

**Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick**



Chart Review - Offsite Assessment

Definitions (for the purpose of this records review)

- A** "Always" means ninety percent of files reviewed.
- U** "Usually" means from fifty to ninety per cent of files reviewed.
- S** "Sometimes" means between ten to fifty percent of files reviewed.
- N** "Never" means less than ten percent of files reviewed

	N/A	A	U	S	N
1. The date of each visit or consultation is clearly recorded.					
2. The record is legible.					
3. The patient's identity is evident on each component of the file.					
4. There is a system in place to clearly show that test results come to the attention of the physician (i.e. initialed?)					
5. A Cumulative Patient Profile (or equivalent summary sheet) relative to each patient is present.					
6. Allergies are clearly documented.					
7. The chief complaint is clearly stated.					
8. An adequate description of symptoms is present					
9. Significant positive and negative physical findings are recorded.					
10. A diagnosis or provisional diagnosis is noted.					
11. The treatment plan and/or treatment is noted.					

COMMENTS ON RECORDS: _____

