Physician chart review

Complete one sheet per NP encounter. Select records using your practice agreement or review policy.

Visit and review details

Practice / site

State

Agreement / policy reference

Nurse practitioner

Reviewing physician

Internal chart / encounter ID

Encounter date

Review date

Chart findings

Review criterion or clinical question

Consider the assessment, prescribing, consent, test results or follow-up relevant to this visit.

What did the record show? Include the note date or location for key findings.

Review outcome (choose one)

- ○ No further action
- ○ Follow-up needed
- ○ Escalated

Follow-up and sign-off

Route urgent concerns through your clinical escalation process at the time of review.

Feedback, agreed action and any patient follow-up

Discussed with / date

Action owner

Due date

Closure or open status / closed by / date

Complete any required encounter countersignature in the patient chart.

Physician signature (ink or practice-approved e-signature)

Date signed

Review log and discussion

Use one log per NP and review period. Record the sample and any changes agreed with the NP.

Practice / site and state

Nurse practitioner

Reviewing physician

Review period (from / to)

Policy / agreement and sampling method

Eligible charts

Charts reviewed

Use internal IDs. Attach another log sheet for additional charts.

Chart / encounter ID	Visit date	Finding or outcome	Action owner / due

Total charts reviewed in period

Quality measure or criterion applied

Discussion and improvement plan

Discussion date / method

Participants

Results against the criterion, trends or progress since the last review

Agreed change, responsible person and date to reassess

Sign if documenting a meeting. Add a signed attendance sheet for additional participants as needed.

Physician signature | Date | NP signature | Date