



**Believe Therapies, LLC.  
Quarterly Chart Review Form**

Year: \_\_\_\_\_

Quarter: 1st 2nd 3rd 4th

Client Name: \_\_\_\_\_ PCP: \_\_\_\_\_

Chart Status: Active Discharged

Chart Type: OT PT ST

Initial Evaluation				Comments
Y	N	NA	Signed order for the evaluation	
Y	N	NA	Signed Consent to Treat (Intake Paperwork)	
Y	N	NA	Reason for the evaluation / Client or family concerns	
Y	N	NA	History Completed	
Y	N	NA	onset date	
Y	N	NA	allergies to foods or medications (red flag added)	
Y	N	NA	current medications	
Y	N	NA	home environment or previous equipment/devices	
Y	N	NA	Prior Level of Function or reported Developmental Milestones	
Y	N	NA	comorbidities are noted that may affect the treatment plan or goal progress	
Y	N	NA	concurrent or prior services noted	
Y	N	NA	Testing Completed (standardized and/or informal)	
Y	N	NA	Justification for skilled therapy services	
Y	N	NA	Client or family goals stated	
Y	N	NA	Are LTG and STG measurable and functional?	
Y	N	NA	Do goals address specific areas of concern?	
Y	N	NA	Diagnosis codes listed and are supportive to POC	
Y	N	NA	Is rehab-potential defined? (Prognosis for Achieving Goals)	
Y	N	NA	Certification Period entered and matches Frequency, Amount, Duration	
Y	N	NA	Tx to be Provided is noted by defined CPT codes	
Y	N	NA	Referrals noted (only if additional concerns indicated in the evaluation)	
Y	N	NA	Was the IE POC signed by the physician?	
Re-evaluation				Comments
Y	N	NA	Updates are completed for meds, allergies, and Current Level of Function	
Y	N	NA	Updates for comorbidities that may affect the treatment plan or goals	
Y	N	NA	Updated client or family goals	
Y	N	NA	Testing Completed (standardized and/or informal)	
Y	N	NA	Are LTG and STG updated, measurable and functional?	
Y	N	NA	Do goals address specific areas of concern?	
Y	N	NA	Is rehab potential defined? (Prognosis for Achieving Goals)	
Y	N	NA	Progress is documented in goals section: status is updated on all goals, progress/comments section completed for the update and an end date is specified when goal is met or discontinued	
Y	N	NA	Attendance to therapy, from previous evaluation/re-evaluation, is documented	
Y	N	NA	Statement of continued need for skilled therapy services to address remaining functional limitations	
Y	N	NA	Certification Period entered and matches Frequency, Amount, Duration	
Y	N	NA	Tx to be Provided is noted by defined CPT codes	
Y	N	NA	Was the RE POC signed by the physician?	
Progress Notes				Comments
Y	N	NA	PN completed approximately every 30 and 60 days, even without direct treatment	
Y	N	NA	Certification as needed (if used for 90 day PCP signature)	
Y	N	NA	Statement of progress is made - goals updated as needed	
Y	N	NA	Statement of continued need for skilled therapy services to address remaining functional limitations	
Daily Notes				Comments
Does the documentation support skilled services?				
Y	N	NA	Subjective statement documented with additional comments as needed (Avoid using generic statements such as "Tolerated Tx well" alone.)	
Y	N	NA	Communication to the client and family or with other professionals, etc.	
Y	N	NA	STG are addressed with supportive data (Progress/Comments)	
Y	N	NA	Home Exercise Program/Parent Education is defined if given	
Y	N	NA	Purpose of therapeutic activities chosen and clients response to treatment	
Y	N	NA	Cues (tactile, verbal, visual, etc.) and Assistance (MIN, MOD, MAX) are clearly defined or level of independence	
Y	N	NA	Statement of continued need for skilled therapy services to address remaining functional limitations	
Y	N	NA	CPT Codes billed are validated by documentation	
Y	N	NA	No abbreviations	
Y	N	NA	Notes are not repetitive from one session to the next	
Discharge Notes				Comments
Y	N	NA	Summarize the progress of the client in therapy	
Y	N	NA	Current functional status at the time of discharge	
Y	N	NA	Address all goals - progress defined; goals not mastered should have explanation	
Y	N	NA	Discharge Date and reason for Discharge	
Y	N	NA	Recommendations Post Discharge	
Y	N	NA	Referrals noted (only if additional concerns indicated)	
Y	N	NA	Was the D/C note signed by the physician?	

CHART REVIEWED BY: \_\_\_\_\_