

Anywhere Clinic / Office
1111 Somewhere Street
Elsewhere, AL 33333

CHART AUDIT

Date of Audit: _____
No. of pts seen: _____

Week of: _____
No of chrts rev: _____

Chart Number										
Physical assessment specific to pt complaint										
Diagnosis appropriate for findings										
Appropriate diagnostic test ordered and reviewed										
Appropriate medication/dosage ordered										
Plan of care/tx & f/u are appropriate										
Appropriate referrals/consults made & reviewed										
Clear and appropriate instructions to patient										

SUMMARY OF FINDINGS: No specific medical issues identified Certain medical issues in question (see comments)
 Adverse findings identified (see comments) Additional review of charts is needed (see comments)

DISCUSSION / COMMENTS: _____

Physician Signature: _____

Date: _____

CRNP Signature: _____

Date: _____