

County of San Bernardino Department of Behavioral Health

QUALITY ASSURANCE AUDIT AT ANNUAL POINT

CLINIC: _____ CHART NO.: _____ DATE OF AUDIT: _____

DATE OF ENTRY: _____ AUDITOR: _____

	STANDARD	MET	NOT MET	N/A	COMMENTS
1	Medical necessity still present				
2	Dysfunction rating is still current				
3	Plan is current and correct for all services				
4	If diagnosis changed from two-month point, ID Note explains				
5	Medication Consent form matches Outpatient Medication Record for current medications*				
6	If receiving medications, Psychiatric Evaluation completed*				
7	AIMS update completed*				
8	Physical Assessment update completed*				
9	Information Release forms have been completed properly*				
10	Client is benefiting from care (determined from ID Notes, change in Plan)				
11	Further care is required				

* Audit Form may be completed by clerical staff

PERCENTAGE OF STANDARDS MET: _____

Auditor Signature

Date