
The Atlantic Provinces Medical Peer Review



Offsite Assessment – Instructions to Physicians – Family Medicine - Paediatrics

Please respond by the date indicated in your notification letter.

- .1 Please complete the Physician Questionnaire.
- .2 Provide copies of portions of five patient charts from **either a) or b) as noted below:**
 - a) **Family Physicians: 1 each from Type II Diabetes Mellitus and Chronic Pain, and three of the following four: Heart Failure, COPD, Hypertension, or Dyslipidemia - a total of five charts only, five different disease entities.**
 - b) **Paediatricians: 1 each from Diabetes, Asthma, ADHD, Autism and Seizure Management - a total of five charts only, five different disease entities.**

These charts should contain: 1 - 3 pages of progress notes covering **at least one full year**; cumulative patient profile or equivalent if you use one; consultants' referrals and responses; copies of lab or other investigative reports; and any additional information sufficient to illustrate the management of the disease. **Please highlight entries made by you in the charts if you share files with other physicians. If you use electronic medical records, please send only the components required. Do not send the entire file.**

Please do not send original patient charts, as they will not be returned to you, and will be shredded by the Moncton office. You may, if you wish, remove any identifying information prior to mailing. If you have any questions, please contact the Moncton office at: 506-852-4441 (phone); 506-852-4525 (fax) or e-mail:info@apmpr.ca