



**Initial Appointment Focused Professional Practice Evaluation
Allied Health Professional**

NAME:
SPECIALTY:

Maintain HIPAA Compliance – Please do not list patient names

PATIENT 1 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 2 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 3 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 4 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 5 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
<i>During the review period, the reviewer shall conduct a concurrent review a minimum of five (5) medical records. The records reviewed must be of differing diagnoses (identified above).</i>
Upon completion, the evaluation form must be returned to:
Medical Staff Services 3535 Southern Blvd. Kettering, Ohio 45429 (937)395-8393 phone (937)395-8357 fax