

HOUSTON HSDA – AMBULATORY OUTPATIENT MEDICAL CARE
CLIENT RECORD EVALUATION FORM

AGENCY: _____

FILE #: _____

CRITERIA	SATISFIED?		NOTES
CONSENTS			
Consent for service in the record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Consent for exchange/release of information in record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of Client Rights and Responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of receipt of Grievance Procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
ELIGIBILITY			
HIV Diagnosis is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Residency in the Houston HSDA is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Income no greater than 500% of the Federal poverty level is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of identification.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
INITIAL CONTACT			
Contact attempted/made w/in 24 hours of case assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
If contact not made, noted in record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Subsequent attempts are noted.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
INTAKE			
Intake form is completed w/in acceptable timeframe of obtaining client's written consent for services.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
CENTRAL PROBLEMS LIST			
Central problem list separate from progress note.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Includes the following:			
<ul style="list-style-type: none"> History and activity of mental health and substance use/abuse disorders. 	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
<ul style="list-style-type: none"> The location/provider of any ancillary continuing healthcare 	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
<ul style="list-style-type: none"> The status of vaccinations, including date of Pneumovax. 	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	

CRITERIA	SATISFIED?	NOTES
PHYSICIAN CONTACT		
Documentation of at least annual contact with a physician when routine care is provided by physician extender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
PATIENT MEDICATION EDUCATION		
Documentation provided on the required <u>Patient Medication Education</u> form.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Includes the following:		
• the clinic name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• the session date and length	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• the patient's name/ID number or patient representative's name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Educator's signature w/license & title	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Reason for the education (i.e. initial regimen, change in regimen, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Documentation of all discussed education topics.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
PATIENT MEDICATION READINESS		
Documentation of patient medication readiness provided on the <u>Medication Readiness Assessment</u> form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Includes the five core components:		
• Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Cognition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
• Attitudes and belief system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
STAGE OF ILLNESS UPDATE		
Stage of Illness form completed annually and placed in patient record and CPCDMS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
FILE FORMAT		
One record/file per client.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Record is legible and in a consistent format.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	

CRITERIA	SATISFIED?		NOTES
FILE FORMAT (CONT'D)			
Client name is on all records.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Staff sign name on all entries in the client record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
DOCUMENTATION OF SERVICE			
TYPE OF SERVICE	DOCUMENTED?		NOTES
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	

Comments: _____
