

## ON-GOING DOCUMENTATION - TABLE OF CONTENTS/QA CHECKLIST 822-4

**\*\*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>				
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 initiated		
	<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	<input type="checkbox"/>	Appropriately completed, signed, and dated		
Referral Information	<input type="checkbox"/>	Mental Health Information obtained		
Coordination of Care	<input type="checkbox"/>	Completed		
Correspondence	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>			
Staff Member Reviewing				Date