

Re-Exam Evaluation

Intern Name: _____ Tri #: _____
Patient File #: _____ OP SC



	E	D	C	A	Comments:
1. MCO 1.2 - Identify need for follow-up through additional exam, tests and tools, and consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. MCO 2.1 - Develop an evidence-informed management plan (dx, obstacles, goals, prognoses, endpoint of care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. MCO 2.3 - Present a management plan that includes obtaining informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. MCO 2.6 - Changes in lifestyle behaviors, ADLs and/or dietary & nutritional habits as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. MCO 2.7 - Implement changes to management plan as new clinical information becomes available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. MCO 2.8 - Identify maximum improvement and document endpoint of care or rationales for continuing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. MCO 3.3 - Address appropriate hygiene practices in the clinical environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. MCO 4.1 - Document health risks and management options considering the patient's health care needs/goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. MCO 7.5 - Identify the effects following the chiropractic adjustment/manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Clinician Signature: _____

Date: _____

Intern Signature: _____

Date: _____