

Midwife's Name: _____	Date Heard by Committee: _____
Texas License Number: _____	Committee Member Signature: _____
NARM CPM Number: _____	_____

Brief Summary of Cases to be Considered for Peer Review

Turn this form in to the Peer Review facilitator. Keep a copy for your Peer Review file.

Date of last Peer Review attended: _____
 Number of births attended since last Peer Review: _____
 Total number of clients currently under care: _____
 Number of women due: _____
 Number of women postpartum: _____
 Number of cases to present: _____
 Reporting Cases from: ____/____/____ to ____/____/____

By my signature, I attest I am reporting all my cases since the last peer review involving:

- **Consultation** with other midwives, OBs, MDs, DCs, DOs, etc.
- **Transfer** of care
- **Transport** to the hospital
- Instances when I was outside my **Protocols** (when I used Informed Choice Statements and/or Waivers)
- **Emergency Measure(s)**
- Cases where I want more **input** from the community midwives
- **Interesting** cases or situations

Signature

Circumstance	Outcome	Time to Present	Committee Selection
Consultation/UA infection	Script Received	3 mins	Waive
Transfer/HEELP at 34 wks	Induction/Vag Birth	10 mins	Hear
Protocols/Labor at 43.2 wks	Multiple Problems	30 mins	Private Held
Transfer/FTP	c/s	10 mins	Refer Private

(For your "Circumstance" use the **bold** word from the list above and a very brief description. After your case summary is presented the board will determine to: *Waive, Hear, Hear if time permits*, note that a *Private PR has already been held* or note the midwife *requests referral for Private PR*. The shaded areas are for Committee Use.)