

MEDICAL RECORDS CHECKLIST

Patient's Name:		Room No:	Hosp No.:		
Address:		Age:	Sex:		
Date Admitted:		Date Discharged:			
PARTICULARS		SECTION IN-CHARGE	NAME IN-CHARGE	SIGNATURE	PATIENT RECORDS DEFICIENCY
Patient's Data Sheet		Admitting			
ER Nursing Flow Sheet					
Data Form (Medicine/Surgery/Gyne/OB/Pedia)					
Physician's Notes					
SURGERY CASE:	OR Record				
	Anesthesia Record				
	Post Anesthesia Care Unit Record				
	Anesthesia Pre-op Evaluation Form				
	OR Flow Sheet				
	Pre-operative Information Sheet				
	Pre-operative Checklist				
	Surgical Safety Checklist				
	Obstetric Sheet (NSD)				
	Normal Delivery Room Record (NSD)				
	Circulating Record (OR/DR)				
	Labor Room Monitoring Sheet				
	Department of Obstetrics & Gynecology				
NEWBORN:	Newborn Admission				
	Newborn Admission PE				
	Newborn Identification				
	Newborn Data Sheet				
	Maturational Assessment of Gestation AGE (New Ballard Score)				
	Maternal History				
	Neonatal ICU				
	Newborn Discharge PE				
	Newborn Monitoring Sheet				
	Discharge and Follow-up Form				
Laboratory Results					
Radiology Results					
Others:					
ECG					
2-D Echo					
MRI					
Request for Blood & Compatibility Testing					
Blood Transfusion Sheet					
Nurse's Notes					
Physical Therapist Notes / PT Initial Evaluation					
Respiratory Therapist Notes					
Medications Record					
Vital Signs Monitoring					
Vital Sign Graphic Chart					
Intravenous Fluids Record					
Input & Output					
24HR Intake & Output Balance					
Discharge Summary					
Consent for Admission		Admitting			
Consent for Operation					
Doctors Professional Fee Form		Admitting			
Diagnostic Procedure Consent					
Consent for Blood Transfusion					
Notification for Operation					
Patient's Rights and Responsibilities		Admitting			
Responsibility for Payment Form		Admitting			
Hospital Rules		Admitting			
Acknowledgement Waiver		Admitting			