DOCUMENTATION CHECKLIST

- ❑ Black or Blue Ink Used
- ❑ Legible
- ❑ Patient ID on Each Page/Monitor Strip
- ❑ All Pages Permanently Attached
- ❑ Chronological Order
- ❑ Dictated Within 24 Hours
- ❑ Factual/Objective
- ❑ Medical History Present and Updated
- ❑ Signed/Dated Notes
- ❑ All Alterations/Changes are signed and dated
- ❑ No Inappropriate Information or Language
- ❑ No “Post-Its”
- ❑ Billing Information Separate from Clinical Notes
- ❑ Allergies Prominently Noted/Dated/Updated
- ❑ Immunizations Noted

- ❑ Lab Work:
  - ❑ Log of Specimens Sent To Lab
  - ❑ Receipt of Results Initialed/Dated

- ❑ “Tickler” File Re:
  - ❑ Outstanding Lab Work
  - ❑ Returned Reports
  - ❑ Outstanding Consults/Referrals

- ❑ Problem List

- ❑ Current Medications Noted:
  - ❑ Samples Given
  - ❑ Handwritten Rx’s
  - ❑ Lot # Noted
  - ❑ Telephone Refills

- ❑ Treatment Plan
- ❑ Patient Education
- ❑ Discharge Instructions or Follow-Up Plan for Each Encounter
- ❑ Treatment Non-Compliance and Missed/Cancelled Appointments Noted
- ❑ Follow-Up on Missed/Cancelled Appointments Noted

Telephone:

- ❑ Messages from Patient Noted
- ❑ Contact by Physician or Other Appropriate Staff

- ❑ Informed Consent Documentation (includes information communicated) with Signatures of Practitioner, Patient and Witness on any consent form used