

Report of Findings Evaluation

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



	E	D	C	A	Comments:
1. MCO 2.2 - Refer for emergency and/or collaborative care as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. MCO 2.3 - Present a management plan that includes obtaining informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. MCO 3.1 - Manage health risks and public health issues, including reporting, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. MCO 3.2 - Recommend or provide resources & instruction regarding public health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. MCO 4.2 - Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. MCO 4.4 - Safeguard & keep confidential the patient's protected health & financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. MCO 5.1 - Maintain appropriate physical, communication & emotional boundaries with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. MCO 6.1 - Use relevant scientific literature & other evidence to inform patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. MCO 7.3 - Identify indications, contraindications & risk factors for the chiropractic adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. MCO 8.1 - Explain their own roles/responsibilities & those of other providers & how team works together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Clinician Signature: _____ Date: _____

Intern Signature: _____ Date: _____