

# CHART CHECKLIST

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|---|------------------------------|-----------------------------|
| Are medical records organized, color-coded, and tabbed?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are medical records in chronological order?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are contents fastened to the chart?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are dictated notes proofread and initialed?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are missed appointments documented?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are patient history forms filled out completely?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are patient history forms updated periodically?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are medical records legible?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are reasons for visits documented in patient's words?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are physical exams recorded?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are both positive and negative patient remarks documented?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are records initialed after each entry?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all patient instructions documented?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is informed consent documented, including risks, benefits, and refusals?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do notes include assessment and plan information?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all important phone calls logged?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all after-hour calls logged?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all clinical findings documented and initialed?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all laboratory results dated and initialed by the physician after review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are prescriptions and refills properly noted in the patient's chart?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If pamphlets are given to the patient, are they documented?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are records properly corrected?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are record requests documented?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |