

NC Department of Health and Human Services/Division of Public Health
Reproductive Health Branch
Family Planning Program Female Medical Record Audit Tool
FY 2025-2026

Health Department: _____ Date: _____

Reviewers: _____

*Please note, **red** font indicates new language. Items that are stricken through no longer apply.*

The family planning (FP) service site(s) to be visited should make available the following types of medical records for the clinical consultant to review.

- FP Preventative Visit (New adolescent client preferred)
- Postpartum (PP) visit (if available) **or** 1 Annual Preventative Visit if no PP available
- FP Medicaid Problem Visit (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.)
- Self-Pay Problem Visit (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.)
- Negative pregnancy test **(if PT visits are conducted in Family Planning Clinic)**
- Positive pregnancy test (if PT visits are conducted in Family Planning Clinic)
- Male Family Planning Patients (if applicable, see separate male record audit tool).

**** If a pregnancy test result is positive at any type of visit (annual exam, problem visit, pregnancy test only visit), appropriate counseling and referral should be documented in the medical record.**

Agency Preparation for the Medical Record Review

- Medical records should be for visits that occurred on or after July 1st, 2025. All lab results should be in the medical record for review as well. (These items must be complete and available upon arrival of the consultant(s) on the first day of the monitoring site visit).
- The Local Quality Assurance (QA) Team must review six patient records as noted above and in the *table on page 2 for each program service provided.
- Agencies with multiple service sites must include a full set of records meeting the requirements outlined above.
- Place the results of all internal record reviews on one audit form per program/site and provide copies of the completed tools to the consultant.
- Have a completed Corrective Action Plan (CAP) for all out of compliance issues and provide a copy to the consultant.

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*Table for medical record information

Type of female medical records to review	Tables to review in tool	Patient Identifier	Date of Service	Payor Source	Patient Record Number in Audit Tool
1 FP Preventative Visit (New adolescent client preferred)	Tables 1-10				
1 Postpartum visit (if available) or 1 Annual Preventative Visit if no PP available	Tables 1-11 for PP; or 1-10 for annual visit				
1 FP Medicaid Problem Visit (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.)	Table 12 only				
1 Self Pay Problem Visit (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.)	Table 12 only				
1 Negative pregnancy test	Table 13 only				
1 Positive pregnancy test	Table 13 only				

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CODE

✓ = Present

0 = Absent

KEY

(R) Required to offer/recommend

(I) As indicated by history, physical, method, or previous lab test

(*) Data reported in FPAR

(Rec) Recommended

NA = Not Applicable

Visit Type

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1. History (can be found on history or flowsheet)

	1	2	3	4	5	6	7	8	9	10
Patient Medical and Surgical History R										
Allergies R										
Documentation regarding Primary Care Provider R										
Current use of prescription/OTC meds R										
*Use of/exposure to tobacco, electronic nicotine devices, alcohol, and other drugs – patient and/or environment R										
Pertinent family medical history R										
Partner history (i.e., injectable drug use, multiple partners, risk history for STDs and HIV, bisexuality, etc.) R										
Contraceptive use in the past/ (including adverse effects) R										
*Contraceptive Method at Intake R										
* Pregnancy Intention R										
Unprotected intercourse in past 5 days R										
Menstrual History R										
Sexual History and social history R										
Depression screening with modified PHQ-2 questions; if the client responds yes to any of the depression screening questions on the health history, a PHQ-9 or provider assessment is required R										
Screen for Intimate Partner Violence and provide or refer women who screen positive R										
Obstetrical History R										
Gynecological conditions R										
Sexually transmitted infections R										
Pap test history (i.e., date of last pap, abnormal pap, treatment, etc.) R										
For continuing comprehensive visits, evaluation of birth control and opportunity to change methods if indicated R										
*Contraceptive Method at Exit R										
Record Compliant?										

Comments:

2. Review of Systems

1 2 3 4 5 6 7 8 9 10

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Review of Systems R										
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Comments:

3. Physical Assessment

	1	2	3	4	5	6	7	8	9	10
*Height R										
*Weight R										
Body Mass Index (BMI) R										
*Blood pressure evaluation R										
Breast exam I										
Pelvic exam I										
Pap test I										
Thyroid I										
Heart/Lungs/Extremities I										
Abdomen I										
Rectum I										
Record Compliant?										

