**CHART REVIEW FORM**

**Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Audited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: Office \_\_\_x\_ Hospital \_\_\_\_ Other – specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Patient Initials/PHIN** | **Gender** | **DOB** |  **Visit Date** | **Diagnosis, comments re visit**  | **Concerns****(attach comment sheet for Yes)** |
| **1** | AB | F | 02/01/37 | 19/04/18 | BP; DM; prev bronchitis.Foot exam?Immunizations?CVS?Consults? Resp?  | ConsultsColonoscopy |
| **2** | CD | F | 15/04/37 | 23/04/18 | CVS?Legs?Immunizations?Flow sheets?  |  |
| **3** | EF | F | 28/11/34 | 19/03/18 | AFIB; BP; CVS?HR?Legs?Good immunization, INR flowsheet | Allergies?CPX recently? |
| **4** | GH | F | 31/01/79 | 19/03/18 | Depression; hemorrhoids?Follow up tests | Allergies?Meds in old list re IBS, migraines – not in problem list |
| **5** | IJ | F | 12/08/60 | 23/04/18 | Chronic painExam?Immunizations? | Ongoing rx for vesicare – no dx.Ongoing rx for zopiclone. |

**OVERVIEW OF CHARTS**

**Please complete this section taking into account all charts reviewed.**

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| --- | --- | --- | --- |
|  | **Satisfactory** | **Needs Improvement**  |  **Comments** |
| **Medical Record Keeping** |  x |  |  |
| **Chronic Disease Management** |  x |  |  |

**OVERALL ASSESSMENT**

**Meets standards of care:** ❑x Yes ❑ No

**Comments:**

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| **Chronic care – sees patients regularly. Good documentation of phone calls.** |
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**Practice improvement Recommendations:**

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| **Better documentation of immunizations.**  |
| **Use of flow sheets?** |
| **Regular medication reviews.**  |
| **Better documentation or regular performance of pertinent physical exams.**  |
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 Signature Auditor Name Date