

## ON-GOING DOCUMENTATION - TABLE OF CONTENTS/QA CHECKLIST 822-5

**\*\*Please note the checklist below is NOT inclusive of all regulatory requirements.\*\***

Section	Tasks Checklist
<b>DOCUMENTATION</b>	
Individual Note	<input type="checkbox"/> Goal(s) addressed <input type="checkbox"/> Progress towards achieving goals <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Group Note	<input type="checkbox"/> Focus of the Group <input type="checkbox"/> Summary of patient participation <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Brief Treatment Note	<input type="checkbox"/> Identifies Target Behavior <input type="checkbox"/> Identifies Evidence Based Practice Used <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Collateral Visit Note	<input type="checkbox"/> Summary of purpose of visit <input type="checkbox"/> Nature of Collateral relationship <input type="checkbox"/> Goals assisted by this visit <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Complex Care Note	<input type="checkbox"/> Critical event or condition leading to visit <input type="checkbox"/> Summary of purpose of coordination <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Staff Member Reviewing	Date
<b>Medical Section</b>	
Physical	<input type="checkbox"/> Physical Completed within 7 days of admission <input type="checkbox"/> Physical Completed annually <input type="checkbox"/> Results of physical and all related lab tests in chart
Toxicology	<input type="checkbox"/> Toxicology results completed at appropriate timeframes <input type="checkbox"/> Results of toxicology's in chart
Medication Admin Notes	<input type="checkbox"/> Type and dosage of medication initialed <input type="checkbox"/> Adverse effects or problems charted <input type="checkbox"/> Plans of action where appropriate <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Medication Management	<input type="checkbox"/> Summary of assessment, induction, follow up <input type="checkbox"/> Patient symptoms or other medical concerns noted <input type="checkbox"/> Actions taken and/or planned noted <input type="checkbox"/> Duration <input type="checkbox"/> Signed and dated
Staff Member Reviewing	Date
<b>Other Ancillary Documentation</b>	
Consent for Release Referral Information Coordination of Care	<input type="checkbox"/> Appropriately completed, signed, and dated <input type="checkbox"/> <input type="checkbox"/>
Staff Member Reviewing	Date