired

**Comments:**

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<b>PREVENTIVE CARE</b>												<b>Y</b>	<b>N</b>	<b>Y + N</b>	<b>S C O R E</b>
<b>Name:</b>															
<b>Member ID:</b>															
<b>Plan --- Age --- Sex</b>															
<b>PEDIATRIC SCREENING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>					
1. Family history															
1. Neonatal history															
3. Physical, mental health & developmental history															
4. Physical examination															
5. Height/Weight															
6. Obesity Screening/BMI Measurement (2 & older)															
Latest Date BMI Documented – Not Scored															N/A
*BMI Value – Not Scored															N/A
BMI Percentile for Children Under 16 Years															N/A
7. Head circumference															
8. Blood Pressure measurement															
9. Nutrition screening (Medicaid/THSteps only)															
10. Developmental/Autism screening															
11. Mental health screening															
12. Vision screening															
13. Hearing screening															
14. Tuberculosis screening (PPD)															
15. Newborn hereditary/metabolic testing															
16. Hemoglobin or Hematocrit															
17. Lead screening															
18. Hemoglobin type (Medicaid/THSteps only)															
19. Cervical Cancer Screening (11 & older AAP only)															
19. STD screening (11 & older)															
20. HIV screening (Medicaid/THSteps 11 & older)															
21. Cholesterol profile															
22. Diabetes screening (Medicaid/THSteps only)															
23. Dental referral															
24. Anticipatory guidance															
<b>IMMUNIZATIONS</b>															
25. Hepatitis B															
26. Rotavirus															
27. DTP/DTaP/Tdap															
28. Hib															
29. Pneumococcal (PCV)															
30. IPV															
31. Influenza															
32. MMR															
33. Varicella															
34. Hepatitis A															
35. Meningococcal															
36. HPV															

X = Patient qualifies for screening but timeframe has not yet expired

**Comments:** \_\_\_\_\_  
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