

Clark Quality Care

DIRECTIONS: This form is to be completed after the scheduled review of Individual records. The form presents the findings of the review. It identifies the status of each Individual records; date of each review; period covered; follow-up needed; and the staff completing the review. The completed form should be submitted to the administrator.

INDIVIDUAL NAME:		REVIEW DATE:	
PERIOD COVERED	Beginning Date:	Ending Date:	
INDIVIDUAL RECORDS	STATUS	FOLLOW-UP NEEDED	
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		
	<input type="checkbox"/> Outdated <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing		

This review was completed by:

Printed Name

Signature **Date**

NOTE: Use other sheet(s) as needed. If more than one form is used, please indicate the page number below the signature line by recording – Page 1, Page 2, etc.