




















Medical Record Review Checklist

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Format Criteria		Notes
<input type="checkbox"/>	Member identification is on each page.	
<input type="checkbox"/>	Individual personal biographical information is documented.	
<input type="checkbox"/>	Emergency “contact” is identified.	
<input type="checkbox"/>	Medical records are maintained and organized.	
<input type="checkbox"/>	Member’s assigned and/or rendering primary care physician (PCP) is identified.	
<input type="checkbox"/>	 Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted.	
<input type="checkbox"/>	 Person or entity providing medical interpretation is identified.	
<input type="checkbox"/>	 Signed Copy of the Notice of Privacy.	
Documentation Criteria		Notes
<input type="checkbox"/>	Allergies are prominently noted.	
<input type="checkbox"/>	Chronic problems and/or significant conditions are listed.	
<input type="checkbox"/>	Current <i>continuous</i> medications are listed	
<i>Appropriate consents are present</i>		
<input type="checkbox"/>	 Release of Medical Records	
<input type="checkbox"/>	Informed Consent for invasive procedures	
<input type="checkbox"/>	 Advance Health Care Directive Information is offered	
<input type="checkbox"/>	All entries are signed, dated and legible.	
<input type="checkbox"/>	 Errors are corrected according to legal medical documentation standards.	
Coordination of Care Criteria		Notes
<input type="checkbox"/>	History of present illness or reason for visit is documented.	
<input type="checkbox"/>	Working diagnoses are consistent with findings.	
<input type="checkbox"/>	Treatment plans are consistent with diagnoses.	
<input type="checkbox"/>	Instruction for follow-up care is documented.	
<input type="checkbox"/>	Unresolved/continuing problems are addressed in subsequent visit(s).	
<input type="checkbox"/>	There is evidence of practitioner review of consult/referral reports and diagnostic test results.	
<input type="checkbox"/>	There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate.	











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<input type="checkbox"/>		Missed primary care appointments and outreach efforts/follow-up contacts are documented.	
Pediatric Preventive Criteria			Notes
<input type="checkbox"/>		Comprehensive History and Physical	
<input type="checkbox"/>		IHEBA	
<input type="checkbox"/>		Comprehensive History and Physical exam completed at age appropriate frequency	
<input type="checkbox"/>		Subsequent Periodic IHEBA	
Well-child Visit			
<input type="checkbox"/>		Alcohol Disorder: Screening and Behavioral Counseling	
<input type="checkbox"/>		Anemia Screening	
<input type="checkbox"/>		Anthropometric Measurements	
<input type="checkbox"/>		Anticipatory Guidance	
<input type="checkbox"/>		Autism Spectrum Disorder Screening	
<input type="checkbox"/>		Blood Lead Screening	
<input type="checkbox"/>		Blood Pressure Screening	
<input type="checkbox"/>		Dental/Oral Health Assessment	
<input type="checkbox"/>		Fluoride Supplementation	
<input type="checkbox"/>		Fluoride Varnish	
<input type="checkbox"/>		Depression Screening	
<input type="checkbox"/>		Suicide-Risk Screening*	
<input type="checkbox"/>		Maternal Depression Screening	
<input type="checkbox"/>		Developmental Disorder Screening	
<input type="checkbox"/>		Developmental Surveillance	
<input type="checkbox"/>		Drug Disorder: Screening and Behavioral Counseling	
<input type="checkbox"/>		Dyslipidemia Screening	
<input type="checkbox"/>		Hearing Screening	
<input type="checkbox"/>		Hepatitis B Virus Screening	
<input type="checkbox"/>		Hepatitis C Virus Screening	
<input type="checkbox"/>		Human Immunodeficiency Virus (HIV) Infection Screening	









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<input type="checkbox"/>		Psychosocial/Behavioral Assessment	
<input type="checkbox"/>		Sexually Transmitted Infections (STIs) Screening and Counseling	
<input type="checkbox"/>		Sudden Cardiac Arrest and Sudden Cardiac Death Screening*	
<input type="checkbox"/>		Tobacco Use Screening, Prevention, and Cessation Services	
<input type="checkbox"/>		Tuberculosis Screening	
<input type="checkbox"/>		Vision Screening	
Childhood Immunizations			
<input type="checkbox"/>		Given according to Advisory Committee on Immunization Practices (ACIP) guidelines	
<input type="checkbox"/>		Vaccine administration documentation	
<input type="checkbox"/>		Vaccine Information Statement (VIS) documentation	
Adult Preventive Criteria			Notes
Initial Health Assessment (IHA): Includes H&P and Individual Health Education Behavioral Assessment (IHEBA)			
<input type="checkbox"/>		Comprehensive History and Physical	
<input type="checkbox"/>		IHEBA	
Periodic Health Evaluation according to most recent United States Preventive Services Taskforce (USPSTF) Guidelines			
<input type="checkbox"/>		Comprehensive History and Physical Exam completed at age-appropriate frequency	
<input type="checkbox"/>		Subsequent Periodic IHEBA	
Adult Preventive Care Screenings			
<input type="checkbox"/>		Abdominal Aneurysm Screening	
<input type="checkbox"/>		Alcohol Use Disorder Screening and Behavioral Counseling	
<input type="checkbox"/>		Breast Cancer Screening	
<input type="checkbox"/>		Cervical Cancer Screening	
<input type="checkbox"/>		Colorectal Cancer Screening	
<input type="checkbox"/>		Depression Screening	
<input type="checkbox"/>		Diabetic Screening	
<input type="checkbox"/>		Comprehensive Diabetic Care	
<input type="checkbox"/>		Drug Disorder Screening	


