

Peer Review of Medical Records

CASE COVER SHEET

**Record ID**

Name of animal/client or assigned code

Case Type:

Acute 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:

<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	<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
- ☐ Referral letters and reports
- ☐ Radiographs
- ☐ Logs (controlled drug, surgical (major surgery only), anesthetic (general anesthetic only), radiology)
- ☐ Insurance forms