

## Chart Review Reporting Form

Candidate: \_\_\_\_\_

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

**Domain of Care**

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioural medicine/mental health<br><input type="checkbox"/> Care of adults<br><input type="checkbox"/> Care of children/adolescents<br><input type="checkbox"/> Care of elderly | <input type="checkbox"/> Care of vulnerable/underserved<br><input type="checkbox"/> Gyne/maternity/newborn care<br><input type="checkbox"/> Palliative care (optional) |
|---|--|

		Y	N	Comments
1.	Note is organized (e.g. easy to find relevant information, has clear sections (history/subjective; examination/objective; impression/assessment; management; plan)).			
2.	Pertinent positives and negatives from history and exam are included in the note.			
3.	History is synthesized and clear.			
4.	Assessment of case linked to data recorded.			
5.	Plan reflects assessment.			
6.	Medications given/changed are documented appropriately and existing medications reviewed.			
7.	Plan includes direction for future care, including follow-up and next steps in investigation or management.			
8.	Note is legible and signed			
9.	Avoids confusing acronyms or abbreviations			
10.	Corrections/changes are clearly indicated and dated			
11.	Results of investigations are document, including follow-up action.			
12.	New information about patient is updated on flow sheets.			
13.	Critical thinking process is seen in this note			
14.	Another physician would be able to know what the next steps for the patient were if asked to assume care of this patient.			
15.	It is possible to see clearly from this note why the patient came to see the physician, what was done and why, and what follow-up plan has been made.			

Assessor Comments

Candidate Comments

**Assessment on this Chart Review (select one)**

Competence Not Demonstrated <input type="checkbox"/>	Competence Partially Demonstrated <input type="checkbox"/>	Competence Demonstrated <input type="checkbox"/>
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Assessor Signature

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Candidate Signature

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