Clear Form

Submit Form

RANDOM CHART REVIEW
KANSAS CITY HEALTH DEPARTMENT

Clinic: **Sexually Transmitted Disease**

Date of Review: _____

Physician Name: **Dr. David Bamberger**

Charts Date: _____

Key: **X** = Done | **O** = Not Done | **NA** = Not Applicable

Insight Patient Medical Record Number																						
Identifying Data																						
Clinic Number																						
Consent Obtained																						
Patient Information																						
Risk Exposure																						
Update of Medical History																						
Menstrual																						
LMP																						
Contraceptive																						
Allergies																						
Clinical Findings																						
Examination Information																						
Diagnosis																						
Therapy																						
Laboratory Tests																						
Counsel/Interview																						

Comments: _____

Doctor Signature _____
David Bamberger, MD

Nurse Signature _____
Tonya Bailey, RN BSN MA LSSGB

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KANSAS CITY HEALTH DEPARTMENT

Date of Review: _____

Comments Continued: