**1.02 – Medical Records**

**Purpose**: to provide information for each veterinarian and serves as a diary of an animal’s health that is helpful in multiple doctor facilities and to transfer records.

1. It includes:
2. The medical record is owned and is the property of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Serves as a legal document that is private and confidential
	2. Allows for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VCPR) to be established which provides the opportunity for the veterinarian to make judgments regarding health, diagnosis, how to provide care, and the way records are maintained
	3. Must remain in the facility for \_\_\_\_\_\_\_\_\_ years although many hospitals keep records for \_\_\_\_\_ years after last visit

**Creating a Medical Record**

1. File should include the following sections or forms:
	1. Client and patient information
	2. Master problem list with details of a patient’s history and previous medical problems, vaccines or surgeries
2. When writing the medical record also make a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to identify and locate each patient
3. After treatment is recommended by the veterinarian an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sheet will be prepared with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ listed
	1. Treatment will be reviewed with the client and consent forms signed
	2. Care will also be reviewed with the client so the owner can continue to medicate and care for the patient
4. The invoice should be placed on top for easy access for all in the veterinary clinic

**Recording the Information in the Medical Record**

1. All information must be recorded in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ink (NEVER in pencil or other ink colors)
2. All information should be accurate and legible- if a mistake is made then place a single line through the error and initial the error then place the corrected statement after the entry
3. Record all communications with clients in the record and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_ record per patient
5. SOAP- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Subjective:
	2. Objective:
	3. Assessment:
	4. Plan:

**Filing Medical Records**

1. Paper or computer records are available but most facilities use a combination of both
	1. Paper- stored in a file with pockets or clasps
	2. Computer- various programs exist
2. Common filing systems
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- usually client’s last name with color code and first two to three letters of last name
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- client assigned number or each patient assigned number. With this system each digit is assigned a color and the year is clearly identified.

**Consent Forms and Certificate**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are used to identify to the client any recommended procedures with prices while patient is under the veterinary facility care
	1. Client signs consent form to show agreement of medical care and risks
	2. Serves as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provides proof that pet has been spayed or castrated and is no longer sexually intact
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: rabies is legally required and will show proof if an animal bites another person or pet
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: issued if an animal is being transported out of state or out of the country- (includes a physical exam from a veterinarian that states the animal is free of disease and required vaccinations are up to date)

**Medical Records as Legal Documents**

1. Staff should protect the personal privacy of clients by maintaining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. All information in a record is private and not to be discussed without approval
3. Client should sign a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for release of records

**Invoicing**

1. Veterinary Assistant should be able to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ procedures
2. Can be completed on paper or with computer program