

Chart Organization		
Clip	Document present, in the correct place, and as complete as can be	Comments
Clip 1 – Registration and Consent		
Registration Form	VDH Registration Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
CHS – 1A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Income, insurance, photo ID etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Voter Registration Form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
DOT Agreement (3HP)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
VET Agreement (3HP)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Clip 2 – Medications		
VDH Summary of Providers of Care		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Medication List		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Prescriptions		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drug Interaction List		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# DOT Log for 12 Dose 3HP		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Clip 3 - Assessment		
Initial/Monthly Clinical Assessment		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TB & Newcomer Health History		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
TB Risk Assessment 512 Form, or Contact Registration Form		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Clip 4 – Progress Notes		
Progress Notes		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Clinician Orders/Progress Notes		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Clip 5 – Lab Specimens		
# Lab Work (LFTs, HIV, IGRA) as needed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Radiology Reports		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Clip 6 - External		
EDN Forms/TB Follow-up Worksheet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Correspondence and Miscellaneous		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Medical records from other providers, Medical releases, Epi 1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# HIPAA – Auth. for Disclosure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
# Recommend a tab/divider inserted to help organize clip		

Case Management and Treatment Fidelity			Initial	Closure
Clip 1	CHS-1A	Signed. Payment section complete/up to date		
	Voter Registration	Signed or documented NA		
	DOT Agreement	Signed for 3HP cases		
	VET Agreement	Signed for 3HP cases using VET		
Clip 2	Health Providers	Signed by all providers who have documented in chart		
	Medication List	Up to date. Inclusive of all meds (not just TB).		
	Prescriptions	All prescriptions match clinician orders		
	Drug Interaction List	Present, reviewed by clinician. Interactions addressed		
	DOT Log	Doses initialed and with time		
Side effects addressed				
Clip 3	Monthly Clinical Assessment	Weight monitoring, dosages correct		
		Medication side effects addressed		
		Treatment compliance assessed		
	Health History	Complete		
Clip 4	Progress Notes	Detailed, education provided		
	Clinician Orders/Prog Notes	All clinician orders reviewed and carried out		
Clip 5	Lab Work	Initial and monthly lab monitoring (as ordered)		
		Abnormal results reported to treating clinician		
	CXR	At least 1 radiology report		
Clip 6	TB Follow-up Worksheet	Completed, faxed to central office/entered in EDN		
	Auth. for Disclosure	Complete. Renewed and signed annually.		