## 13. CSP Patient Record Audit Data Collection Form for Occupational Health

## Name of Physio:

Informed consent	YES	NO	N/A
a) the patient's consent is documented for assessment and treatment			
b) the patient's consent is documented for communication with			
the workplace			
Assessment			
There is written evidence of a compilation of data consisting of:			
a) the patient's perception of their needs			
b) the patient's expectations			
c) demographic details			
d) presenting condition/problems			
e) past medical history			
f) current medication/treatment			
g) contraindications/precautions/allergies			
h) social and family history/lifestyle			
i) the patient's job demands	1		
j) the patient's working hours/ days			
k )work status at initial presentation			
I) details of absence related to presenting condition (episodes			
and duration) condition			
m) obstacles to return to work			
n) relevant investigations			
Examination			
There is written evidence of a physical examination that includes:			
a) observation			
b) use of specific psychosocial assessment tools c) use of functional assessment tools			
d) use of relevant outcome measurement with result recorded			
,			
Analysis There is written evidence of:  a) identified needs/problems			
b) subjective markers are identified	1		
c) objective markers are identified			
d) work obstacles are identified			
e) a clinical diagnosis ( <i>Guidance: This is the physiotherapist's</i>			
assessment of the problem, not the medical diagnosis)			
Treatment planning	YES	NO	
Treatment planning	1.20	"	
The plan documents			
a) time scales for implementation/review			
b) goals			
c) the identification of those who will deliver the plan			
d) the route for communication with stakeholders regarding the			
plan			
Implementation			
a) interventions are implemented according to the treatment			
plan			
I la cance	1		

h) all advice/information given to the nationt is recorded		
b) all advice/information given to the patient is recorded c) there is a record of all communications made with regard to		
the patients return to work plan		
Evaluation		
Evaluation		
There is unitten evidence that		
There is written evidence that		
a) the treatment plan is reviewed at each session		
b) subjective markers are reviewed at each session		
c) objective markers are reviewed at each session		
d) all changes, subjective and objective and in work status are		
documented		
e) any changes to the treatment plan are documented		
f) functional and psychosocial measures are repeated at timely		
intervals to monitor change		
Workplace assessment		
a) where a workplace assessment has been undertaken, the		
investigation undertaken is clearly recorded		
b) appropriate action under the responsibility of the		
physiotherapist has been taken as a result of the workplace		
assessment, in accordance with the identified		
recommendations		
Transfer or discharge		
a) arrangements for transfer of care to another provider or		
discharge are recorded in the notes		
b) when transferred, information is relayed to those involved in		
the patient's ongoing care		
c) discharge summary is sent in keeping with agreed local		
policy		
d )work status at discharge is documented		
e) the result of outcome measurements are recorded at the end		
of the episode of care		
Documentation		
a) patient records are started at the time of the initial contact		
b) patient records are contemporaneous		
Guidance: Records are not added to after the time of writing		
c) patient records include details of all communications with		
relevant stakeholders	<u> </u>	
Patient records conform to the following requirements	1	
a) concise		
b) legible		
c) logical sequence		
d) dated		
e) signed after each entry/attendance		
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f) name is printed after each entry/attendance		
, , , , , , , , , , , , , , , , , , , ,		
g) written in permanent photocopyable ink		
(a)		
	<u> </u>	

h) errors crossed with a single line (correction fluid is not used) and initialled		
i) each side of the page is numbered		
k) patient's name and either date of birth or reference number		
are recorded on each page		
I) abbreviations used are explained in an appended glossary		
Patient and physiotherapist safety		
a) there is written evidence of a risk assessment where required for treatment of workplace visits and that appropriate action has been taken		

Total /60