[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** |  |