Hypertension Audit

Audit Date_____ # Charts Audited_____

Chart number										
Sex/ Age										
Basic demographics noted?										
Patient ID on all pages?										
Life Cycle form current?										
Legible?										
Entries dated?										
Entries signed?										
Patient history on chart?										
Patient history signed by Provider?										
Problem list current?										
Medication list current?										
Allergies documented?										
Reason for visit listed?										
Vital signs charted?										
Monitored every three months?										
EKG yearly										
CMP yearly										
Lipid panel yearly										
Test ordered returned?										
Referred to Dental?										
Referred to Optometry?										
Referred to dietary?										
Referred to Health Educator?										
Depression screen?										
Substance abuse screen?										
Smoking assessment?										
Referred to smoking cessation?										
Flu vaccine annual?										
Pneumonia vaccine every 5 yrs.?										
Updated in PECS?										