

Midwife: \_\_\_\_\_ Peer Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Texas License #: \_\_\_\_\_ NARM CPM #: \_\_\_\_\_  
Client/Patient ID: \_\_\_\_\_

## Individual Case Summary for Peer Review

(Turn this form in to the Peer Review Facilitator. Keep a copy in your chart. Bring your chart to PR for reference.)

**1. Circumstance for Peer Review:** \_\_\_\_\_

\_\_\_\_\_

**2. Protocol(s) Involved** (attach protocol): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Significant Medical, OB, or Psychosocial History** (if more space is needed attach an additional page):

Client's Age: \_\_\_\_ Pre-Preg Wt. \_\_\_\_ G \_\_\_\_ P \_\_\_\_ SA \_\_\_\_ IA \_\_\_\_ L \_\_\_\_ M \_\_\_\_

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**4. Relevant Lab Work, Test Results and Informed Consent Waivers:** (attach waiver) \_\_\_\_\_

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**5. Consultations with other Professionals:** \_\_\_\_\_

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**6. Present Care Plan:** \_\_\_\_\_

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**7. Case Review Recommendations or Binding Education Agreements:**

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**8. If Binding Education Agreements were made:**

Midwife Signature: \_\_\_\_\_

Peer Review Facilitator Signature: \_\_\_\_\_

Date for Review of Agreements: \_\_\_\_\_

**9. If case is ongoing, note changes after Case Review:**

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