



PEDIATRIC MEDICAL RECORDS REVIEW

Provider Name: _____ Date: _____ Location: _____

Chart ID #:					
Member DOB:					
Sex:					
Number of Encounters:					

*** 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: _____

