## PATIENT RECORD QUALITY MANAGEMENT QAPI CHECK LIST

DATE: PROVIDER:										
ACILITY: OTHER:										
PATIENT	ENTRY	CURRENT	ALLERGIES	<b>IMML</b>	P.E./OBJ	DX	DX	RX	PT INST	F/U VISIT
NAME (Chart Number)	DATED	RX?	NOTED?	Record	FINDINGS	IMP?	TESTS	DX?	<b>GIVEN?</b>	SCHEDULED
TOTAL AVERAGE										
GRADE										
Check=standard met										
0= standard not met										
N/A= not applicable										
COMMENTS: (OVERALL GRADE%)										
Medical Director Signature										

Physician Assistance/Nurse Practitioner Signature\_

<sup>\*</sup>After review, this form is to be forwarded to the clinic manager for review and retention in the QAPI Notebook. Review at least 10 charts per quarter or if multiple NPs or Pas – At least 5 charts per provider per quarter.