Summary of Chart Reviews (Required)

(Attach Chart Review Forms for individual records reviewed)

Risk Reduction Specialist: _____

Date of Review: _____ Reviewer: _____

Number of Charts Reviewed: _____

Dates of counseling sessions included in this review: From: _____ To: _____

Date of feedback to Risk Reduction Specialist: _____ Person giving feedback: _____

Summary of Chart Review

Number of charts receiving the following scores:

1. Completeness of Record
   - a. Signed consent form: _____ of _____ applicable
   - b. HIV result: _____ of _____ applicable
   - c. Other lab result(s): _____ of _____ applicable
   - d. If confidential test, best way to contact: _____ of _____ applicable
   - e. Referrals documented: _____ of _____ applicable
   - f. Confirmation of referrals documented: _____ of _____ applicable
   - g. Documentation of partner referrals: _____ of _____ applicable
   - h. Risk reduction specialist notes on Initial Session: _____ of _____ applicable
   - i. Risk reduction specialist notes on Follow-Up Session: _____ of _____ applicable
   - j. Evidence that the client was given a written copy of step(s): _____ of _____ applicable
2. Comments on any items consistently missing or incompletely documented:

3. Scores for overall quality of core elements: 0 _____ 1 _____ 2 _____ 3 _____ N/A _____
4. Comments on the adequacy of the counseling notes:

5. Scores for overall quality of risk reduction step (initial): 0 _____ 1 _____ 2 _____ 3 _____
6. Scores for overall quality of risk reduction step (follow-up): 0 _____ 1 _____ 2 _____ 3 _____ N/A _____
7. Comments on the quality of the risk reduction steps:

8. Overall strengths of the documentation:

9. Areas requiring development or improvement:

10. Additional comments: