**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.