

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

Health Department: _____ Date: _____

Reviewers: _____

Please note, red font indicates new language.

If your agency sees male clients, please review at least one preventive visit and one problem visit. For the problem visit, use Table 10.

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

Patient Identifier

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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 Method at Intake R										
* Pregnancy Intention R										
Unprotected intercourse in the past 5 days R										
Sexual History (* Sexual Orientation) and social history R										
Depression screening with modified PHQ-2 questions; if the client responds yes to any of the depression screening questions on health history, a PHQ-9 or provider assessment is required. R										
Sexually transmitted infections R										
* Contraceptive Method at Exit R										
Record Compliant?										

Comments:

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2. Review of Systems

	1	2	3	4	5	6	7	8	9	10
Review of Systems R										

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										
Genital Exam 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										
*Chlamydia I										
*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 age appropriate age-appropriate immunization services is documented in record. R										
Record Compliant?										

Comments:

6. Client Education

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 initiation of any contraceptive method)										
Based on sexual risk assessment, reduce risk of transmission of STDs and HIV I										
Review pregnancy intention I (required annually)										
Understands BMI greater than 30 and less than 18.5 is associated with increased health risk (educational materials 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										
*Provide counseling to become pregnant and preconception counseling I										
Provide basic infertility counseling if indicated I										
Record Compliant?										

Comments:

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7. 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 events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) (required at initiation of contraceptive method)										
Plan for when to return to the clinic (return scheduled) R										
Appropriate referral for other services I										
Record Compliant?										

Comments:

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, and referrals made as needed. R										
Problems, conditions & abnormal findings discussed with client, and appropriately addressed. R										
Record Compliant?										

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10. Problem Visit (Use this section only to monitor a problem visit chart)

	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 (Ht/Wt/BP R)										
*Labs as indicated and by referral I										
Assessment of method and of method satisfaction R										
*Education/Counseling as indicated I										
Referral/Return visit as indicated I										
*Contraceptive Method at Exit R										
Record Compliant?										

Comments: