

Patient's file quantitative control checklist

Patient name:	Patient surname:			Admission:							File number:								
Form title	Admission and discharge summary	File summary	biography	Sickness period	anesthesia	Surgery report paper	Care after surgery	Advisor sheet	Doctor' s orders	Nursing reports	Vital signs monitoring	Preoperative care	Vital signs chart	Radiology report	Pathology report	Attaching laboratory report	Attaching electrocardiogram	Fluids intake output sheet	Triage form
Requirements title																			
Original form existence*																			
Header full completion and patient profile existence																			
Completion of all information elements of the form																			
Documenter's signature																			
Documentation date existence																			
Documenter's seal existence																			

*Using of standard forms with national ID or approved forms of the university treatment deputy. Defects observed by the medical records expert:

Secretary's name, surname and signature:

Health information management expert's name, surname and signature:

Completion date:

Completion date: