### PEDIATRIC MEDICAL RECORDS REVIEW

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Date:</th>
<th>Location:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Chart ID #:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Member DOB:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Encounters:</td>
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</tbody>
</table>

### *** MEDICAL RECORDKEEPING***
- Medical records are stored securely and out of public access
- Medical records are easily and readily retrievable
- Written authorization is obtained for the release and transfer of medical records
- A confidentiality (HIPAA) policy is in place including a policy for electronic security
- There is a procedure for retention and safeguarding medical records
- The chart is organized and in chronological order
- Individual charts maintained
- There is a process to enter patient ID on all pages
- There is a section and/or form for patient demographic/personal data
- Medical records documentation standards are applied

### ***CONTENT***
- Pages are fastened-not loose
- All entries dated
- The record is legible
- Each entry is signed by the person making the entry
- Problem list maintained
- Medication list maintained
- Allergies/adverse reactions prominent or NKA noted
- Appropriate past medical history
- Documentation of smoking habits and ETOH/substance abuse
- Pt/health education, counseling or medical social services as required documented
- Pertinent history and physical exam
- Labs and other studies ordered as appropriate
- Working diagnoses consistent with findings
- Plans of action/treatment consistent with diagnosis
- There is notation of follow-up needed within a specific timeframe
- Unresolved problems from previous visits addressed
- Evidence of appropriate use of consultants-no over or underutilization
- Evidence of continuity/coordination of care with primary and specialty physicians
- Consultant summaries, lab and imaging study results reflect physician review
- Communication of abnormal labs and/or test results to patient documented
- Childhood or Adolescent Immunization Status/History is documented
- Care appears to be medically appropriate
- Well-Child Visits Newborn to 15 Months of age
- Well-Child Visits @ 3, 4, 5 and 6 years of age
- Adolescent Well-Care Visits are documented (12+ years of age)
- No evidence that the patient is put at risk by a diagnostic or therapeutic procedure

**Comments:**

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**Rev 3/8/07**