

**OHSU HNRS
School Mental Health Record Review Form**

Site: (circle) Cove, Elgin, Imbler, North Powder, Union Date of Review: _____

Patient Initials: _____ Patient's DOB: _____ Reviewer's Name: _____

Visits Reviewed: Start Date: _____ End Date: _____

	Initial Patient Visit	Present	Absent	N/A	Other/Comments
1	Student Info on chart--Name				
2	Student Info on chart—DOB				
3	Forms secured in chart				
4	Problem list includes Pt. name				
5	Problem list includes Pt. DOB				
6	Problem list includes Psych. meds				
7	Problem list includes Provider Signature				
	Review of visits within stated time frame				
8	Documents are legible & in black ink				
9	Name on all pages				
10	DOB on all pages				
11	Date of visit on every page				
12	Provider signature on every note				
13	Chief complaint/reason for visit				
14	Hx of present condition as appropriate				
15	Pertinent history as appropriate				
16	Social/Family Hx as appropriate				
17	Diagnosis/Impression as appropriate				
18	Treatment Plan				
19	Evidence of Pt/Family education as appropriate				
20	Evidence of involvement with parent as appropriate				
21	Follow-up visits document response to plan/interventions as appropriate				
	Additional Information				
22	Referrals documented as appropriate				

