#### **Monitoring Tool #1 – Standardized Chart Audit Template**

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| --- | --- | --- |
|  | **YES** | **NO** |
| **1. Medical Legal Standards** | | |
| a) Client name, DOB, date |  |  |
| b) Signed entries |  |  |
| **2) Assessment** | | |
| a) Consent received for assessment (written or verbal noted) |  |  |
| b) Subjective complete (client concerns, pertinent medical history, mechanism of injury) |  |  |
| c) Objective tests presented and charted (safety tests, red flags) |  |  |
| d) Analysis (diagnosis, goals) |  |  |
| e) Plan (prescribed treatment techniques, education, appropriate referrals initiated, treatment frequency and duration) |  |  |
| **3) Treatment** | | |
| a) Evidence of patient knowledge of treatment technique |  |  |
| b) Evidence of verbal or implied consent to treatment session |  |  |
| c) Evidence of ongoing assessment |  |  |
| d) Treatment techniques are documented in specific detail (location, type or name of technique) |  |  |
| e) Modalities and devices used in treatment are documented in significant detail |  |  |
| f) Patient response to treatment noted |  |  |
| g) Treatment altered if desired response not obtained |  |  |
| **4) Generalized Review** | | |
| a) The chart showed continued knowledge of consent |  |  |
| b) Treatment is progressed/altered according to goals and treatment response |  |  |
| c) Treatments applied are within the scope of physiotherapy |  |  |
| d) Frequency of charting is appropriate to condition or facility guideline |  |  |

**Please provide comment for any items answered NO**: Click or tap here to enter text.

**Additional Comments**: Click or tap here to enter text.

**Date**: Click or tap to enter a date. **Registrant’s Name**: Click or tap here to enter text.

**Evaluator (print)**: Click or tap here to enter text. **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_