

RURAL HSDA PRIMARY MEDICAL CARE  
CLIENT RECORD EVALUATION FORM

AGENCY: \_\_\_\_\_

FILE #: \_\_\_\_\_

CRITERIA	SATISFIED?		NOTES
<b>CONSENTS</b>			
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	
<b>ELIGIBILITY</b>			
HIV Diagnosis is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Residency in the applicable 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	
<b>INITIAL CONTACT</b>			
Contact attempted/made w/in acceptable timeframe	<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	
<b>INTAKE</b>			
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	
<b>CENTRAL PROBLEMS LIST</b>			
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"> <li>History and activity of mental health and substance use/abuse disorders.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
<ul style="list-style-type: none"> <li>The location/provider of any ancillary continuing healthcare</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
<ul style="list-style-type: none"> <li>The status of vaccinations (including date of Pneumovax) and STDs including Hepatitis A, B and C.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	

**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"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
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**FILE FORMAT**

One record/file per client.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Record is legible and in a consistent format.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
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: \_\_\_\_\_

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