

Chart Audit and Review Form

Chart Number/Name:

Date:

Comments:

Overall Appearance of Chart

Good / Fair / Poor

Chart Organization

Good / Fair / Poor

Chart Contents	Y/ N	If no, give Reason
Dated Entry documented		
Patient's Initial Exam		
Chief complaint/initial assessment		
Medical History (current & past)		
Family History (current & past)		
Physical Exam		
Screening for problems		
Allergies/alerts (up-to-date?)		
Medications and dosage (dates)		
Progress Notes		
Physician/Provider signature		
Date/vital signs		
Medications		
Problem Management		
Abnormal findings		
Continuity of Physician		
Referrals		
Special Documentation		
Procedure		
Consent for in-office services		
Consent of out-of-office services		
Consultant Notes		
Hospital Documentation		
Other		
Assignment of benefits/copy of Insurance card		
Release of information		
Medical necessity waiver form		
Receipt of Notice of Privacy Practice		