

PEER ASSESSOR REPORT FORM

Name: _____

Registration No.: _____

Assessor: _____

At the time of the assessment, the member was found to be
Satisfactory or Needs Improvement in the following areas:

	Satisfactory	Needs Improvement
Chiropractic Scope of Practice	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
Professional Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
Reporting of Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Adjustment or Manipulation	<input type="checkbox"/>	<input type="checkbox"/>
Ordering, Taking and Interpreting Radiographs	<input type="checkbox"/>	<input type="checkbox"/>
Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone	<input type="checkbox"/>	<input type="checkbox"/>
Communicating a Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Care of Animals	<input type="checkbox"/>	<input type="checkbox"/>
Members of More Than One Health Profession	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Examination	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Care or Plan of Care	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition of a Sexual Relationship with a Patient	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Independent Chiropractic Evaluations	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest in Commercial Ventures	<input type="checkbox"/>	<input type="checkbox"/>
Communication and Cooperation with CCO	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Devices	<input type="checkbox"/>	<input type="checkbox"/>
Business Practices	<input type="checkbox"/>	<input type="checkbox"/>
Classes of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines for Members Concerning Office Staff	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory and Permissive Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation of Human Rights and Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Use of Social Media	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Assessments	<input type="checkbox"/>	<input type="checkbox"/>

Delegation, Assignment and Referral of Care	<input type="checkbox"/>	<input type="checkbox"/>
<i>Partnership of Care / Partenariat de soins de santé</i>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Misconduct	<input type="checkbox"/>	<input type="checkbox"/>

Based on the assessment, the member should make improvements in the following areas:

- Record Keeping / Patient Health Record:
 - patient's name
 - patient's address
 - patient's birth date
 - patient's gender
 - date of each of patient's visits to member
 - name of treating chiropractor (on each separate page)
 - address of treating chiropractor (on each separate page)
 - names of primary care practitioners and the referring health profession (when applicable)
 - patient's chief complaint(s) and supporting data
 - relevant past health history
 - family and social history when indicated by presenting complaint(s)
 - reasonable information about every examination, assessment and clinical finding
 - reasonable information about every radiographic examination, including reasons and reports
 - reasonable information about every comparative assessment visit that includes evidence of the performance of three or more of the analytical assessment tools outlined in S-002: Record Keeping
 - reasonable information concerning diagnosis or clinical impression including appropriate language sufficient to describe the type, location, chronicity and other relevant elements of the diagnosis
 - reasonable information about every order made by the member for examinations (including x-ray examinations, other diagnostic imaging, tests, consultations or treatments to be performed by any other person)
 - every written report received by member with respect to examinations, other diagnostic imaging, tests, consultations or treatments performed by other health professionals
 - reasonable information about all advice given by member to patient in written form, including detailed plan of management/care after the initial examination and any subsequent re-assessments including prognosis, plan of management/care, expected outcomes of care
 - reasonable information about every treatment involving the controlled acts authorized to chiropractors re:
 - communicating a diagnosis including appropriate language sufficient to describe the type, location, chronicity and other relevant elements of the diagnosis
 - moving the joints of the spine including level of spine contacted and specific type of adjustment or treatment delivered; indications and contraindications to the application of adjustment/manipulation;
 - putting a finger beyond the anal verge for the purpose of manipulating the tailbone
 - reasonable information about who provided the care and the location where the care was delivered
 - reasonable information about a procedure that was commenced but not completed, including reasons for non-completion (e.g. missed or rescheduled appointments)

written record of consent for: (please circle those appropriate) that is up-to-date and reflective of the patient's current condition and presentation

examination, care or plan of care, orthotics, acupuncture

a reference identifying the patient or the health care record

the identity of the person who made the entry, and the date

Other comments:

CONFIRMATION OF REVIEW

- Assessor and member discussed the information contained in this report.

- Member assessed will implement the changes recommended by the assessor.

- Assessor advised member that the QA Committee will review the record keeping and peer assessment checklists and report form, and provide a disposition.

Assessor's Signature

Member's Signature

Date

Please provide a copy of this report to the member.
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