

Midwife: _____ Peer Review Date: _____

Texas License #: _____ NARM CPM #: _____

Client/Patient ID: _____

Individual Case Summary for Community Peer Review

1. Circumstance for Peer Review:

- Transfer of Care
- Transport to Hospital
- Outside of Practice Guidelines (include process of Informed Choice used)
- Want input from community of midwives
- Interesting Case

2. Practice Guideline(s) Involved (attach PG or Protocol):

- a. _____
- b. _____
- c. _____

3. Client's Age: _____ Pre-Pregnant Weight: _____ G _____ P _____
Term _____ Pre-term _____ Induced Abortion _____ Spontaneous Abortion _____ Living _____ Multiple _____¹

4. Significant Medical, OB, or Psychosocial History: (attach additional page, if needed)

5. Relevant Lab Work, Test Results and Informed Consent/Waivers (attach waiver):

6. Significant Information Regarding Pregnancy, Birth & Postpartum:

¹ Term = 37-42 wks, or > 2500 gms, Pre-Term = 20-37 weeks or 500-2500 gms; Abortion = < 20 wks or 500 gms;

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7. Consultations with other Professionals (midwives, MDs, DCs, NDs, DOs, etc):

8. Present Plan of Care:

9. Case Review Recommendations or Binding Education Agreements (To be completed by Peer Review Facilitator):

10. If Binding Education Agreements were made:

Midwife Signature: _____

Peer Review Facilitator Signature: _____

Date for Review of Agreements: _____

If case is ongoing, note changes after Case Review:

