PHYSICAL THERAPY

OUTPATIENT MEDICAL RECORD PEER REVIEW WORKSHEET

Clinic: _____

Provider:	**Month Reviewed:**	**Reviewer:**

Element	**Yes**	**No**	**N/A**	**Comment**
1. Is the Chief Complaint adequately documented?				
2. Was history of present illness appropriately documented in the medical?				
3. Patient medications, allergies, and past medical history documented?				
4. Provider signature, stamp/printed name ID#?				
5. Has pain been appropriately assessed and addressed at every visit?				
6. Was physical therapy evaluation appropriately completed for present complaint?				
7. Does the initial evaluation include STG & LTG?				
8. Were plans appropriate?				
9. Patient understanding of the treatment plan adequately documented?				
10. Was patient education documented?				
11. Are changes to STG & LTG documented?				
12. Are changes to the treatment plan appropriately documented?				
13. Are the notes a part of the EMR?				
14. Is documentation sufficient for continuity of patient care?				
15. Was the patient referred back to the provider appropriately?				
TOTALS				COMPLIANCE %

"NO" Responses Require Comments: Other Constructive Feedback Welcome

Q#	COMMENT	CORRECTIVE ACTION