

**DIHS AMBULATORY CARE
EVALUATION WORKSHEET AND REPORTING FORM**

A# _____

Provider _____

Encounter date: _____

Diagnosis: _____

CRITERIA:

1. Chief complaint includes onset, location, nature, duration, and prior treatment.
Y N Percent compliance _____

2. Subjective data collected based on history and chief complaint.
Y N Percent compliance _____

3. Physical exam based on history and subjective data.
Y N Percent compliance _____

4. Medical and/or nursing diagnoses supported by documented signs/symptoms.
Y N Percent compliance _____

5. Lab, x-ray, and/or diagnostic tests are ordered and their need supported by the clinical data.
Y N Percent compliance _____

6. Treatments/interventions are appropriate for the diagnosis and within the scope of the provider's guidelines/protocols.
Y N Percent compliance _____

7. Detainee problems documented on problem list.
Y N Percent compliance _____

1. Detainee verbalized an understanding of education and/or treatment
Y N Percent compliance _____

2. Appropriate referral made for services not available on site.
Y N Percent compliance _____

3. Follow-up planned and documented.
Y N Percent compliance _____

Threshold _____

Percent compliance with all criteria _____