Family Planning Annual Chart Review

Clinic Site: _____

Completed by (Email) _____

Ten Charts Reviews are required for Family Planning.

Each Chart Review may have multiple visit types or populations. For example, a Chart Review of a 15 year old female who is in for initial birth control may receive a negative pregnancy test and an ECP. This would count as one Chart Review despite multiple visit types and populations.

Important Note:

Any Chart Review should be started by clicking on the Family Planning Annual Chart Review link from the Family Planning Provider sites. Otherwise, it will overwrite your previous charts and all data will be lost.

Select a Chart Number (1-10) for this review.

- ◯ Chart 1
- ◯ Chart 2
- ◯ Chart 3
- ◯ Chart 4
- ◯ Chart 5
- ◯ Chart 6
- ◯ Chart 7
- ◯ Chart 8
- ◯ Chart 9
- ◯ Chart 10

Chart Reviews can be completed all at once or spaced out during the year. A total of 10 charts will be reviewed and should include one of the following visit types and at least one of each population, if applicable.

Visit Type Population	Population
Annual	**Adolescent Visit**
Resupply Contraceptive	**Male Visit**
Initial Contraceptive	**Confidential Care (No Home Contact)**
Emergency Contraceptive Pill (ECP)	
Sexually Transmitted Infection (STI)	
Positive Pregnancy Test Visit	
Negative Pregnancy Test Visit	

1. Reviewer Initials _____Date _____
2. Client Initials and Record Number_____
3. Sexually Active Yes No Unknown
   - If sexually active and <18 years of age, was partner history documented? Yes No NA
4. Client Age at Time of Visit _____ (If client <18 years of age, answer the following four questions)
   - Documented counseling on family/trusted adult involvement? (minor patients only) Yes No NA

   Comment:

- Documented counseling on consent and ways to prevent coercion? (minor patients only) Yes No NA

  Comment:

- Documented counseling on abstinence, and ways to prevent STIs? (minor patients only) Yes No NA

  Comment:

- Documented age of partner? (**sexually active minor patients only**) Yes No NA

  Comment:

5. Gender Male Female
6. Date of Visit _____
7. Did the patient request to be a confidential client with no contact at home. (No Home Contact)? Yes No Unknown
   - If yes, is it easily identifiable in the chart that this client is a No Home Contact? Yes No

   Comment:
8. Documented income level? Yes No
   (Must include a numeric value; this number can be 0, but NA is not a documented income level)
   Comment:
9. Applied Sliding Scale? Yes No NA – Sliding scale not applied due to income>250 of FPL

   Comment: Patient declined to provide income or patient reports not meeting income eligibility
10. Signed Consent for Treatment covers this date of visit? Comment: Yes No
11. Documented medical history or conditions? Comment: Yes No
12. Documented height, weight and BMI? Comment: Yes No
13. Documented blood pressure? Comment: Yes No NA
14. Documented reproductive life plan? Comment: Yes No
15. Screened for tobacco/vaping with appropriate cessation counseling/referral? Comment: Yes No
16. Screened for alcohol & substance use with appropriate counseling/referral? Comment: Yes No
17. Documented risk of abuse, neglect, and violence? Comment: Yes No
18. Documented risk of exploitation? Comment: Yes No
19. Documented assessment of general appearance? Comment: Yes No
20. Documented appropriate client education and resources provided? Comment: Yes No
21. Documented contraception counseling? Comment: Yes No NA
22. Billing codes are accurate? Comment: Yes No
23. Documented appropriate STI/HIV testing and/or counseling, as applicable? Comment: Yes No NA
24. Appropriate clinical referrals made to obtain services not available at this clinic? Yes No Offered but patient declined

    Comment:
25. Appropriate social referrals made for prenatal care, social services, WIC, HANDS, or other services? Yes No Offered but patient declined

    Comment:

26. Was a chlamydia test done this visit? (*CDC recommends annual chlamydia screening **for all sexually active females under 25 years of age**)* Yes No NA

- If No, please select a reason why a chlamydia test was not ordered
  - ○ It is documented that patient had a screening within a year
  - ○ Was not offered
  - ○ Offered, but patient declined

Comment:

27. Documented reproductive health? (LMP, regular cycle, amount of bleeding, problems with periods, etc.) (**Gender at birth is female**) Yes No
Comment:

28. Quick start method offered or initiated, as applicable. This would include patient's refusal. **(Gender at birth is female)**. *Details of why Quick Start was not applicable. For examples, already on contraceptive, seeking pregnancy, not available and referral made. etc.* Yes No NA
Comment:

29. Documented the opportunity for patient to discuss non-directive, client centered pregnancy options counseling. (**Gender at birth is female & had a positive pregnancy test at visit.**) *For example, any of the following may be discussed as applicable: prenatal care and delivery; infant care, foster care and adoption; and pregnancy termination to the extent permitted by state law.* Yes No NA
Counseling may be performed by nurses or any staff adequately trained.
Comment:

30. What referrals were made?
(Check all that apply)

- ☐ Alcohol/drug treatment
- ☐ Community Based
- ☐ Health Worker
- ☐ Dental
- ☐ Dietitian HANDS
- ☐ HIV counseling/treatment
- ☐ Medical Emergency
- ☐ Mental Health
- ☐ Pregnancy Resources
- ☐ Prenatal care
- ☐ PrEP
- ☐ Presumptive Eligibility
- ☐ Provider for contraceptive service
- ☐ Provider for reproductive health issues
- ☐ Provider for other medical treatment(s)
- ☐ Safety
- ☐ Social services for financial & social assistance
- ☐ Tuberculosis
- ☐ Tobacco cessation
- ☐ WIC
- ☐ Other _____