

Medical Chart Audit Form

Patient information

Patient ID:

Patient name:

Date of audit:

Primary care provider (PCP) ID:

Assigned auditor:

Section 1: Patient identification and documentation

| Descriptor | Yes | No | Remarks |
|---|-----|----|---------|
| Patient ID is present and correct | | | |
| Patient demographic information is complete | | | |
| Date of birth is documented | | | |
| Contact details are current and accurate | | | |

Section 2: Medical history and clinical documentation

| Descriptor | Yes | No | Remarks |
|---|-----|----|---------|
| Medical history is fully documented | | | |
| Allergies are recorded and updated | | | |
| Past treatments and conditions are listed | | | |
| Surgical history is documented | | | |

Section 3: Medication and treatment

| Descriptor | Yes | No | Remarks |
|--|------------|-----------|----------------|
| Medication list is up-to-date | | | |
| Current treatment plan is documented | | | |
| Adherence to medication is reviewed | | | |
| Any changes in medication are documented | | | |

Section 4: Clinical progress and physician notes

| Descriptor | Yes | No | Remarks |
|---|------------|-----------|----------------|
| Physician progress notes are complete | | | |
| Patient's progress and responses are documented | | | |
| Physician review dates are recorded | | | |
| Follow-up plan is documented if applicable | | | |

Section 5: Compliance and quality indicators

| Descriptor | Yes | No | Remarks |
|---|------------|-----------|----------------|
| Documentation meets national and industry standards | | | |
| All required fields are complete | | | |
| Patient privacy regulations are followed | | | |
| Record is reviewed against compliance checklists | | | |

Summary and findings**Areas of non-compliance****High-risk factors identified****Recommendations for improvement**