

Peer Review of Medical Records

CASE COVER SHEET



Record ID

Name of animal/client or assigned code

Case Type:

Chronic Medical

Veterinarian(s) Involved

Please do not include:
 x The entire medical history or records that are more than two years old.
 x Components that are not relevant to the case type.

This case must include the following:

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| <ul style="list-style-type: none"><input type="checkbox"/> At least 2-3 visits, with one being the diagnosis.<input type="checkbox"/> Invoices, Cost Estimates<input type="checkbox"/> Client/Patient Identification<input type="checkbox"/> History, Physical Exam findings<input type="checkbox"/> Record of Vaccinations<input type="checkbox"/> Assessment: problem list, differential/final diagnosis | <ul style="list-style-type: none"><input type="checkbox"/> Medical treatments (drugs administered, prescribed, dispensed)<input type="checkbox"/> Documentation of informed client consent (e.g., written or verbal consent)<input type="checkbox"/> Professional Advice and Client Communications<input type="checkbox"/> Audit Trail (for electronic records) |
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Additional components included with this case:

If applicable:

- Name and address of alternate contact person (in the absence of the client)
- Monitoring notes for hospitalization (e.g., in-hospital treatment flow sheet)
- Laboratory Reports/test results
- Consent forms
- Referral letters and reports
- Radiographs
- Logs (controlled drug, surgical (major surgery only), anesthetic (general anesthetic only), radiology)
- Insurance forms

***For a timely and accurate review, please ensure all components for the case type are included.**
FPAEP