

Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction

(OPD/Ward/Emergency/Endoscopy Department)

S#		Poor	Fair	Good	V. Good	Excellent
1.	Basic Data on Front Page Recorded	Ο	Ο	Ο	Ο	О
2.	Presenting Complaints written in chronological order	Ο	Ο	Ο	О	О
3.	Presenting Complaints Evaluation Done	Ο	Ο	Ο	Ο	О
4.	Systemic review Documented	Ο	Ο	Ο	О	О
5.	All Components of History Documented	Ο	0	Ο	О	О
6.	Complete General Physical Examination done	Ο	Ο	Ο	Ο	О
7.	Examination of all systems documented	Ο	Ο	Ο	Ο	О
8.	Differential Diagnosis framed	Ο	Ο	Ο	Ο	О
9.	Relevant and required investigations documented	Ο	0	Ο	Ο	О
10.	Management Plan framed	Ο	Ο	Ο	О	О
11.	Notes are properly written and eligible	Ο	Ο	Ο	Ο	О
12.	Progress notes written in organized manner	Ο	Ο	Ο	Ο	О
13.	Daily progress is written	Ο	Ο	Ο	Ο	О
14.	Chart is organized no loose paper	Ο	Ο	Ο	Ο	О
15.	Investigations properly pasted	Ο	Ο	Ο	Ο	О
16.	Abnormal findings in investigations encircled.	Ο	Ο	Ο	Ο	О
17.	Procedures done on patient documented properly	Ο	Ο	Ο	Ο	О
18.	Medicine written in capital letter	Ο	0	Ο	О	О
19.	I/v fluids orders are proper with rate of infusion mentioned	Ο	Ο	Ο	О	О
20.	All columns of chart complete	Ο	Ο	Ο	О	О

Poor: 0, Fair: 1, Good: 2, V.Good: 3, Excellent: 4



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TOTAL SCORE _____/80