

FILE AUDIT

Information for inclusion into the permanent file will be reviewed by each supervisor.
Completion of each permanent file will be indicated by the signature of the supervisor and clinician.
This file audit procedure must be completed prior to assignment of a clinical grade.

Check mark = Present N/A = Not Applicable

Client Name: _____ File #: _____

SUMMARY OF CONTACT

- _____ File Audit Form
- _____ EMS / Patient Information
- _____ Telephone Logs

HISTORY

- _____ Referral
- _____ Disposition Forms
- _____ Case History Forms

CORRESPONDENCE

- _____ Written Correspondence

DIAGNOSTIC

- _____ Diagnostic Materials (protocols, language samples, etc)
- _____ Evaluation Reports
- _____ Diagnostic Updates
- _____ Diagnostic Reports From Other Settings

TREATMENT

- _____ Treatment Plans
- _____ Treatment Summaries
- _____ Discharge Summaries
- _____ Treatment Reports From Other Settings

SESSION PLANS

- _____ Daily Session Plans and Summaries
- _____ Data Sheets (Optional)

CONSENT/RELEASE

- _____ Informed Consent Form
- _____ Receipt of Privacy Practices (HIPAA)
- _____ Patient Consent Form (HIPAA)
- _____ Consent for Release of Information
- _____ Transportation of Minor
- _____ Publicity Consent
- _____ Other Permission Forms

Student Signature/Credentials
Date _____

Supervisor Signature/Credentials
Date _____