

Month of Review _____
Medical Record Number _____
Physician Assistant Number _____
Date of Chart _____

PHYSICIAN REVIEW OF PHYSICIAN ASSISTANT'S CHART

Please review the chart for adequacy or inadequacy of each item below. If inadequate, please indicate recommendations for corrective action.

	<u>Adequate</u>	<u>Inadequate</u>
Medical history contains essential elements	()	()
Physical exam includes appropriate Body systems	()	()
Documentation of Physician consultation for Cardiac chest pain, MI, Cardiac arrest, Acute respiratory distress, pulmonary Failure, seizures, major trauma, fractures, Emergency obstetrics, shock	()	()
Appropriate use of diagnostic services	()	()
Initial acute management appropriate	()	()
Continued management appropriate until seen By Physician	()	()

Is any quality of care issue identified? No ____ Yes ____ If yes, please comment:

Should the record be returned to the Physician Assistant for comment? No ____ Yes ____

Signature of Reviewing Physician

Date

Physician Assistant Comments:

Signature of Physician Assistant

Date