**COMPLETED BY:**

1. Physician (MD or DO)
2. RN if supporting the medical staff.

**COMPLIANCE REQUIREMENTS:**

1. Form shall be completed in Doctor’s Homepage in the EHR.
2. All clinically appropriate elements shall be completed.
3. Shall be completed by all clients seen by a medical staff.

**DOCUMENTATION STANDARDS:**

1. In the event of a system outage, this form is used for documenting a client’s vitals, allergies and medical condition. Enter the Medical Condition Review into the DHP as soon as the system becomes available again.