**[Insert organisation name/logo]**

**CLIENT FILE REVIEW TOOL**

## SECTION 1. CLIENT FILE DETAILS

This review tool is used to verify the quality and details of client files maintained at **[insert organisation name].**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client file name** |  | **Date** |  |
| **Staff member name** |  | | |
| **Review completed by** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review summary: overall file** | | | |
| All sections complete | **⃣ Yes ⃣ No** | Material is filed sequentially | ** Yes No** |
| Progress notes well written | **⃣ Yes ⃣ No** | File reviewed in last 6 months | **⃣ Yes ⃣ No** |
| Treatment Plan is current | **⃣ Yes ⃣ No** | Closed files signed off | **⃣ Yes ⃣ No** |

|  |
| --- |
| **Required corrections** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer name** |  | | |
| **Reviewer signature** |  | **Date** |  |
| **Staff member name** |  | | |
| **Staff member signature** |  | **Date** |  |
| **Corrections completed (date)** |  | | |

## SECTION 2. REVIEW DETAILs

| **Section of file** | **Present** | **Completed correctly** | **Comments (including NA)** |
| --- | --- | --- | --- |
| Cover Sheet | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Intake** | | | |
| Intake form | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Referral information | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Assessment** | | | |
| Comprehensive assessment including risk assessment | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Outcome Measures completed at required intervals | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Assessment information from other providers | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Consent, Rights & Legal** | | | |
| Consent to exchange information | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Rights & responsibilities form | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Checklist of information provided to the client | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Court Ordered Care Information | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Medical** | | | |
| Medical information | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Individual Treatment Management Plan** | | | |
| Reflects assessment findings | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Clear goal(s) | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Planned outcomes | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Planned activities | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Measurable success indicators | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Anticipated timeframes | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Incorporates group involvement | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Summary of interventions and interactions | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Identifies name of staff person with overall case responsibility | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| If multiple interventions involved, identifies who is responsible | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Plan signed by client and staff | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Clients are provided with a written copy of the plan | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Safety plans completed | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Previous support, treatment and/or action plans (internal & external) | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Progress is recorded | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Plan is reviewed by client and staff | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Case Management and Contact Notes** | | | |
| * made promptly | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * concise | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * accurate | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * complete | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * factual | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * objective | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * sequential | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * legible | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * signed, dated, author’s name printed | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * free of value judgements | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * free of abbreviations | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| * free of liquid paper, and have mistakes crossed out & initialled | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Case Conference Minutes and Notes** | | | |
| Identifies who was involved | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Summary and recommendations | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Responsibility for specific plans | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Timeframes | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Correspondence** | | | |
| Any letters received, or written, on behalf of the client. | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Client Feedback** | | | |
| Satisfaction surveys | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Post – Program Measures | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| **Exit** | | | |
| Discharge summary and transfer of care completed | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |
| Aftercare plan documented (if relevant) | **⃣ Yes ⃣ No** | **⃣ Yes ⃣ No** |  |