



Chart Audit Worksheet – Episodic Care Physicians

25 charts chosen randomly by the practice visitor from the day-sheets from 3 separate half-days within the previous month. A minimum of 15 randomly chosen charts must be reviewed. Other charts may be specifically selected to review certain patient- or disease-types.

Organization of the Charts

Before starting the audit, choose 3 charts to review immediately with the physician’s help.

“Please show me how to find each of the following in the chart.”

Using these 3 charts, complete the scale to the right.	<i>Present in AT LEAST ONE of the three files?</i>
a) Allergies and drug reactions	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Current medications	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Risk factors for disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Problem list	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Past medical history	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Laboratory and x-ray results	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Social/occupational history	Yes <input type="checkbox"/> No <input type="checkbox"/>

Using these same 3 charts above, please complete the scale to the right.	<i>Present in ALL three files?</i>
h) Are the records legible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Can the physician identify, by any means (e.g. handwriting, stamp, signature, etc), who has made the entries on the files?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j) Is a patient’s name, date of birth and address and/or phone number identified in each chart?	Yes <input type="checkbox"/> No <input type="checkbox"/>

“Now, please show me a chart that has a pediatric growth chart, another which has an antenatal record, and one with a referral request and a consultant’s report.”

Using these charts, complete the scale to the right.	<i>Present?</i>
k) Pediatric growth chart	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
l) Antenatal record	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
m) Referral request letter	Yes <input type="checkbox"/> No <input type="checkbox"/>
n) Consultant’s report	Yes <input type="checkbox"/> No <input type="checkbox"/>