

## CLIENT FILE AUDIT CHECKLIST

**Documenting Appendix 2 Approved January 2009**

**Client Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **File Number:** \_\_\_\_\_

**Counsellor/PW:** \_\_\_\_\_ **Auditor:** \_\_\_\_\_ **Date of Audit:** \_\_\_\_\_

Document Information Required	Completed		Comments
	Yes	No	
<b>Referral Information/Form:</b> <ul style="list-style-type: none"> <li>• Source of information,</li> <li>• Contact name,</li> <li>• Relationship,</li> <li>• Referral date,</li> <li>• Referred to,</li> <li>• Contact name,</li> <li>• Reason for referral,</li> <li>• Special needs,</li> <li>• Immediate risk factors,</li> <li>• Previous treatment involvement if relevant.</li> </ul>			
<b>Intake Information/Form:</b> <ul style="list-style-type: none"> <li>• Demographic information,</li> <li>• Client/family perception of problem including strengths and needs,</li> <li>• Previous treatment involvement if relevant,</li> <li>• Legal involvement,</li> <li>• Special needs,</li> <li>• Immediate risk factors.</li> </ul>			
<b>Client Handbook Acknowledgement Form:</b> <ul style="list-style-type: none"> <li>• Signed and dated.</li> </ul>			
<b>Consent to Service and Statement of Confidentiality and Limits of Confidentiality</b> <ul style="list-style-type: none"> <li>• Signed and dated</li> </ul>			
<b>Consent(s) to Release Information</b> <ul style="list-style-type: none"> <li>• Signed, dated, witnessed and expiry date recorded.</li> </ul>			
<b>Consent(s) to Obtain Information</b> <ul style="list-style-type: none"> <li>• Signed, dated, witnessed and expiry date recorded.</li> </ul>			

<p><b>Intake Information Updated</b></p> <ul style="list-style-type: none"> <li>• Change of address,</li> <li>• Contact information.</li> </ul>			
<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Assessment tools/questionnaires used.</li> </ul> <p><b>Assessment Report</b></p> <ul style="list-style-type: none"> <li>• Sources of information,</li> <li>• Client's/family's view of presenting problems(s),</li> <li>• Client's/family's view of strengths, needs and desired outcome,</li> <li>• Previous treatment, if relevant,</li> <li>• Case Formulation,</li> <li>• Signed by Counsellor (Primary Worker) and Supervisor,</li> <li>• Reviewed with Client/Family,</li> <li>• Previous Assessment Reports including psychological/psychiatric, clinical consultant's notes.</li> </ul>			

<p><b>Treatment/ Action Plans Section contain:</b></p> <ul style="list-style-type: none"> <li>• Reflects assessment findings,</li> <li>• Goal(s), Planned Outcomes, Planned Activities, Resources (name and title), Indicators of Success and Measurement Methods,</li> <li>• Anticipated time frames to complete goals and length of service,</li> <li>• Group involvement is coordinated and reflected in treatment/action plan,</li> <li>• Name of staff person with overall case responsibility,</li> <li>• If multiple interventions involved, identifies who is responsible,</li> <li>• Signatures of those involved in the treatment/action plan,</li> <li>• Clients are provided a written copy of the plan; with exceptions noted in the file,</li> <li>• Safety contracts,</li> <li>• Previous treatment/action plans (internal and external).</li> </ul>			
<p><b>Progress Reports</b></p>			

<p><b>Case Notes/Individual Session Notes</b> (within 24 hours of contact)</p> <ul style="list-style-type: none"> <li>• Completed within designated time frames,</li> <li>• Reviews and any revisions to Treatment/Action Plan,</li> <li>• Treatment/Action Plan reviews occurred within identified time frames,</li> <li>• Individuals involved in reviewing treatment/action plan or explanation if client not involved,</li> <li>• Transition Planning,</li> <li>• Aftercare Planning,</li> <li>• Case Management Weekly Reports – <ul style="list-style-type: none"> <li>○ Treatment/action plan progress,</li> <li>○ Current situation,</li> <li>○ Summary of behaviour interventions,</li> <li>○ Summary and review of serious occurrences and incident reports,</li> <li>○ Any other significant or relevant information and strategies for upcoming week.</li> </ul> </li> </ul>			
<p><b>Case Conference Reports/Minutes</b></p> <ul style="list-style-type: none"> <li>• Identifies who was involved,</li> <li>• Summary and recommendations,</li> <li>• Who is responsible for specific plans,</li> <li>• Time frames.</li> </ul>			
<p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Post-program/test questionnaires,</li> <li>• Satisfaction Survey(s).</li> </ul>			

<p><b>Service Closure/Discharge:</b></p> <ul style="list-style-type: none"> <li>• Transition Plan (residential clients living independently may be found on a Treatment/Action Plan or Case note),</li> <li>• Discharge Summary: <ul style="list-style-type: none"> <li>○ Name,</li> <li>○ File number,</li> <li>○ Discharging program,</li> <li>○ Intake date,</li> <li>○ Discharge date,</li> <li>○ Reason for intake,</li> <li>○ Team involved,</li> <li>○ Services provided (what was helpful and what wasn't),</li> <li>○ Areas of strength,</li> <li>○ Treatment outcomes,</li> <li>○ Treatment goals and strategies (how relevant persons are going to continue to assist the client),</li> <li>○ Ongoing needs/areas to focus on following discharge,</li> <li>○ Recommendations, information regarding options and methods for contacting Agency for future support)</li> </ul> </li> </ul> <p><b>Unplanned Closure</b></p> <ul style="list-style-type: none"> <li>• If closure unplanned (if applicable) identifies both internal and external supports.</li> </ul>			
<p><b>Aftercare/Follow-up:</b></p> <ul style="list-style-type: none"> <li>• Aftercare plan (may be found on Treatment/Action Plan, Discharge Summary or Case note).</li> <li>• Follow-up contact(s) (method, dates, frequency of contact).</li> </ul>			
<p><b>Correspondence</b></p> <ul style="list-style-type: none"> <li>• Any letters written on behalf or received.</li> </ul>			

<b>File Contents</b> <ul style="list-style-type: none"> <li>• Material is filed correctly.</li> <li>• File Audits conducted.</li> <li>• Closed files signed off.</li> <li>• File Closure form</li> </ul>			
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Additional Auditor's Comments including any corrective action:

Counsellor (Primary Worker) Comments:

When required corrections/ adjustments have been made, sign below and return to your Supervisor by \_\_\_\_\_.

Signed:

\_\_\_\_\_  
Counsellor/Primary Worker

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Service Director