

PERIODIC HEALTH RECORD AUDIT

Criteria: Score a "7" if recorded on the present chart. Score a "0" if not recorded. Indicate N/A if not applicable.

Completed By: _____ Audit Period Covered: _____ Page _____ of _____

PARTICIPANT IDENTIFICATION						TOT	**AV
INTAKE & ADMISSION							
Date of Admission (Present on Chart)							
Date of Discharge (Present on Chart)							
Admitting Forms							
Enrollment Agreement							
Emergency Agreement							
PERSONAL PCP							
Assessment (may include lab reports)							
Orders							
THERAPIES							
Occupational therapy care plan							
Physical therapy care plan							
Speech therapy care plan							
TEAM ASSESSMENT							
Health							
Nutrition							
Psychosocial							
Activities							
PLAN OF CARE							
QUALITY ASSURANCE							
Health Care Audit/Utilization Review							
Participant/Family/Caregiver Feedback							
RELATED DOCUMENTATION							
Progress Notes							
Discharge Summary							
TOTALS							
*AVERAGE SCORE							

Director/Designee's Name/Signature _____ Completion Date _____
 MDH 3424

*Average score for that participant = total score divided by the number of elements rated in that column that are not N/A

**Average score of that element = total score divided by the number of participant records reviewed in that row