

Chart Audit Worksheet

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 <u>ALL</u> three files?</i>	
(a) Are the records legible? (>80%)	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) A current medication list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) An active problem list (including chronic illness and risk factors)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Past medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h) Laboratory and x-ray results	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Social/occupational history	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>		
(j) Pediatric growth chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(k) Antenatal record	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(l) Referral request letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(m) Consultant's report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Practice Visit Number: _____

Practice Visitor: _____

Date: _____