

**SASKATCHEWAN COLLEGE OF PODIATRISTS
QUALITY ASSURANCE COMMITTEE
PRACTICE ASSESSMENT**

Practitioner Name _____ Date _____

CARE PLAN REVIEW TOOL PAGE 1

MARK THE APPROPRIATE SUMMARY FROM THE CHECKLIST TOOLS.

- A - AGREE/TRUE IN 90% B - AGREE/TRUE IN GREATER THAN 70%
C - AGREE/TRUE LESS THAN 70% D - AGREE/TRUE LESS THAN 10%
n/a - NOT APPLICABLE

	A	B	C	D	n/a
Investigation is appropriate to the primary complaint.					_____
Primary complaint, history, investigation lead to the documented diagnosis.					_____
Management plan is appropriate to the diagnosis.					_____
Visit history is appropriate to management plan.					_____
There is documented periodic re-assessment of patients with chronic conditions.					_____

Comments:
