

Chart Audit Example Questions

Record ID

Name of Reviewer

Date of chart review

Chart ID

Physical Therapist ID

Date of first visit that is included in the chart review

Last visit date that is included in the chart review

Total number of visits included in the chart review

Total number of visits that the patient was seen

Has the patient been discharged?

- Yes
- No

Patient Demographic Information

Patient age at time of intervention

_____ (-9 if data is missing from chart)

Patient Gender

- Male
- Female
- Non-binary/third gender
- Information not in chart

Is there documentation supporting diagnosis of vestibular hypofunction?

- Yes
- No

Diagnosis

- BPPV
 - Peripheral Vertigo
 - Acoustic Neuroma
 - Central Vertigo
 - Other
- (Choose all that apply)

If other, please list

Hypofunction type Unilateral
 Bilateral
 Other
 Type not documented/missing

If other, please list _____

Objective Deficits

Objective VOR deficit documented Yes
 No
 Not tested

Exercise Compliance Tools

Therapist offered/provided patient with a compliance tool during this episode of care? Therapist offered patient tool(s) and the patient accepted at least one
 Therapist offered tool(s) and the patient declined
 Therapist did not offer tool(s)
 Not applicable

Initial visit: Questions about anxiety

	Yes	No	Not addressed	Not applicable
Initial screening for anxiety completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening results for anxiety were reviewed with the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the initial evaluation, the patient is receiving treatment for anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Initial visit: Questions about depression

	Yes	No	Not addressed	Not applicable
Initial screening for depression completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening results for depression were reviewed with the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the initial evaluation, the patient is receiving treatment for depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Session Information *Repeat these items for each visit in chart*

Visit Number _____

Session Date _____

Gaze Stability Exercise Prescription and Education

	Yes	No	Not applicable
Gaze stability exercises prescribed or advanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaze stability exercise instruction provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaze stability exercise compliance documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient asked about barriers with gaze stability exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribed number of minutes of gaze stability exercise documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's reported amount of time (# of minutes) practicing gaze stability exercise documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Vestibular Exercise Prescription and Education

	Yes	No	Not applicable
Other vestibular exercises prescribed or advanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vestibular exercise instruction provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vestibular exercise compliance documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient asked about barriers with other vestibular exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exercise Prescription

	Yes	No	Not applicable
HEP prescribed or advanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEP was modified based on patient progress and adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compliance Tools

Does patient report using HEP compliance tool?

- Yes
- No
- Not applicable

Notes

Notes
