**Clinical Chart Audit Form**

**General Information**

* **Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Documentation Review**

| **Clinical Record** | **Verified (Yes/No)** | **Issues Identified** | **Actions Taken** | **Notes** |
| --- | --- | --- | --- | --- |
| **Physical Examination Notes** |  |  |  |  |
| **Diagnosis & Treatment Plan** |  |  |  |  |
| **Follow-Up Appointments Scheduled** |  |  |  |  |
| **Prescription History Updated** |  |  |  |  |
| **Lab Test Documentation** |  |  |  |  |
| **Patient Communication Notes** |  |  |  |  |
| **Referrals & Specialist Consults** |  |  |  |  |
| **Emergency Visit Reports** |  |  |  |  |
| **Consent Forms Signed** |  |  |  |  |
| **Billing & Insurance Details** |  |  |  |  |

**Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**