Practitioner: _____

Assessor: _____

Date: _____

PART I: OFFICE

	Acceptable	Not Acceptable	Comments
Office Signage			
Exterior Conditions			
Interior Conditions			
Reception Area			
Treatment Room(s)			
Washroom			
Staff Room/Laundry/Storage			
NSCC Registration Certificate			
Incorporation Permit (if applicable)			
Acupuncture Permit (if applicable)			
Other			

Comments/Recommended Actions

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

PART II: FORMS

Form	Available	Not Available
General Admittance/Intake Form		
Case History Form		
Examination Form		
Treatment / Patient Record Form (SOAP)		
Informed Consent		
Office Fee Schedule/Financial Policies		
Privacy Policy		
Diet/Exercise/Nutritional Forms		
Office Stationery (e.g. letterhead, business cards etc.)		
Educational Material Samples		
Other		

Comments/Recommended Actions:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

Practitioner: _____

Assessor: _____

Date: _____

PART II: EQUIPMENT

	Available	Not Available
Gowns/Shorts		
Tuning Fork		
Stethoscope		
Blood Pressure Cuff		
Otoscope		
Ophthalmoscope		
Reflex Hammer		
Sharp/Dull Testing		
Thermometer		
Other		

Modality	Date of Most recent Inspection	Evidence of Annual Inspection

Comments/Recommended Actions:

Overall Assessment: **Acceptable** **Not Acceptable**

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

PART III: RECORD KEEPING - Intake

	1	2	3	4	5	Overall Complete	Overall Incomplete
Patient Name							
Address							
Contact #							
Date of Birth							
Identifying Gender/Sex							
Emergency Contact Info							
Occupation							
Informed Consent							
Consent to Evaluate							
Privacy Policy							
Office Fee Schedule							

Comments/Recommended Actions:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

PART III: RECORD KEEPING - Case History

	1	2	3	4	5	Overall Complete	Overall Incomplete
Presenting Complaint							
Mode of Onset							
Frequency/ Duration							
Radiation							
Intensity							
Aggravating Factors							
Associated Symptoms							
Previous Incidence							
Prior Treatment							
Secondary Complaint							
Medication							
Surgery							
Family History							
Systems Review							
Diagnosis							

Comments/Recommended:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

PART III: RECORD KEEPING - Examination

	1	2	3	4	5	Complete	Incomplete
Posture/ Observation							
Range of Motion							
Neurological Exam							
Orthopedic/ Provocative Tests							
Joint/Soft Tissue Palpation							
General Vital Signs							
Other							

Comments/Recommended Actions:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

PART III: RECORD KEEPING - Treatment

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

	1	2	3	4	5	Complete	Incomplete
Date of Visit							
Subjective Findings							
Objective Findings							
Treatment Provided							

Comments/Recommended Actions:

_____

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

PART III: RECORD KEEPING - Report of Findings

	1	2	3	4	5	Complete	Incomplete

Practitioner: _____

Assessor: _____

Date: _____

Documentation of ROF Completed							
Frequency/ Duration of Tx Plan							
Techniques/ Treatments to be provided							

Comments/Recommended Actions:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

PART IV: PROFESSIONAL CORRESPONDENCE

Correspondence (e.g. medical legal, interprofessional letter, referral letter etc.)	**Complete**	**Incomplete**

Comments/Recommended Actions:

_____

_____

Overall Assessment: **Acceptable** **Not Acceptable**

PEER ASSESSMENT SUMMARY

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

Area of Assessment		Acceptable	Not Acceptable	Comments
PART I:	Office			
PART II:	Forms			
	Equipment			
PART III: Record Keeping	Intake			
	History			
	Examination			
	Treatment			
	Report of Findings			
PART IV:	Professional Correspondence			
PART V:	Knowledge			

Comments/Recommended Actions:

_____

_____

Recommended Next Peer Assessment (please circle one):

Within 5 Years as per the NSCC Chiropractic Act

NSCC
NOVA SCOTIA COLLEGE OF CHIROPRACTORS

Practitioner: _____

Assessor: _____

Date: _____

One Year File Review

Other: _____