

Peer Advisory Conversation

CASE COVER SHEET



Record ID

Name of animal/client or assigned code

Case Type

- | | |
|--|--|
| <input type="checkbox"/> surgical case | <input type="checkbox"/> complex diagnosis |
| <input type="checkbox"/> emergency case | <input type="checkbox"/> acute condition |
| <input type="checkbox"/> wellness visit | <input type="checkbox"/> routine visit |
| <input type="checkbox"/> chronic condition diagnosed in the past two years | |
| <input type="checkbox"/> other: _____ | |

Components Checklist

The list below is a guideline to help you with preparing your records for submission. The Peer Advisor will review the records prior to the conversation in preparation for the Case-Based Discussion. If a component is not relevant to the case type, please indicate N/A beside the component.

Component	Component included for submission?	
	Yes	N/A
Patient Record:		
• Client/Patient Identification	<input type="checkbox"/>	<input type="checkbox"/>
• History, PE findings	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment: problem list and differential diagnoses/final diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
• Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>
• Medical treatments including any drugs administered, prescribed or dispensed	<input type="checkbox"/>	<input type="checkbox"/>
• Surgical procedures if applicable (protocols)	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Forms, Flow Sheets (e.g., Anesthetic monitoring sheet, Hospitalization flow sheets)	<input type="checkbox"/>	<input type="checkbox"/>
Consent Forms if applicable	<input type="checkbox"/>	<input type="checkbox"/>
Estimates and Invoices	<input type="checkbox"/>	<input type="checkbox"/>
Client Communications (e.g., discharge instructions, home care templates, discussion notes)	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Reports/test results:	<input type="checkbox"/>	<input type="checkbox"/>
• Blood work, cytology, etc.	<input type="checkbox"/>	<input type="checkbox"/>
• Digital copies of Radiographs and Ultrasounds (do not submit originals)	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Drug Logs if applicable	<input type="checkbox"/>	<input type="checkbox"/>
Referral Letters if applicable	<input type="checkbox"/>	<input type="checkbox"/>