

PRE-VISIT QUESTIONNAIRE, PPA 1.0 2023 CYCLE

Name: _____

Registration No.: _____

Address: _____

Please give address where assessment will take place

Tel.: () _____ Fax: () _____

E-mail: _____

Attended CCO record keeping workshop: Yes No

If yes, note date and location: _____

PEER INFORMATION

1. Type of practice:

- solo/private
- multi DC
- multidisciplinary
- currently not in active practice

2. If you practise in a multi DC office, does your associate(s) wish to be peer assessed as well? (i.e. if they have not already been peer assessed)

Yes Name: _____

Please have him/her contact Dr. Katherine Tibor, Director of Professional Practice, CCO, at 416-922-6355, ext. 130 or at ktibor@cco.on.ca.

3. If you do not actively see patients, currently, in what capacity do you work as a chiropractor? (Please note: if you do not actively see patients you will undergo a **modified assessment** which will not involve reviewing any patient files. Therefore, you are not required to submit any sterilized files.)

4. Do you use any diagnostic tests or practice techniques in your office that would not be considered usual or customary in a chiropractic office?

5. Do you offer additional services/products, such as acupuncture, homeopathy, rehabilitation, vitamins? If yes, please specify:

6. Does your office offer allied services, such as massage therapy, naturopathy, physiotherapy? If so, please specify:

7. Do you take your own x-rays?

Yes No

8. What languages do you speak?

9. What degrees/qualifications or specialties do you possess?

10. Name of chiropractic school you graduated from and date of graduation:

In preparation for your assessment, please reflect on and answer the following:

1. Two areas in which I do well in my record keeping:

1. _____

2. _____

2. Two areas for improvement in my record keeping:

1. _____

2. _____

Please forward to CCO a sample of your BLANK clinical charts/forms, a list of abbreviations and short forms used (if any), informed consent forms, and one current sterilized patient file (i.e., copy of a patient file with the patient's name, address, telephone number and other personal information blacked out/covered/removed).

For additional information:

Dr. Katherine Tibor,
Director of Professional Practice, CCO
Tel: (416) 922-6355, ext. 130
Email: ktibor@cco.on.ca