



# Chart Review

Clinic Name in Full

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\_\_\_\_\_

Date: \_\_\_\_\_

Clinician Name

\_\_\_\_\_

\_\_\_\_\_

Chart Reviewer

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**Criteria for audit:**

Patients 18 and over

**System to identify**

**tobacco use:** check one

- Sticker
- EMR
- Stamp
- Progress note
- None of above

**Quarter Start and End Dates**

- Q1 - Aug. 1-Oct. 31
- Q2 - Nov. 1-Jan. 31
- Q3 - Feb. 1 - April 30
- Q4 - May 1- July 31

Chart	Tobacco Status Documented on the Last Visit (asked)		Does Patient Use Tobacco?		Advice to Quit Recorded		Assess Readiness to Quit, Assist/ Arrange Quit Attempt Recorded*		Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
1									
2									
3									
4									
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27									
28									
29									
30									
Total Count									

\*Includes Pharmacotherapy, Quitline referral, counseling, self-help materials.

Chart	Tobacco Status Documented on the Last Visit (asked)		Does Patient Use Tobacco?		Advice to Quit Recorded		Assess Readiness to Quit, Assist/ Arrange Quit Attempt Recorded*		Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
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29									
30									
Total Count									

\*Includes Pharmacotherapy, Quitline referral, counseling, self-help materials.

FAX OR SEND TO:

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Total # of charts with Tobacco Use Documented on Last Visit (Asked) \_\_\_\_\_

Total # of Tobacco Users \_\_\_\_\_

Total # of Tobacco Users Who Were Advised to Quit \_\_\_\_\_

Total # of Tobacco Users Who Were Assessed, Assisted/Arranged in Quitting \_\_\_\_\_

Total # of Patients who Refused Assistance \_\_\_\_\_

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