



Chart Audit Worksheet – Surgical Specialists

**25 charts chosen randomly by the practice visitors 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.

A. 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 <u>ALL</u> three files?</i>
(a) Are the records legible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) 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"/>
(c) 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"/>

Using these same 3 charts above, please complete the scale to the right.	<i>Present in <u>AT LEAST ONE</u> of the three files?</i>
(d) Allergies and drug reactions	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Current medications	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Past medical history	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Laboratory and x-ray results	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Occupational history	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Are operative reports or the identity of the surgical facility on the chart?	Yes <input type="checkbox"/> No <input type="checkbox"/>