**PAATHS Program**

**Bureau of Addictions Prevention, Treatment and Recovery Support Services**

**Boston Public Health Commission**

**Case Manager/Public Health Advocate II: Chart Audit Form**

Staff Name:

Date Check Was Completed: Check Completed By:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Week** | | | | | | | |
| **Items** | | **3/8** | | **Notes** | **3/15** | **Notes** | **3/22** | **Notes** | **3/29** | **Notes** |
| Total Clients Seen For Week | |  | |  |  |  |  |  |  |  |
| Total Charts Reviewed | |  | |  |  |  |  |  |  |  |
| Housing Resource Forms | |  | |  |  |  |  |  |  |  |
| Time Of Arrival | |  | |  |  |  |  |  |  |  |
| Eligibility Form (Completely Filled) | |  | |  |  |  |  |  |  |  |
| Eligibility Form- Spanish (Completely Filled) | |  | |  |  |  |  |  |  |  |
| Treatment Care Plan | |  | |  |  |  |  |  |  |  |
| Bio-Psych Social Assessment | |  | |  |  |  |  |  |  |  |
| Admission Log (Outcomes & Initial Sections) | |  | |  |  |  |  |  |  |  |
| External Triage/Internal Referrals | |  | |  |  |  |  |  |  |  |
| Other Forms (Self-Admit List/Sober Shelter) | |  | |  |  |  |  |  |  |  |
| % In Compliance | |  | |  |  |  |  |  |  |  |

\*List Corrective action taken and see how next week turns out – is it the same person, etc.