

Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick



Offsite Assessment -Chart Review Form

| | N/A | A | U | S | N |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The date of each visit or consultation is clearly recorded. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The record is legible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The patient's identity is evident on each component of the file. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There is a system in place to clearly show that test results come to the attention of the physician (i.e., initialed?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A Cumulative Patient Profile (or equivalent summary sheet) relative to each patient is present. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Allergies are clearly documented. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The chief complaint is clearly stated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. An adequate description of symptoms is present. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Significant positive and negative physical findings are recorded. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. A diagnosis or provisional diagnosis is noted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The treatment plan and /or treatment is noted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Definitions (for the purpose of this records review)

A "Always"

90% of files reviewed.

S "Sometimes"

10-49% of files reviewed.

U "Usually"

50-89% of files reviewed.

N "Never"

less than 10% of files reviewed.

COMMENTS ON RECORDS: _____
