

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY

QEI COMMITTEE PEER REVIEW

CLINICAL RECORD WORKSHEET

Optometrist's Name: _____ License #: _____

Peer Reviewer's Name: _____ Date: _____

	Chart Number									
Instructions: Check each box as Adequate + Inadequate – Not applicable N/A	1	2	3	4	5	6	7	8	9	10
The record is legible.										
The record clearly follows S.O.A.P. format.										
History and symptoms are recorded, chief complaint is evident in the chart.										
Record notes significant illnesses and medical conditions and record notes current medications.										
Allergies and drug sensitivities are clearly and consistently recorded in a prominent place.										
Visual acuities are recorded.										
Pupillary testing is recorded.										
Tonometry is recorded.										
Biomicroscopic findings are recorded.										
Record indicates diagnoses consistent with the history and examination findings.										
Record documents treatment plan and choice of drugs consistent with the diagnoses.										
Appropriate follow-up for the treatment plan is provided.										
Subsequent visits for this patient exhibit appropriate care.										
Consultation and referrals are appropriate and timely.										
Entries are initialed or signed by the doctor.										

In Compliance

For Discussion

Letter of Education

VA	PUP	S/L	ASSESS
HW	F/U	TON	SOAP
SOP	HIST	SIGN	MED/DX