



Chart Audit Worksheet

25 charts chosen by the practice visitor from the day-sheets from 3 separate half-days within the previous month.

- A minimum of 15 randomly chosen charts from these 25 must be reviewed.
- Other charts should be specifically selected to review certain patient or disease types (for example, diabetes, hypertension, hyperlipidemia, chronic pain etc.)

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 AT LEAST ONE of the three files?</i>
a) Allergies and drug reactions	Yes ___ No ___
b) Current medications	Yes ___ No ___
c) Risk factors for disease	Yes ___ No ___
d) Problem list	Yes ___ No ___
e) Past medical history	Yes ___ No ___
f) Family history	Yes ___ No ___
g) Laboratory and x-ray results	Yes ___ No ___
h) Social/occupational history	Yes ___ No ___
i) Vaccine status	Yes ___ No ___

Using these same 3 charts, complete the scale to the right	<i>Present in ALL three files?</i>
j) Are the records legible?	Yes ___ No ___
k) Can the physician identify, by any means (e.g. handwriting, stamp, signature, etc.) who have made the entries on all components of the chart?	Yes ___ No ___
l) Is a patient's name, date of birth and address and/or phone number identified in each chart?	Yes ___ No ___

“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>
m) Pediatric growth chart	Yes ___ No ___ N/A ___
n) Antenatal record	Yes ___ No ___ N/A ___
o) Referral request letter	Yes ___ No ___
p) Consultant's report	Yes ___ No ___

B. Evidence of Care Provided:

Starting with the most recent visit and going back one year if necessary, please record the number of charts meeting each of the following criteria.

	Presence in the Files			Comments (Mandatory for 'No')
	Yes	No	N/A	
a) Do the recorded history and physical findings support the problem or diagnosis?				
b) Are problems or diagnoses recorded in the chart?				
c) Do x-rays and laboratory tests support the problem or diagnosis?				
d) Are abnormal findings or results properly followed-up?				
e) Are the names, dosages and quantities of prescribed medications recorded?				
f) Are any medications used inappropriately?				
g) Are treatments, referrals and other interventions to consultants recorded and appropriate?				
h) Are referrals to allied health professionals (such as occupational therapists, physiotherapists, speech therapists, dietitians, etc.) recorded and appropriate?				
i) Are telephone conversations documented?				
j) Are plans for follow-up recorded when follow-up is important?				

Practice Visit Number:
Practice Visitor: _____
(print)

(signature)
Date: _____