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| CPMC Logo Color | Physicians Assistant & Nurse Practitioner Review*(Confidential)* |

**PA-C / NP ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | **Overall Documentation** | Imaging | **Lab Tests** | **Medications** | **Procedures** | **Consultation/Referral** | **Reviewer’s Evaluation** |
| **Patient Name**  | Visit**Date** | **Adequate dictation** | **Adequate charting** | **Appropriate diagnosis** | **Appropriate films ordered** | Films read correctly | **Appropriate tests ordered** | **Correct interpretation of lab results** | **Medications documented** | **Appropriate medications ordered** | **Procedures documented** | **Appropriate procedure(s) performed** | **Appropriate referral documented** | **Appropriate consultation sought** | **Please circle one using the key below.**  |
|  |  | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **1 2 3**  |
|  |  | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **1 2 3**  |
|  |  | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **1 2 3**  |
|  |  | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **1 2 3**  |
|  |  | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **1 2 3**  |
|  |  | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **1 2 3**  |
|  |  | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **1 2 3**  |
|  |  | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **1 2 3**  |
|  |  | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **Y**  N | **1 2 3**  |
|  |  | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **Y** N | **1 2 3**  |

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| --- |
| **Reviewer’s Evaluation KEY (Please enter comments below)** |
| 1 \_\_\_\_\_ Appropriate2 \_\_\_\_\_ Controversial3 \_\_\_\_\_ Inappropriate |

Comments and/or Recommendations with Patient Name for Reference:

Reviewing Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return form to the Quality Risk Manager: The Quality Risk Manager will file this completed review in the PA-C/NP’s confidential file.***