***Medical Record Review Form for RHCs***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Date of Service** | **Consent**  **Form**  **Date** | **Social**  **Data** | **Medical**  **Hx** | **Diagnostics/**  **Labs/**  **Consults** | **Physical Assessment/**  **Vitals** | **Treatment/**  **Meds/**  **Orders** | **Instructions** | **Disposition** | **Authenticated**  **Date** |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |  |

**Facility: Date: Time: Reviewed with:**

***Type of Consent Required according to p/p:***