

**OHSU HNRS
School Health Medical 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	Student Info on chart--Allergies				
4	Forms secured in chart				
5	Chronic Probs. on Problem List				
6	Chronic/Routine Meds documented				
7	Initial Visit on Problem List				
	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	Allergies on all pages				
12	Date of visit on every page				
13	Time of visit on every page				
14	All visits are documented on problem list				
15	Provider signature on every note				
16	Chief complaint/reason for visit				
17	History of present illness as appropriate				
18	Review of body systems as appropriate				
19	Past medical history as appropriate				
20	Social/Family Hx as appropriate				
21	Physical exam/findings as appropriate				
22	Diagnosis/Impression as appropriate				
23	Treatment Plan				
24	Evidence of Pt/Family education as appropriate				
25	Evidence of involvement with parent as appropriate				
26	Follow-up visits document response to plan/interventions as appropriate				
	Additional Information				
27	Wt. Documented If Rx prescribed				
28	Referrals documented as appropriate				

