

**COLLEGE OF CHIROPODISTS OF ONTARIO
QUALITY ASSURANCE COMMITTEE
PRACTICE ASSESSMENT**

Practitioner Name _____

Date _____

CHART REVIEW TOOL

PAGE 1

Date _____

Total number of charts selected for review: _____

Date(s) chosen for chart review: _____

Assessor signature

Registrant signature

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CHARTS REVIEW TOOL SECTION ONE: ORGANIZATION

PAGE 2

A - AGREE IN 90% OF CHARTS REVIEWED

B - AGREE IN GREATER THAN 70% OF CHARTS REVIEWED

C - AGREE LESS THAN 70% OF CHARTS REVIEWED

D - AGREE LESS THAN 10% OF CHARTS REVIEWED

N/A - NOT APPLICABLE

	A	B	C	D	n/a
Are patient records organized for easy retrieval?	q	q	q	q	q
Are the charts legible?	q	q	q	q	q
Written in permanent ink.	q	q	q	q	q
All corrections initialed	q	q	q	q	q
Presented in a clear and logical format.	q	q	q	q	q
A glossary available if abbreviations are used.	q	q	q	q	q
Identify the author.	q	q	q	q	q
A reference identifying the patient on each part.	q	q	q	q	q

Comments:

CHARTS REVIEW TOOL SECTION TWO: CONTENT

Each chart must include the following:

The patient's name and address.	q	q	q	q	q
The date of each of the patient's visits.	q	q	q	q	q
The name and address of the primary care physician.	q	q	q	q	q
The patient health record card number.	q	q	q	q	q
A copy of every written consent.	q	q	q	q	q
History of the patient is taken.	q	q	q	q	q
Current medications are documented.	q	q	q	q	q
Allergies are documented.	q	q	q	q	q
The primary complaint is documented.	q	q	q	q	q

Comment:

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CHARTS REVIEW TOOL SECTION TWO: CONTENT

PAGE 3

A - AGREE IN 90% OF CHARTS REVIEWED

B - AGREE IN GREATER THAN 70% OF CHARTS REVIEWED

C - AGREE LESS THAN 70% OF CHARTS REVIEWED

D - AGREE LESS THAN 10% OF CHARTS REVIEWED

N/A - NOT APPLICABLE

Each chart must include the following:

	A	B	C	D	n/a
Reasonable information about every examination performed.	q	q	q	q	q
Reasonable information about every positive clinical finding.	q	q	q	q	q
Reasonable information about every negative clinical finding.	q	q	q	q	q
Reasonable information about diagnosis and assessment.	q	q	q	q	q
Reasonable information about every referral of the patient to another health professional, service or agency.	q	q	q	q	q
Written reports received for examinations, tests, consultations or treatments performed by other health professionals.	q	q	q	q	q
Reasonable information about all significant advice given.	q	q	q	q	q

Comments:

	A	B	C	D	n/a
Reasonable information about every controlled act performed.	q	q	q	q	q
Reasonable information about every controlled act delegated.	q	q	q	q	q
Reasonable information about every post-operative visit.	q	q	q	q	q
Reasonable information about every procedure that was commenced but not completed.	q	q	q	q	q
Prescription meds documented with dosage and duration.	q	q	q	q	q
Any radiographs taken.	q	q	q	q	q

Comments:
