

Child Health and Disability Prevention (CHDP) Program MEDICAL RECORD REVIEW TOOL

CHDP Provider Name: _____

Office Contact Name(s): _____

Site Address: _____

Reviewer Name: _____

Date: _____

Clinician 1) _____

3) _____

2) _____

4) _____

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
<input type="checkbox"/> Electronic	Clinician														
<input type="checkbox"/> Paper	Child ID														
<input type="checkbox"/> Hybrid	Age/Gender														
1. Format Criteria															
A. An individual medical record is established for each child/youth.		2													
1) Child/Youth identification is on each page.		2													
2) Individual personal biographical information is documented.		1													
3) Emergency contact is identified.		1													
4) Each medical record is consistently organized.		1													
5) Chart contents are securely fastened.		1													
6) Each medical record has documentation that the parent/guardian of the child/youth has received a copy of the office's/clinic's notice of Privacy Practices.		1													
Comments: Total Possible Per Chart		9	0	0	0	0	0	0	0	0	0	0			
Section 1 Total Possible per Chart		9											Section 1 Total:	0	

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
<input type="checkbox"/> Electronic	Clinician														
<input type="checkbox"/> Paper	Child ID														
<input type="checkbox"/> Hybrid	Age/Gender														
2. Documentation Criteria															
A.	Allergies and adverse reactions are prominently noted at each well-child visit.	2													
B.	Health-related conditions are identified (e.g., problem list).	1													
C.	Current continuous medications are listed.	1													
D.	Appropriate consents are present:														
	1) Consent for Treatment.	1													
	2) Release of Medical Information.	1													
	3) Informed Consent for specific procedure.	1													
E.	Errors are corrected according to legal medical documentation standards.	1													
F.	All entries are signed, co-signed if applicable, dated, and legible.	2													
G.	Copy of completed pre-enrollment application (DHCS 4073) in chart, if using Gateway.	2													
Comments:															
Total Possible Per Chart		12	0	0	0	0	0	0	0	0	0	0			
Section 2 Total Possible Per Chart		12											Section 2 Total:	0	

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
[] Electronic	Clinician														
[] Paper	Child ID														
[] Hybrid	Age/Gender														
3. Coordination and Continuity of Care Criteria															
A. Comprehensive Health History.															
1) Past Medical History.		3													
2) Social History.		2													
3) Review of systems.		2													
4) Family History.		2													
B. Treatment plans address identified conditions found during history and physical examination.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
C. Instructions of child/youth and/or primary caregiver for follow-up care are documented.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
D. Unresolved and/or continuing problems are addressed and documented at the time of the subsequent visit.		2													
Comments:	Total Possible Per Chart	15	0	0	0	0	0	0	0	0	0	0		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
													Section Sub -Total:	0	<input type="checkbox"/> Fail

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
[] Electronic	Clinician														
[] Paper	Child ID														
[] Hybrid	Age/Gender														
3. Coordination and Continuity of Care (Cont'd)															
E. Test results, reports, and referrals															
1) Consultation, test results, diagnostic reports, and referrals have explicit notation of review in the medical record.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2) Test results, diagnostic reports, referrals, and consultation reports are discussed with parent(s), legal guardian, and/or child/youth with explicit notation in the medical record.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3) If Health Assessment Only Provider, referred child/youth to a medical and dental home. Or If Comprehensive Health Provider, referred child/youth to a dental home.		3													
4) Age appropriate referral to WIC.		2													
F. Missed appointments and follow-up contacts/outreach efforts are documented.		2													
Comments: Total Possible Per Chart		11	0	0	0	0	0	0	0	0	0	0		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Section 3 Total Possible Per Chart		26												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
													Section Sub -Total:	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
													Section 3 Total:	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
													Line Items Failed:		
													Line Items Passed:		

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
<input type="checkbox"/> Electronic	Clinician														
<input type="checkbox"/> Paper	Child ID														
<input type="checkbox"/> Hybrid	Age/Gender														
4. Pediatric Preventive Criteria															
A. Developmental Screening Completed. Used: _____	Tool	2													
B. Behavioral Screening Completed. Tool Used: _____		2													
C. Vision Screening (Snellen Test or equivalent) completed and documented.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
D. Hearing Screening completed and documented.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
E. Fluoride use appropriate for age and location.		2													
F. CHDP lab work is present and documented.															
1) Hb/Hct.		2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2) Other testing is completed as appropriate.		2													
3) Lead counseling, screening ordered, and results documented.		2													
G. TB risk assessment and/or tuberculin skin test (Mantoux) is completed.		2													
Comments:	Total Possible Per Chart	18	0	0	0	0	0	0	0	0	0	0	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
													Section Sub -Total:	0	<input type="checkbox"/> Fail

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
[] Electronic	Clinician														
[] Paper	Child ID														
[] Hybrid	Age/Gender														
4. Pediatric Preventive Criteria (Cont'd)															
H. Childhood Immunizations (IZs):															
1)	Immunization summary page is present and includes consolidation of IZs from other sources.	2													
2)	IZs were given by this provider when due (at the time of the visit), unless medically contraindicated or refused by the parent.	2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3)	For each vaccine, the administration site, manufacturer and lot number are recorded in the medical record.	2												<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
4)	For each vaccine, receipt of the Vaccine Information Statement (VIS) is documented including edition date.	2													
I. Age-appropriate growth measurements are taken and plotted sequentially at each visit.															
1)	Head Circumference.	2													
2)	Body Mass Index (BMI) Percentile.	3													
3)	Weight.	2													
4)	Length/Height (recumbent length/standing height) taken and plotted on appropriate growth chart.	2													
J.	Vital Signs (TPR, BP) are measured at each visit appropriate for age.	2													
Comments: Total Possible Per Chart		19	0	0	0	0	0	0	0	0	0	0		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
													Section Sub-Total:	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail	
<input type="checkbox"/> Electronic	Clinician														
<input type="checkbox"/> Paper	Child ID														
<input type="checkbox"/> Hybrid	Age/Gender														
4. Pediatric Preventive Criteria (Cont'd)															
K. Initial and Periodic Health Assessments are completed.															
1) History and Physical Exam.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2) Dental assessment.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3) Nutritional assessment.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
4) Health education/anticipatory guidance.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
5) Developmental/Behavioral assessment.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
6) Tobacco assessment.	2													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
L. Health assessment results submitted for billing/reporting are consistent with documentation in the medical record.	4													<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Comments: Total Possible Per Chart	16	0	0	0	0	0	0	0	0	0	0	0		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Section 4 Total Possible Per Chart	53												Section Sub -Total: 0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
													Section 4 Total:	0	<input type="checkbox"/> Pass <input type="checkbox"/> Fail