Case Management Review Evaluation

Intern Name: _____   Tri #: _____

Patient Name: _____   File #: _____   OP   SC

Cleveland University
KANSAS CITY
Chiropractic and Health Sciences

Type of Exam: _____ New   _____ Re-Exam   Exam Date: _____

	E	D	C	A	Comments:
1. MCO 1.1 - DDx & corresponding exams from case appropriate hx and review of external records	☐	☐	☐	☐	
2. MCO 1.2 - Identify need for follow-up through additional exam, tests and tools, and consultations	☐	☐	☐	☐	
3. MCO 1.3 - Generate a problem list with diagnosis/es	☐	☐	☐	☐	
4. MCO 2.1 - Develop an evidence-informed management plan (dx, obstacles, goals, prognoses, endpoint of care)	☐	☐	☐	☐	
5. MCO 2.2 - Refer for emergency and/or collaborative care as appropriate	☐	☐	☐	☐	
6. MCO 2.5 - Appropriate active care identified in the management plan	☐	☐	☐	☐	
7. MCO 2.6 - Recommend changes in lifestyle behaviors, ADLs and/or dietary & nutritional habits as appropriate	☐	☐	☐	☐	
8. MCO 2.7 - Implement changes to management plan as new clinical information becomes available	☐	☐	☐	☐	
9. MCO 2.8 - Identify maximum improvement and document endpoint of care or rationales for continuing care	☐	☐	☐	☐	
10. MCO 3.1 - Manage health risks and public health issues, including reporting, as required	☐	☐	☐	☐	
11. MCO 3.2 - Recommend or provide resources & instruction regarding public health issues	☐	☐	☐	☐	
12. MCO 4.1 - Document health risks and management options considering the patient's health care needs/goals	☐	☐	☐	☐	
13. MCO 4.5 - Patient records are in compliance with laws, regulations & accepted industry standards	☐	☐	☐	☐	
14. MCO 6.1 - Use relevant scientific literature & other evidence to inform patient care	☐	☐	☐	☐	
15. MCO 7.1 - Identify VSC of the spine and/or other articulations	☐	☐	☐	☐	
16. MCO 7.2 - Analyze & interpret findings indicating the need for chiropractic adjustment	☐	☐	☐	☐	
17. MCO 7.3 - Identify indications, contraindications & risk factors for the chiropractic adjustment	☐	☐	☐	☐	

Clinician Signature: _____   **Date File Presented :** _____

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Additional Comments:

Intern Signature: _____ **Date:** _____