Exhibit 4

CFHP 2002
PHYSICIAN MEDICAL RECORD AUDIT TOOL

Physician: _____ Nurse Reviewer: _____ Date of Review: _____

PREVENTIVE CARE Name: Member ID: Plan: Age: Sex:	1	2	3	4	5	6	7	8	9	10	Y	N	NA or X	Y + N	SCORE
PEDIATRIC SCREENING															
1. Routine Check-up															
2. Urinalysis															
3. Blood Count (H&H)															
4. Lead Screening															
5. Cholesterol Test															
6. Vision Screening															
7. Hearing Screening															
8. Tuberculosis (PPD)															
9. Pap Smear & Pelvic															
10. Testicular Self-Exam															
11. BP Measurement															
12. General Counseling															
13. Initial Dental Referral															
IMMUNIZATIONS															
14. Hepatitis B															
15. Tetanus-Diphtheria															
16. DTP or DTaP															
17. IPV, OPV															
18. Hib															
19. MMR															
20. Varicella															
21. Influenza															
22. Pneumococcal															
23. Hep A															
24. Prevnar (PCV 7)															

Yes=1point; Borderline-0.5 points; No=0 points; N/A=Not Applicable
X= Patient qualifies for screening but timeframe has not been expired

Exhibit 4A

CFHP 2002
PHYSICIAN MEDICAL RECORD AUDIT TOOL

Physician: _____ Nurse Reviewer: _____ Date of Review: _____

PREVENTIVE CARE Name: Member ID: Plan: Age: Sex:	1	2	3	4	5	6	7	8	9	10	Y	N	NA or X	Y + N	SCORE
PEDIATRIC-MEDICAID															
TX HEALTH STEPS															
1. Family History															
2. Neonatal History															
3. Physical, Mental Health and Developmental History															
4. Behavioral Risk (A)															
5. Physical Examination															
6. Height/Weight BMI (A)															
7. Head Circumference															
8. B/P															
9. Nutritional Assessment															
10. Developmental Assess.															
11. Mental Health Assess.															
12. Vision Screening															
13. Hearing Screening															
14. Tuberculin Screening															
15. Newborn Hereditary/ Metabolic Testing															
16. Hgb or Hct															
17. Lead Screening															
18. Hemoglobin Type															
19. STD Screening (A)															
20. Pap Smear (A)															
21. Cholesterol															
22. Dental Referral															
23. Health Education															
IMMUNIZATIONS															
24. Hepatitis B															
25. Tetanus-Diphtheria															
26. DTP or DTAP															
27. IPV, OPV															
28. Hib															
29. MMR															
30. Varicella															
31. Pneumococcal (PCV 7)															
32. Hep A															

A=Adolescent Requirement Only

Exhibit 4B

CFHP 2002
PHYSICIAN MEDICAL RECORD AUDIT TOOL

Physician: _____ Nurse Reviewer: _____ Date of Review: _____

PREVENTIVE CARE Name: Member ID: Plan Age: Sex:	1	2	3	4	5	6	7	8	9	10	Y	N	NA or X	Y + N	SCORE
ADULT SCREENING															
1. Routine Check-up															
2. BP Measurement															
3. Cholesterol Profile															
4. STD															
COLORECTAL EXAM															
5. Stool for occult blood															
6. Flexible Sigmoidoscopy															
7. Total Colon Exam															
DIABETES (Type 2)															
8. Fasting Plasma Glucose or Oral GTT															
8. Tuberculosis (PPD)															
9. Electrocardiogram															
10. General Counseling															
IMMUNIZATIONS															
11. Influenza															
12. Pneumococcal															
13. Tetanus-Diphtheria															
14. Rubella															
15. Hepatitis B															
WOMEN															
16. Clinical Breast Exam															
17. Mammogram															
18. Pap Smear & Pelvic															
MEN															
19. Testicular Exam and Self Exam Instructions															