**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? | Consults  Colonoscopy |
| **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 pain  Exam?  Immunizations? | Ongoing rx for vesicare – no dx.  Ongoing rx for zopiclone. |

**OVERVIEW OF CHARTS**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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