NEW DIRECTIONS®

OUTPATIENT SITE ASSESSMENT REVIEW FORM			
LOCATION:		**DATE:**	
MONITORS	**YES**	**NO**	**COMMENTS**
Handicapped accessible (Required)			
Outside building	☐	☐	
Inside building	☐	☐	
Reception Area and Exam Room(Required)			
Adequate seating:	☐	☐	_____
# of Providers at Site	☐	☐	_____
# of patients seen per hour	☐	☐	_____
# of chairs	☐	☐	_____
Clear view of receptionist	☐	☐	_____
Activities for children (crayons, toys, etc) (if applicable)	☐	☐	_____
Clean	☐	☐	_____
Uncluttered	☐	☐	
Medical Records Office(Required)			
(room or files must be locked)			
Room can be locked	☐	☐	_____
Files can be locked	☐	☐	_____
Files protected from water/fire (optional)	☐	☐	_____
Clinical Record Management (Required)			
Review a blank record for the following:			
Record is set up in an organized manner	☐	☐	
Record is filed in an organized manner	☐	☐	
Confidentiality-- How records are released for review--Policy	☐	☐	_____
			_____
			_____
Appointments available			
Emergent Appointment within 24 hours	☐	☐	
Urgent Appointment within 48 hours	☐	☐	
Routine Appointment within 7 days	☐	☐	_____
Are Required Elements Met	☐	☐	

Additional Observations: ☐ see back of form ☐ none

Recommendations: ☐ see back of form ☐ none

Action Plan: ☐ see back of form ☐ none

_____ _____

Signature of Reviewer Date

_____ _____

Signature of Provider/Office Manager Date

NEW DIRECTIONS®

Additional Observations:

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Recommendations:

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Action Plan:

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