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