

Patient Record Assignment

Patient Name: Gleason, James

PATIENT INFORMATION

Name____/1

Address____/1

Phone____/1

Gender____/1

DOB____/1

Patient Number____/1

Admission Date____/1

Primary Insurance Plan____/1

Insurance ID #____/1

Secondary Insurance Plan____/1

Secondary ID #____/1

Occupation____/1

Employer____/1

NOTES:

TOTAL PTS:____/

DIAGNOSIS INFORMATION

Diagnosis Information____/1

Diagnosis Code____/1

NOTES:

TOTAL PTS:____/

PROCEDURE CODE

Procedure Service____/1

Procedure Date____/1

Procedure Code____/1

Procedure Charge____/1

NOTES:

TOTAL PTS.____/

NURSING DOCUMENTATION

BP____/1

CC____/1

PMH____/1

Notes____/1

Signature____/1

NOTES:

TOTAL PTS:____/

PHYSICIANS DOCUMENTATION

Notes____/8

Signature____/1

Dates____/1

NOTES:

TOTAL PTS:____/

TEST RESULTS

Test____/1

Result/____1

References/____1

NOTES:

TOTAL PTS:____/

GENERAL CRITERIA

Overall spelling, grammar, accuracy of entry: ____/7

NOTES:

Met assignment deadline: ____/5

NOTES:

TOTAL PTS: ____/

TOTAL ASSIGNMENT PTS. ____/