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<input type="checkbox"/>		Behavioral Counselling	
<input type="checkbox"/>		Dyslipidemia Screening	
<input type="checkbox"/>		Folic Acid Supplementation	
<input type="checkbox"/>		Hepatitis B Virus Screening	
<input type="checkbox"/>		Hepatitis C Virus Screening	
<input type="checkbox"/>		High Blood Pressure Screening	
<input type="checkbox"/>		HIV Screening	
<input type="checkbox"/>		Intimate Partner Violence Screening for Women of Reproductive Age	
<input type="checkbox"/>		Lung Cancer Screening	
<input type="checkbox"/>		Obesity Screening and Counseling	
<input type="checkbox"/>		Osteoporosis Screening	
<input type="checkbox"/>		Sexually Transmitted Infection (STI) Screening and Counseling	
<input type="checkbox"/>		Skin cancer Behavioral Counseling	
<input type="checkbox"/>		Tobacco Use Screening	
<input type="checkbox"/>		Counselling and Intervention	
<input type="checkbox"/>		Tuberculosis Screening	
Adult Immunizations			
<input type="checkbox"/>		Given according to ACIP guidelines	
<input type="checkbox"/>		Vaccine administration documentation	
<input type="checkbox"/>		Vaccine Information Statement (VIS) documentation	
OB/CPSP Preventive Criteria			Notes
		<i>Initial Comprehensive Prenatal Assessment (ICA)</i>	
<input type="checkbox"/>		Initial prenatal visit	
<input type="checkbox"/>		Obstetrical and Medical History	
<input type="checkbox"/>		Physical Exam	
<input type="checkbox"/>		Dental Assessment	
<input type="checkbox"/>		Healthy weight gain and behavior counseling	
Lab Tests			


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<input type="checkbox"/>		Bacteriuria Screening	
<input type="checkbox"/>		Rh Incompatibility Screening	
<input type="checkbox"/>		Diabetes Screening	
<input type="checkbox"/>		Hepatitis B Virus Screening	
<input type="checkbox"/>		Hepatitis C Virus Screening	
<input type="checkbox"/>		Chlamydia Infection Screening	
<input type="checkbox"/>		Syphilis Infection Screening	
<input type="checkbox"/>		Gonorrhea Infection Screening	
<input type="checkbox"/>		Human Immunodeficiency Virus (HIV) Screening	
First Trimester Comprehensive Assessment			
<input type="checkbox"/>		Individualized Care Plan (ICP)	
<input type="checkbox"/>		Nutrition Assessment	
Psychosocial Assessment			
<input type="checkbox"/>		Maternal Mental Health Screening	
<input type="checkbox"/>		Social Needs Assessment	
<input type="checkbox"/>		Substance Use/Abuse Assessment	
<input type="checkbox"/>		Breast Feeding and other Health Education Assessment	
<input type="checkbox"/>		Preeclampsia Screening	
<input type="checkbox"/>		Intimate Partner Violence Screening	
Second Trimester Comprehensive Assessment			
<input type="checkbox"/>		ICP	
<input type="checkbox"/>		Nutrition Assessment	
Psychosocial Assessment			
<input type="checkbox"/>		Maternal Mental Health Screening	
<input type="checkbox"/>		Social Needs Assessment	
<input type="checkbox"/>		Substance Use/Abuse Assessment	
<input type="checkbox"/>		Breast Feeding and other Health Education Assessment	
<input type="checkbox"/>		Preeclampsia Screening	



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<input type="checkbox"/>		Low Dose Aspirin	
<input type="checkbox"/>		Intimate Partner Violence Screening	
<input type="checkbox"/>		Diabetes Screening	
Third Trimester Comprehensive Assessment			
<input type="checkbox"/>		ICP Update and Follow Up	
<input type="checkbox"/>		Nutrition Assessment	
Psychosocial Assessment			
<input type="checkbox"/>		Maternal Mental Health Screening	
<input type="checkbox"/>		Social Needs Assessment	
<input type="checkbox"/>		Substance Use Disorder Assessment	
<input type="checkbox"/>		Breastfeeding and other Health Education Assessment	
<input type="checkbox"/>		Preeclampsia Screening	
<input type="checkbox"/>		Low Dose Aspirin	
<input type="checkbox"/>		Intimate Partner Violence Screening	
<input type="checkbox"/>		Diabetic Screening	
<input type="checkbox"/>		Screening for Strep B	
<input type="checkbox"/>		Screening for Syphilis	
<input type="checkbox"/>		TDAP Immunization	
<input type="checkbox"/>		Prenatal care visit periodicity according to most recent American College of Obstetricians and Gynecologists (ACOG) standards	
<input type="checkbox"/>		Influenza Vaccine	
<input type="checkbox"/>		COVID Vaccine	
<input type="checkbox"/>		Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of Infant Feeding Status	
<input type="checkbox"/>		HIV-related Services <i>offered</i>	
<input type="checkbox"/>		AFP/Genetic Screening offered	
<input type="checkbox"/>		Family Planning Evaluation	
Comprehensive Postpartum Assessment			
<input type="checkbox"/>		ICP	

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<input type="checkbox"/>		Nutrition Assessment	
<i>Psychosocial Assessment</i>			
<input type="checkbox"/>		Maternal Mental Health Screening/Postpartum Depression Screening	
<input type="checkbox"/>		Social Needs Assessment	
<input type="checkbox"/>		Substance Use Disorder Assessment	
<input type="checkbox"/>		Breastfeeding and other Health Education Assessment	
<input type="checkbox"/>		Comprehensive Physical Exam	