

Children's Special Health Services

Health Department: _____ Date: _____

Reviewers: _____

(Quality Assurance Deliverables of FY 08-09 Child Health Agreement Addendum. Individuals receiving CSHS will receive the following services as documented in the medical record for visits regardless of payor source)

Patient Identifier

--	--	--	--	--	--	--	--	--	--	--

1. History of Current Problem or Complaint

	1	2	3	4	5	6	7	8	9	10
Presenting Complaint										
Referral Source										
Date of Onset										
Course and Duration										
Effect of Treatment										
Record Compliant?										

Comments:

2. Interval Histories

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

CODE
√ =Present 0 =Absent NA =Not Applicable

3. Health Status Summary

	1	2	3	4	5	6	7	8	9	10
Immunization and Record Reviews; Referral & Follow-Up										
Well Child Care (Provider, Last Visit Date)										
Other Medical/Health Problems										
Treatment (Medications, Therapies, Durable Medical Equipment)										
Record Compliant?										

Comments:

4. Physical Examination Pertinent to Presenting Problem

	1	2	3	4	5	6	7	8	9	10
Pertinent Physical Examination at Initial Visit										
Pertinent Physical Examination at Subsequent Visit										
Record Compliant?										

Comments:

5. Written Diagnosis

	1	2	3	4	5	6	7	8	9	10
Record Compliant										

Comments:

6. Plan of Care

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

CODE
√ =Present 0 =Absent NA =Not Applicable

7. Follow-Up of Missed Appointments

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

8. Follow-Up of Treatment and/or Referral Recommendations

	1	2	3	4	5	6	7	8	9	10
Follow-Up of Treatment Recommendations										
Follow-Up of Referrals										
Record Compliant?										

Comments:

9. Documented Communication with Referral Sources and Appropriate Providers

	1	2	3	4	5	6	7	8	9	10
Notes Sent to Referral Sources										
Notes Sent to Appropriate Providers										
Record Compliant?										

Comments:

10. Education and Counseling

	1	2	3	4	5	6	7	8	9	10
Education/Counseling for Each Diagnosis										
Education/Counseling for Treatment Recommendations										
Education/Counseling for Referrals										
Record Compliant?										

Comments:

CODE		
√ =Present	0 =Absent	NA =Not Applicable