

AMBULATORY MEDICAL RECORD REVIEW TOOL

Physicians Medical Group of San Jose, Inc.
1565 Mabury Road, Suite D
San Jose, CA 95133

DATE: _____

EVALUATOR: _____ TELEPHONE: _____

PROVIDER: _____

ADDRESS: _____

PHONE (PROVIDER): _____ PHYSICIAN CODE: _____

SPECIALTY: FP GP IM _____

Scoring		Chart 1	Chart 2	Chart 3	Chart 4	Chart 5
Y = Yes, Criteria Met N = No, Criteria Not Met	Date of Birth					
	Member ID#					
	Age/Sex					
I. <u>Medical Records Documentation/Chart Maintenance</u>						%
A.	*Do all pages contain patient's name or ID Number?					
B.	*Chart contents secured					
C.	Is there biographical/personal data? (as follows):					
	1. Address					
	2. Employer					
	3. D.O.B.					
	4. Emergency Contact/Phone					
	5. Home Phone #					
	6. Work Phone #					
	7. Marital Status					
D.	Do all entries in the medical record contain author identification?					
E.	Are all entries in the medical record dated?					
F.	*Is the record legible to someone other than the writer?					
G.	** Significant illnesses and medical conditions are indicated on the Problem List.					

Scoring		Chart 1	Chart 2	Chart 3	Chart 4	Chart 5
Y = Yes, Criteria Met N = No, Criteria Not Met , N/A = Not Applicable	Date of Birth					
	Member ID#					
	Age/Sex					
H.						%
I.	** Are drug allergies / NKA/ Adverse reactions prominently displayed?					
I.	*Is advance directive information offered?					
J	*Evidence medication list has been reviewed periodically, including prescribed medication, dosage, and dates of initial or refill prescriptions.					
II. Care Content/Medical Data						
A.	Is there a past medical history in the record? If seen 3 or more times SOAP (e) or equivalent charting includes:					
	1. History and physical identifies appropriate subjective / objective information related to reason for visit					
	2. Physical exam					
	3. * Working diagnoses are consistent with findings					
	4. * Plan of treatment / actions consistent with diagnosis					
	5. Date of return visit or other follow-up plan, if indicated (specific time noted in weeks, months, or PRN)					
B.	If behavioral health is requested, is there exchange of information between PCP and behavioral health?					
C.	Are lab and other studies ordered ?					
D.	Are problems from previous visits addressed?					
E.	Evidence of appropriate use of consultants?					
F.	Do consultant summaries, lab, imaging study results and other studies reflect physician review?					
G.	Does the care appear to be generally medically appropriate?					
III. Health Maintenance						
	Is there a past medical history in the record?(>3X)					
	1. Adult: Past medical history in the record?					
	a) smoking habits					

Scoring		Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	
Y = Yes, Criteria Met 1 Point							
N = No - 0 point	Member ID #						
NA = Not Applicable 1 point	Age/Sex						
b) history of alcohol use							COMMENTS
c) history of substance abuse							
d) psycho/social/behavioral							
e) serious accident							
f) surgical procedures							
g) illnesses							
2. <u>Children / Adolescents:</u> Past medical history/questionnaire for pts. Seen \geq 3 times includes:							
a) smoking habits (> 14 yrs. old)							
b) history of alcohol use (> 14 yrs. old)							
c) history of substance abuse (14 yrs.)							
d) * surgical procedures							
e) * childhood illnesses							
f). personal/psychosocial / family history							
g. * pre-natal / delivery history (if applicable)							
B. Is there a completed immunization record? (Use current guidelines for scoring)							
C. Is there documentation of health education?							
D. Are preventative services used according to accepted guidelines?							

* **Critical elements to be met for acceptable standards**

+ **Safety measures**

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SIGNATURE PAGE

Discussion with Physician: _____

I, the undersigned physician, have noted the above "Discussion" and agree to correct the noted deficiencies identified in this audit within a 30 day time frame. I have received sample chart forms and information with instructions on Advanced Directives.

Physician signature

Date