Comments:

4. Labs

	1	2	3	4	5	6	7	8	9	10
*Gonorrhea I (required if ≤25 of age and as indicated for those 26 and older per IPP guidelines and/or with IUC insertion only if required per CDC STD Screening Guidelines)										
*Chlamydia I (required if ≤25 of age and as indicated for those 26 and older per IPP guidelines and/or with IUC insertion only if required per CDC STD Screening Guidelines)										
*Syphilis serology I (CDC recommends screening those living with HIV, asymptomatic individuals with history of incarceration, transactional sex workers, those living in communities with high prevalence, and individuals based on their reported sexual behaviors and exposure)										
*HIV testing, I (CDC recommends all clients aged 13-64 be screened routinely and all persons seeking evaluation and treatment for STIs be rescreened.)										
Diabetes testing, I (USPSTF recommendation Grade B to screen for prediabetes and type 2 diabetes in adults aged 35 and older who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventative measures.)										
Hepatitis C (HCV) screening (Agency may refer to another agency for testing if warranted by screening. USPSTF recommendation Grade B one-time screening for HCV infection for all individuals 18 to 79 years of age and periodically rescreen those individuals who inject drugs.) I										
Record Compliant?										

Comments:

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5. Immunity Assessment

	1	2	3	4	5	6	7	8	9	10
Immunization history is assessed. R										
The source of immunization history documentation is indicated in the record. R										
Client is offered or a referral is provided for any outstanding age-appropriate immunizations. This is documented in record. R										
Record Compliant?										

Comments:

6. Client-Centered Method Counseling

	1	2	3	4	5	6	7	8	9	10
Results of physical assessment and labs (if performed) I										
*Client centered contraceptive counseling/education provided R										
Provide Emergency Contraception Counseling if pregnancy is not desired I										
Protection from STDs (if a non-barrier method chosen) I										
Warning signs for rare but serious adverse effects and what to do if client experiences a warning sign (including emergency 24-hour number, where to seek emergency services outside of operation) R										
Plan for when to return to the clinic (return scheduled) R										
Appropriate referral for other services I										
Record Compliant?										

Comments:

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7. Client Education and Counseling

The client should receive education and counseling needed to make an informed decision regarding family planning. The following must be documented in the record when applicable:

	1	2	3	4	5	6	7	8	9	10
Adolescents must be told that services are confidential and informed about exceptions to confidentiality, familial involvement is encouraged, and resisting sexual coercion is discussed R for adolescent clients										
Adolescents must be informed about all methods of contraception R for adolescent clients										
Use specific methods of contraception and identify adverse effects I required at the initiation of any contraceptive method										
Reduce risk of transmission of STDs and HIV (based on sexual risk assessment) I										
Promote daily consumption of multi-vitamin (with folic acid) to those who become pregnant I										
Review pregnancy intention I (required annually)										
*Provide counseling to become pregnant and preconception counseling I										
Provide basic infertility counseling I										
Understand BMI greater than 30 and less than 18.5 is associated with increased health risk (weight management educational materials to be provided to clients if requested by client) I										
Stop tobacco or Electronic Nicotine Delivery Systems (ENDS) use, implementing the 5A counseling approach and offer referral to Quitline NC I										
Encourage mammogram for clients in accordance with nationally recognized guidelines the agency has chosen to follow and has incorporated into agency policy/procedure/protocol. I										
Record Compliant?										

Comments:

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8. Consent Forms

	1	2	3	4	5	6	7	8	9	10
General consent form to receive services reviewed, dated & signed by client. General consent must include language that services are provided on a voluntary basis and that receipt of family planning services is not a prerequisite to receiving any other services offered by the site. R										
Method specific consent form dated and signed by client at initial order. A new method specific consent is required for any method change. R										
If "Teach Back" method of consent is used, does the chart have a check box or written statement to document this use in place of method specific consent? R										
Record Compliant?										

