

Obstetrics and Gynecology Elements of Primary Preventive Care – 6 month Chart Review

Resident being audited and PGY Year:	Supervising Faculty: Seine Chiang, MD
Auditor (your name):	Date of Audit:

Directions to Auditor:

Please print a copy of each assigned chart (2 page, front side only), and review them for the documented presence of the 20 elements below. Write in your findings for all charts below and use the following notations:

- √ - if the resident has documented the specified element in the note (*evidence that the MD queried also suffices*)
- N/A - if not indicated based on the patient's age/risk factors.

Dates of Patient Service

Primary Preventive Care Element	Patient Age								
1. Menstrual history or description of vaginal bleeding									
2. Contraception (reproductive age w/ uterus)									
3. Allergies: drugs, latex, foods and other environmental									
4. Current medications									
5. Smoking history									
6. Alcohol use									
7. Substance abuse									
8. History of sexual dysfunction									
9. History of sexual, physical or mental abuse									
10. Depression screening									
11. Dietary assessment/appropriate weight/nutritional counseling / exercise counseling									
12. Seat Belt use									
13. Family history									
14. Immunization history									
15. Blood pressure									
16. Cervical cancer screening (Pap +/- HPV) appropriate									
17. Recommendation or evidence of query Re: mammography (age > 50 or family history)									
18. Rec or evidence of query re: colonoscopy (age> 50 or family hist)									
19. Recommendation or evidence of query re lipid screening (age > 50)									
20. Recommendation or evidence or query re: testing or treatment for osteoporosis > 65)									

Auditor Comments regarding strengths/weaknesses in patient care and documentation- give specific areas for improvement:

Resident (auditee's) plan for patient care and documentation improvements:

This form has been review with me as part of my bi-annual assessment (Lou Letter meeting) by the residency program administration.

Resident's Signature: _____ **Date:** _____

Program Director or Designee signature: _____

Please return to the Education Division Office