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

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

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| **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 *[ ]*  |

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| **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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