[Insert organisation name/logo]

# CLIENT FILE REVIEW TOOL

## SECTION 1. CLIENT FILE DETAILS

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Client file name and code** |  | **Date** |  |
| **SLK** |  |  |  |
| **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 DETAIL: CLIENT FILE

| **Section of file** | **Present** | **Completed correctly** | **Comments (including NA)** |
| --- | --- | --- | --- |
| **File Summary** | **□Yes □No** | **□Yes □No** |  |
| **Intake** | | | |
| **Intake form** | **□Yes □No** | **□Yes □No** |  |
| **Referral information** | **□Yes □No** | **□Yes □No** |  |
| **Assessment** | | | |
| **Initial assessment** | **□Yes □No** | **□Yes □No** |  |
| **Risk assessment** | **□Yes □No** | **□Yes □No** |  |
| **Assessment information from other providers** | **□Yes □No** | **□Yes □No** |  |
| **All Client data completed – including cultural information** | **□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**  **□ N/A** |  |
| **All individual entries signed off by staff member writing in file ( Name should be printed, followed by signature, dated, or author’s name indicated electronically)** |  |  |  |
| **Medical** | | | |
| **Medical information**  **(eg. Medical issues identified, medications and management strategies outlined)** | **□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 contracts** | **□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** |  |
| * **free of value judgements** | **□Yes □No** | **□Yes □No** |  |
| * **free of abbreviations** | **□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** | | | |
| **Experience/satisfaction surveys** | **□Yes □No** | **□Yes □No** |  |
| **Post – Program Measures** | **□Yes □No** | **□Yes □No** |  |
| **Exit** | | | |
| **Exit summary completed** | **□Yes □No** | **□Yes □No** |  |
| **Aftercare plan documented (if relevant)** | **□Yes □No** | **□Yes □No** |  |