

Evaluation form for Intern Chart-Stimulated Review:

Intern: _____ Date of H&P _____

Setting: Inpatient _____ Outpatient _____

Primary Diagnosis: _____

1. CC/ HPI: Were the salient presenting symptoms of this patient adequately represented:

Yes ___ No ___

Comments: _____

2. PMH: Were pertinent positives and negatives documented?

Yes ___ No ___

Yes ___ No ___

Comments: _____

3. Were the following reported in appropriate depth?

Family history	Yes ___	No ___
Social history	Yes ___	No ___
Medications	Yes ___	No ___
Surgical history	Yes ___	No ___
Allergies / AR	Yes ___	No ___
Review of systems	Yes ___	No ___

Comments: _____

4. Please comment on the completeness of the PE report:

5. Were the initial laboratory/ diagnostic studies ordered and interpreted appropriately?

Yes ___ No ___

Comments: _____

6. Was a thoughtful differential diagnosis generated and discussed?

Yes ___ No ___

Comments: _____

7. Was the therapeutic plan logical and well-described?

Yes ___ No ___

Comments: _____

Overall evaluation for Observed H/P and Chart Stimulated Review:

_____ Exceeded expectations for this level of training

_____ Met expectations for this level of training

_____ Minor deficiencies noted and discussed with intern

_____ Major deficiencies noted, needs to repeat this exercise after remediation

Final Comments:

Supervising Attending: _____ Date _____