

Agency:

Date:

Surveyor:

## Record Review

Purpose: Surveyors may use this worksheet when conducting a clinical record review during a hospice survey.

Directions: Fill in all appropriate information.

**Table 1. Record Review Information**

Patient Information	
Agency Name:	Patient Name:
Social Security Number:	Date of Birth:
Referral:	Review Date:
Terminal Diagnosis:	Do Not Resuscitate (DNR):
Hospice:	Skilled Nursing Facility:
Inpatient:	Assessments:
Assessment Certification 90:	Assessment Certification 60:

Complete the following table by indicating the information contained in the record:

**Table 2. Information in Record**

Consent	Financial	Election	PT Rights	Certification	History

Complete the following table by indicating the type of visitor:

**Table 3. Visited By**

RN	HHA	MSW	VOL	Clergy	Bereave	PT	OT	ST	RD

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Complete the following table by indicating the frequency of visit types:

**Table 4. Frequency of Visits by Type**

Type	Frequency	Frequency	Frequency	Frequency
RN				
HHA				
MSW				
VOL				
Clergy				
Bereave				
PT				
OT				
ST				
RD				

**Table 5. Acronyms**

Acronym	Service Provider
RN	Registered Nurse
HHA	Home Health Aide
MSW	Masters in Social Work
VOL	Volunteer

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Acronym	Service Provider
Bereave	Bereavement Counselor
PT	Physical Therapist
OT	Occupational Therapist
ST	Speech Therapist
RD	Registered Dietitian

Complete the following table by indicating the number of visits:

**Table 6. Visit Record**

Week	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.

(State Operations Manual Appendix M - Guidance to Surveyors: Hospice 2015)