#### **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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_