

Chart Review

Please complete the form below.

Clinic Site _____

Ten Charts Reviews are required for Family Planning.

Select the chart for this review:

- Chart 1
- Chart 2
- Chart 3
- Chart 4
- Chart 5
- Chart 6
- Chart 7
- Chart 8
- Chart 9
- Chart 10

DISCUSSION

CHART REVIEWS

Chart Reviews can be completed all at once or spaced out during the year. A total of 10 charts will be reviewed and should include one of the following visit types, if applicable.

- Initial Contraceptive**
- Resupply Contraceptive Annual**
- Emergency Contraceptive Pill (ECP)**
- Sexually Transmitted Infection (STI)**
- Positive Pregnancy Test Visit**
- Negative Pregnancy Test Visit**
- Adolescent Visit**
- Male Visit**

[select_chart_number] - Please select all that apply for [select_chart_number].

- Contraceptive - Initial
- Contraceptive - Resupply
- Annual
- ECP - Emergency Contraceptive Pill
- STI - Sexually Transmitted Infection
- Positive Pregnancy Test
- Negative Pregnancy Test
- Adolescent (< 18 years of age)
- Male
- Telehealth Visit

[select_chart_number]

Did the patient opt for confidential care (No Home Contact)? _____
Gender _____
Sexually Active _____

Comments

Requirements

Select Answer

Comment

Documented income level, insurance and applied sliding scale _____
Consent for treatment completed and signed _____
Documented immunization status _____
Documented medical history or conditions _____

_____ Documented height, weight and BMI

_____ Documented blood pressure

_____ Documented reproductive life plan

_____ Screened for tobacco/vaping with appropriate cessation counseling/referral

_____ Screened for alcohol & substance use with appropriate counseling/referral

_____ Documented risk of abuse, neglect, and violence

_____ Documented risk of exploitation

_____ Documented assessment of general appearance

_____ Documented appropriate client education and resources provided

_____ Documented contraception counseling.

_____ Billing codes are accurate

_____ Documented appropriate STI/HIV testing and/or counseling, as applicable

_____ Appropriate clinical referrals made to obtain services not available at this clinic

_____ Appropriate social referrals made for prenatal care, social services, WIC, HANDS, or other services

Requirements

Select Answer

Comment

Documented partner history

Requirements

Select Answer

Comment

Documented counseling on family/trusted adult involvement

minor patients only

Documented counseling on consent and ways to prevent coercion

minor patients only

Documented counseling on abstinence, and ways to prevent STIs

minor patients only

Requirements

Select Answer

Comment

Documented age of partner

minor patients only

Requirements

Select Answer

Comment

Documented chlamydia test results in chart within past one year of this visit or tested at this visit

Requirements

Select Answer

Comment

Documented reproductive health (LMP, regular cycle, amount of bleeding, problems with periods, etc.)

Quick start method offered or initiated, as applicable. This would include a patient's refusal.

Requirements

Select Answer

Comment

Documented the opportunity for patient to discuss non-directive, client centered pregnancy options counseling: prenatal care and delivery; infant care, foster care or adoption; and pregnancy termination to the extent permitted by state law

What referrals were made?
(Check all that apply)

- Alcohol/drug treatment
 - Community Based Health Worker
 - Dental
 - Dietitian
 - HANDS
 - HIV counseling/treatment
 - Medical Emergency
 - Mental Health
 - Pregnancy Resources
 - Prenatal care
 - PrEP
 - Presumptive Eligibility
 - Provider for contraceptive service
 - Provider for reproductive health issues
 - Provider for other medical treatment(s)
 - Safety
 - Social services for financial and social assistance
 - Tuberculosis
 - Tobacco cessation
 - WIC
 - Other _____
-