Peer Review Form

OBGYN

Provider Name:

Provider Title/Cert:

Overall Score:

Reviewing Provider:

Reviewing Provider Title/Cert:

Review ID:

Review Date:

Service Period:

Department:

Facility:

	Questions	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5
Score						
MRN						
DOS						
1	Was the initial history and physical examination adequate for the presenting OBGYN complaint?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
2	Was the differential diagnosis thoroughly considered and documented for the presenting complaint?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
3	Was the chosen management plan aligned with current evidence-based guidelines for the patient's condition?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
4	Was informed consent for procedures or significant interventions clearly documented, including risks and benefits?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
5	Were diagnostic studies (e.g., labs, imaging) appropriately ordered, interpreted, and acted upon in a timely manner?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
6	Was patient education regarding diagnosis, treatment, and follow-up documented as provided?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
7	Were patient safety protocols (e.g., site verification, medication reconciliation, risk assessment) adhered to during the care episode?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
8	Were any complications or adverse events recognized promptly and managed effectively?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
9	Was documentation complete, legible, and reflective of the clinical course and decision-making?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
10	Was the overall quality of care provided consistent with professional standards and best practices in OBGYN?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A

Additional Comments

Recommendations

Reviewer Signature

Date

Printed Name