

**CFHP
BEHAVIORAL HEALTH MEDICAL RECORD REVIEW TOOL**

Provider: _____ **Nurse Reviewer:** _____ **Date of Review:** _____
Provider Number: _____ **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 (P)																
4. Problem List																
5. Medication List (P)																
6. Entries legible																
7. All entries contain author identification																
8. All entries are dated																
B. CONTINUITY OF CARE																
9. Presenting problems documented																
10. Psychiatric history documented																
11. Tobacco, alcohol, & other substance use assessed (12 & older)																
12. Medical history documented																
13. Developmental history documented																
14. Family psychiatric history documented																
15. Support systems noted on intake																
16. Risk factors documented																
17. Mental status documented																
18. Diagnosis consistent with findings																
19. Treatment plan & goals clearly documented																
20. Appropriate use of consultants																
21. Appropriate labs / studies ordered																
22. Evidence of provider review on labs / studies																
23. Evidence of medication management (P)																
24. Evidence of medication education (P)																
25. ER and Hospital reports/records																
26. Results of consultations are reviewed & filed																
27. Basic teaching provided																
28. Changes in behavior noted																
29. Coordination with PCP																
30. Parent/guardian involvement																
31. Follow-up of missed appointments																
32. Date of next visit																
33. Release of Information obtained																
34. Evidence of care coordination for patients with special health care needs																
35. Evaluation for signs of abuse/neglect																
VALIDATIONS - √ for compliance (not scored)																
36. Diagnosis Validation																
37. Claims Validation																

(P) Required by Psychiatrists ONLY. (Not within scope of practice for other types of Behavioral Health Providers)
 Validations=A minimum of two members selected for validation. Validation to be answered, but not scored. Validations: Y=Compliant; If non-compliant submit PQL.

