

NC Department of Health and Human Services/Division of Public Health
Family Planning and Reproductive Health Unit
Program Review Tool: Record Audit/ Male tool
FY 2016 - 17

Health Department: _____ Date: _____

Reviewers: _____

CODE

✓ = Present
 0 = Absent

KEY

(R) Required
(I) As indicated by history, physical, method, or previous lab test
 (Rec) Recommended

NA = Not Applicable

Patient Identifier

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1. History

	1	2	3	4	5	6	7	8	9	10
Significant illnesses (i.e., hospitalization, surgery, blood transfusion or exposure, chronic/acute medical conditions) R										
Allergies R										
Use of condoms R										
Use of withdrawal method R										
Partner use of contraception R										
Unprotected intercourse in past 5 days R										
Method concerns R										
Documentation regarding Primary Care Provider R										
Current use of prescription/OTC meds R										
Extent of use of tobacco, alcohol, and other drugs R										
Review of systems R										
Pertinent history of immediate family members R										
Partner history (i.e., injectable drug use, multiple partners, risk history for STDs and HIV, bisexuality, etc.) R										
Sexual History and social history R										
STI/STD (including HBV & HCV) R										
HIV R										
Urological conditions R										
Depression screening when staff-assisted depression care supports are in place R										
Record Compliant?										

Comments:

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2. Labs

	1	2	3	4	5	6	7	8	9	10
Gonorrhea I										
Syphilis serology I (CDC recommends screening MSM, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence)										
HIV testing I (CDC recommends all clients 13-64 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: IDU and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test)										
Diabetes I (USPSTF recommends to screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (treated or untreated) >135/80 mmHg and in adults 40-70 years who are overweight or obese)										
Discussed recommendation for Hepatitis C screening if at high risk for infection or if born between 1945–1965. This requirement will start in FY 2017-2018.										
Record Compliant?										

Comments:

3. Physical Assessment

	1	2	3	4	5	6	7	8	9	10
Height R										
Weight R										
Body Mass Index (BMI) R										
Blood pressure evaluation R										
Genital Exam I										
Thyroid I										
Heart/Lungs/Extremities I										
Abdomen I										
Rectum I										
Record Compliant?										

Comments:

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4. Immunity Assessment

	1	2	3	4	5	6	7	8	9	10
Immunization history is assessed, and the source of immunization history documentation is indicated in the record. R										
Client referral for age-appropriate immunization services is documented in record. R										
Record Compliant?										

Comments:

5. Client Education

Client education must be documented in the record and must provide clients with info needed to:

	1	2	3	4	5	6	7	8	9	10
Make informed decision about family planning R										
Based on sexual risk assessment, reduce risk of transmission of STDs and HIV R										
Understands BMI >25 and <18.5 is a health risk (educational materials provided to patient with a BMI of >25 or <18.5 if client requests) R										
Stop tobacco use, implementing the 5A counseling approach R										
Adolescents must be told that services are confidential and informed about exceptions to confidentiality, familial involvement is encouraged, and resisting sexual coercion is discussed R										
Adolescents should be provided intervention to prevent initiation of tobacco use R										
Provide reproductive life planning counseling R										
Provide preconception counseling if planning pregnancy in next year I										
Provide achieving pregnancy counseling if indicated I										
Infertility services offered if indicated I										
Record Compliant?										

Comments:

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6. Client Method Counseling

	1	2	3	4	5	6	7	8	9	10
Results of physical assessment and labs (if performed) R										
Method education using tiered counseling approach R										
Teaching regarding emergency contraception for all patients. R										
Emergency Contraception encouraged for female partner if unprotected sex in past five days I										
Teaching done on permanent methods if RLP indicates finished having children I										
How to use contraception-consistently and correctly and efficacy (typical use rates) R										
Protection from STDs R										
Possible side effects/complications R										
How to d/c method selected and information on back up method R										
Planned return schedule (when to return to clinic) R										
Emergency 24 hour number R										
Location where emergency services can be obtained R										
Record Compliant?										

Comments:

7. Consent Form for Method Selected

	1	2	3	4	5	6	7	8	9	10
General consent form to receive services reviewed, dated & signed by client. General consent must include language that services are provided on a voluntary basis and that receipt of family planning services is not a prerequisite to receiving any other services offered by the site. R										
Method specific consent form dated and signed by client at initial order. A new method specific consent is required for any method change. R										
If "Teach Back" method of consent is used, does the chart have a check box or written statement to document this use in place of method specific consent R										
Record Compliant?										

Comments:

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8. Screening, Diagnosis, Treatment and Follow Up Services

	1	2	3	4	5	6	7	8	9	10
Significant problems identified/documented and referrals made as needed. R										
Problems, conditions & abnormal findings discussed with client, and appropriately addressed. R										
Record Compliant?										

Comments:

9. Provider Qualifications**

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

***The appropriate level provider of care on all initial and annual visits for contraceptive methods was a physician, physician extender (nurse practitioner, CNM or physician assistant) or nurse trained to function in the enhanced role following established program policy. Every third annual assessment client must be seen by a physician or physician extender.*

Comments:

10. Problem Visit (Use this section only to monitor a problem visit chart)

	1	2	3	4	5	6	7	8	9	10
Chief compliant/Problem Identified										
Clinical Assessment (i.e., wt., B/P, exam as indicated) with documentation by provider										
Labs as indicated and by referral										
Education/Counseling as indicated										
Referral/Return visit as indicated										
Record Compliant?										

Comments: