

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: \_\_\_\_\_