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| --- | --- | --- | --- |
| **Audit Number (eg 1 of 5)** | / | **Date** |  |
| **Record Assessment** | | Complete | Incomplete |

|  |  |  |
| --- | --- | --- |
| **Patient Information** | | |
| Unique Identifier | Yes | No |
| Patient Name | Yes | No |
| Date of Birth | Yes | No |
| Gender | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Content** | | |
| Entries are accurate | Yes | No |
| Content is legible | Yes | No |
| Entries created in dark ink | Yes | No |
| Entry date | Yes | No |
| Entry time (24H) | Yes | No |
| Author identifiable | Yes | No |
| Clear, structured and detailed | Yes | No |
| Written objectively | Yes | No |
| Entries are sequential | Yes | No |
| Relevant content | Yes | No |
| Corrections made appropriately (eg: including 'written in error', dated, printed name) | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Medical information** | | |
| Medical history | Yes | No |
| Diagnosis and treatment | Yes | No |
| Management plan | Yes | No |
| Certificate/s | Yes | No |

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| **Areas for improvement** |
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| **Comments / Recommendations** |
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