

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:** _____