Comments:

9. Screening, Diagnosis, Treatment and Follow Up Services

	1	2	3	4	5	6	7	8	9	10
Significant problems identified/documented/discussed with client and referrals made as needed, including referrals to primary or specialty care providers R										
Medications &/or supplies provided as needed; necessary clinical procedures performed, discussed with client, and appropriately addressed R										
Record Compliant?										

Comments:

10. Provider Qualifications**

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

***The appropriate level provider of care on all initial and annual visits for contraceptive methods was a physician, physician extender (nurse practitioner, CNM, or physician assistant) or nurse trained to function in the enhanced role following established program policy. Every third annual assessment or if client requests / requires a method change, client must be seen by a physician or physician extender.*

Comments:

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11. Postpartum Visits (Use this section in addition to tables #1-9 to monitor postpartum visit charts.)

	1	2	3	4	5	6	7	8	9	10
Edinburgh Postnatal Depression Scale or PHQ-9 screening completed, referral if indicated R										
Provide follow-up testing for GDM patient I										
Provide counseling regarding delaying a future pregnancy for 6 months and about the risks vs. benefits of a repeat pregnancy before 18 months R										
Referral to primary care provider (PCP) as indicated R										
Five P's completed, and referral facilitated as indicated R										
Record Compliant?										

Comments:

12. FP Problem Visit (Use this section only to monitor problem visit charts.)

	1	2	3	4	5	6	7	8	9	10
Chief compliant/Problem Identified R										
*Contraceptive Method at Intake R										
*Clinical Assessment (i.e., wt., B/P, exam as indicated) with documentation by provider I										
*Labs as indicated by referral I										
*Assessment of method and of method satisfaction R										
New method consent signed or documentation to support Teach Back method of consent in chart if indicated I										
*Education/Counseling as indicated I										
Referral/Return visit as indicated I										
*Contraceptive Method at Exit R										
Record Compliant?										

Comments:

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13. Pregnancy Test Only Visit (Use this section only to monitor a pregnancy test only chart if pregnancy test only visits are a Family Planning service.)

Please note that documentation of the pregnancy test visit must include all the components of DHHS 4140.

	1	2	3	4	5	6	7	8	9	10
Pregnancy diagnosis and counseling is provided to all clients in need of these services										
Pregnancy diagnosis includes: 1) history 2) pregnancy test 3) physical assessment (if indicated) R										
*Contraceptive Method at Intake R										
*Clients are engaged in a discussion pregnancy intention) R										

(Continues on next page)

12. Pregnancy Test Only Visit Continued

	1	2	3	4	5	6	7	8	9	10
Clients with a positive pregnancy test are offered neutral, factual information and nondirective options information, on all options about which the client wants to hear, (prenatal care and delivery, infant care, foster care or adoption, and pregnancy termination), This information can be provided by family planning nurses, physicians, or advanced practice providers. R										
Clients with a positive pregnancy test may also request, and then should receive, a referral for either prenatal care and delivery, infant care, foster care or adoption, or pregnancy termination. For pregnancy termination the referral could include written information including a provider list with the name, address, telephone number, what services they offer, and other relevant factual information. No further action should be taken regarding a referral for pregnancy termination (such as making an appointment, providing transportation) to secure pregnancy termination services for the patient. Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition (such as where the woman's life would be endangered by continuing the pregnancy or the condition of the fetus), such a referral is not prohibited and is required. Referrals for non-termination may be provided per current agency policy/protocol. R										
Clients with a positive test and electing to continue their pregnancy are provided information on good health practices during early pregnancy (e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays) R										
Clients with a positive pregnancy test are advised on the signs/symptoms of an ectopic pregnancy R										
Clients with a positive pregnancy test are assessed regarding their social support. R										
Presumptive Eligibility is completed for clients with a positive pregnancy test who are not already Medicaid beneficiaries.										
Clients with a negative test who wish to become pregnant are provided counseling to become pregnant and preconception counseling and are given information about the availability of infertility services, as appropriate I										
*Contraceptive Method at Exit R										
*Clients with a negative test who do not desire pregnancy are offered Emergency Contraception (if they have had unprotected intercourse in the past five days) and are scheduled for follow-up in Family Planning clinic I										
Record Compliant?										

Comments: