

Gynecology Peer Review Form

Site: _____ Pt. initials and DOB: _____

Provider Name: _____ Reviewer Name: _____

Date: _____ N/A=Not applicable

Section 1. Mechanics (Review entries of past three months)

	Yes	No	N/A
A. Entries in EHR (N/A = scanned in)	___	___	___
B. Labs / consults / referrals ordered in EHR	___	___	___
C. Medications ordered in EHR	___	___	___
D. Important documents scanned into EHR (paps, consults, mammograms, bone density studies, colonoscopies, pelvic ultrasounds, colpo results)	___	___	___
E. Ease of finding pertinent info (yes = easy, no = mod, N/A=hard)	___	___	___

Section 2. General Documentation

(If documentation present but not up to date, put .5 in Yes column)

A. GYN problem list completed	___	___	___
B. Allergies recorded	___	___	___
C. Family history documented/updated	___	___	___
D. Tobacco use/exposure documented /updated	___	___	___
E. GYN Medication list filled out including prescribed at visit	___	___	___
F. Reports/labs initialed and dated –EHR record of what done	___	___	___

Section 3. Target visit progress note

A. Present history documented	___	___	___
B. Review of Systems documented	___	___	___
C. Pertinent physical exam recorded	___	___	___
D. Diagnoses/medical impressions noted	___	___	___
E. Pertinent preventive issues addressed	___	___	___
F. Recommendations/instructions recorded	___	___	___
G. Return visit time noted	___	___	___

Section 4. Target visit clinical decision-making and implementation

A. Working diagnoses are consistent with findings	___	___	___
B. Appropriate labs/studies/referrals are ordered	___	___	___
C. Plan is consistent with working diagnoses	___	___	___
D. Overall care is medically appropriate	___	___	___