

Nurse Practitioner / Physician Chart Review

Nurse Practitioner: _____ Supervising Physician: _____

Patient Name: _____ Patient DOB: _____

Date of Service: _____

Pt. seen by physician in last year or on a regular basis?

- YES Date Last Seen by Physician _____
- NO If NO, refer to physician for review.

CHART REVIEW

- I agree with the diagnosis
- I agree the HPI and ROS were appropriate for the symptoms presented
- I agree with the diagnostic testing ordered and/or performed
- I agree with the medications prescribed
- I agree the physical exam performed was appropriate for the symptoms
- I agree with the plan of care

Comments:

Physician Signature: _____

Nurse Practitioner Signature: _____

Date: _____