

MEDICAL DECISION MAKING/ CLIENT EDUCATION	Y	N	N/A	Y	N	N/A	Y	N	N/A
Accurate assessment/diagnosis documented	0	0	0	0	0	0	0	0	0
Follow-up plans conform with protocols/policies	0	0	0	0	0	0	0	0	0
Client education done per protocol/policy	0	0	0	0	0	0	0	0	0
Note appropriate protocols if above answer is no									
Method specific client education documented	0	0	0	0	0	0	0	0	0
Health maintenance/risk reduction addressed	0	0	0	0	0	0	0	0	0
Pregnancy testing counseling per policy	0	0	0	0	0	0	0	0	0
Referrals documented	0	0	0	0	0	0	0	0	0
Return visit plan documented	0	0	0	0	0	0	0	0	0
ADOLESCENT COUNSELING									
Documentation of family involvement/coercion	0	0	0	0	0	0	0	0	0
Discussed abstinence/sexual risk reduction	0	0	0	0	0	0	0	0	0
Screened for risk of coercion/trafficking	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
MEDICAL RECORD									
Medical record is systematically organized	0	0	0	0	0	0	0	0	0
Charting is accurate, thorough and concise	0	0	0	0	0	0	0	0	0
Charting reflects client-centered care principles	0	0	0	0	0	0	0	0	0
All entries signed with title and date	0	0	0	0	0	0	0	0	0
Time spent face-to-face with client documented	0	0	0	0	0	0	0	0	0

COMMENTS:

REVIEWER SIGNATURE: Kathy Detke, WHNP

DATE:

CLINICIAN SIGNATURE: _____

DATE: _____

MEDICAL DIRECTOR SIGNATURE: _____ (Annual Peer Review Only)