

MEDICAL RECORDS SELF-AUDIT FORM

Patient Name _____ Medical Record Number _____

Date of Birth _____ Audit Date _____

	Yes	No	N/A
Authorizations Included in File:			
Two Patient identifiers are used.			
Verify insurance information.			
General consent is signed.			
Documentation of presentation or review of Patient Bill of Rights, Privacy Policy, Advanced Directives.			
Referrals properly documented.			
Service Documentation Included in File:			
Completed problem list, updated each visit.			
Pertinent history and physical exam.			
Consultations, lab and x-ray reports reflect physician review.			
Hospitalization: reason, date, duration, discharge instructions by MD note or discharge summary.			
Emergency encounters documented, ED records, and follow-up advice.			
Documentation of smoking/alcohol use, substance abuse, and as a victim of abuse (physical, rape, sexual molestation, domestic, elder/child neglect or abuse).			
Risk assessments documented when warranted by patient's needs or condition. (Fall risk; nutritional risk; etc).			
Presence/level of pain assessed and follow-up.			
Treatment plan complete with objective assessments included.			
After hours treatment.			
Telephone advice or orders including prescription renewals or samples given—dated and signed.			
Telephone orders - countersigned and dated by the physician			
Each visit includes documented plan of care; disposition, recommendation, and follow-up are documented and consistent with findings.			
Progress Summary completed (30-45 days) each episode signed and dated.			
Every visit note signed and dated.			
Miscellaneous Documentation in File:			
Chart in chronological order.			
Critical results identified as such, read back to caller, caller verifies the information was correct, reported immediately to provider, and are documented.			
Service notes individualized per person.			
Broken appointments and recall efforts.			
No "strike through" or "write over" errors in documentation.			
Patient name and medical records # on every page of record.			

Comments _____

Auditor (Print Name)

Signature

Date