

**MIDSHIPMEN DEVELOPMENT CENTER DIETITIAN PEER REVIEW WORKSHEET**

REVIEW PERIOD:       (JAN-MAR)       (APR-JUN)       (JUL-SEP)       (OCT-DEC)      YEAR: 20

1. PROVIDER:	2. SPECIALTY:
3. REVIEWER:	4. SPECIALTY:

**SCORE: (ALL SCORES OF "0" AND "1" MUST BE ADDRESSED IN BLOCK 5. COMMENTS )**

N/A = NOT APPLICABLE 2 = SATISFACTORY/CARE APPROPRIATE 1 = SATISFACTORY(Minor deficiencies, care not compromised) 0 = UNSATISFACTORY (Major deficiencies, care potentially compromised)	DATE OF NOTE:				
	ALPHA #				
DATE OF VISIT					
CHIEF COMPLAINT NOTED					
DIET & WEIGHT HISTORY					
ACTIVITY LEVEL					
MEDICATIONS & NUTRIENT SUPPLEMENTS					
FOOD ALLERGIES INTOLERANCES					
MEDICAL & SURGICAL HISTORY					
DIAGNOSIS & REASON FOR VISIT					
AGE & GENDER					
ANTHROPOMETRIC MEASURES					
PERTINENT LABORATORY VALUES					
ASSESSMENT OF WEIGHT					
ASSESSMENT DIET & NUTRITION STATUS					
ASSESSMENT OF NUTRIENT & CALORIE EDUCATIONAL NEEDS/REQUIREMENTS					
DOCUMENTATION OF CARE & COUNSELING HANDOUTS PROVIDED					
RECOMMENDED DIETARY ADJUSTMENTS					
PATIENTS LEVEL OF MOTIVATION & READINESS FOR BEHAVIORAL CHANGE					
FOLLOW-UP PLAN					
CARE PROVIDED APPROPRIATE					
ENTRIES LEGIBLE					
HCP SIGNATURE & STAMP USED					
CHART MEETS STANDARD USE OF CARE					

**\*\*ALL REVIEWS MUST BE COMPLETED WITHIN 4 BUSINESS DAYS OF ASSIGNMENT**

5. COMMENTS (USE REVERSE IF ADDITIONAL SPACE IS NEEDED):

6. REVIEWERS SIGNATURE:	7. DATE:
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8. PROVIDERS SIGNATURE:	9. DATE:
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