

Minimal Contact Intervention (Cross-Department Policy) Chart Audit Tool

Program Name:

Date of Audit: DD-MMM-YYYY

Number of Staff:

Name of Auditor:

Number of face-to-face interactions completed from: DD-MMM-YYYY to DD-MMM-YYYY

EXAMPLES	Demographic/Chart Number	Asked re: smoking?	Smoking/Vaping Status	3A completed?	Referral made?	Notes
	123456	Y	N			
	123455	Y	Y	Y	Y	PHS Clinic
	123444	N		N		Not appropriate currently
	123333	Y	Y	Y	No	Client declined
	123457	N		N		

Commented [DB1]: If No to smoking, leave the rest blank

Commented [DB2]: Staff did not ask about smoking status

Commented [DB3]: Answer "No" if client declines referral

Chart Audit #	Demographic/Chart Number	Asked re: smoking?	Smoking Status	3A completed?	Referral made?	Notes
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