

CFHP SPECIALIST PHYSICIAN MEDICAL RECORD AUDIT TOOL

Physician:
Provider Number:

Nurse Reviewer:

Date of Review:
Provider Type:

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

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

Validations=A minimum of two members to be selected for validation. Validation not scored.
Validations: Y=Compliant; If non-compliant, submit PQI

