

COMPREHENSIVE RISK COUNSELING & SERVICES

**Review of Client Record Checklist (Required)**

Reviewer \_\_\_\_\_

Date of review \_\_\_/\_\_\_/20\_\_\_

CRCS Specialist \_\_\_\_\_

Chart Number: \_\_\_\_\_

Current Stage of CRCS: Engagement (first 3 sessions): \_\_\_ Enrollment (4 or more): \_\_\_\_\_

Discharge: Graduation \_\_\_ Left Program/Dropped \_\_\_ Reason (i.e. moved, unable to locate, incarcerated, hospitalized, etc) \_\_\_\_\_

1. Completeness of Record	Yes	No	N/A
Client Identification listed on all records			
Voluntary informed consent and notice of confidentiality, signed and dated			
Release of information forms are signed appropriately			
Client contact information included			
HIV result (required of HIV positive)			
Other lab result(s)			
Referral (s) made are documented (including prevention counseling for HIV-negative)			
Confirmation of referral(s) are documented			
Screening (started by session 4)			
Behavioral Assessment (started by session 4)			
Behavioral Re-assessment (3 or 6 months; discharge)			
Logic Model (started by session 4)			
Client Centered Risk Reduction Plan (started by session 4)			
Discharge reviewed & signed by supervisor			

2. Behavioral Assessment (started by session 4)	Missing	1	2	3	N/A
HIV risk behaviors					
STD/STI screening and treatment					
Substance and alcohol use/ abuse					
Disclosure or partner notification (HIV + clients only)					
Adherence to medical care (HIV + clients only)					
Psychosocial Issues					
<b>Overall Quality of Documentation of Assessment: (1=room for improvement; 2=satisfactory; 3=very good)</b>					

3. Logic Model (started by session 4)	Missing	1	2	3	N/A
Problem Statement/ Risk Behavior					
Factors Influencing Behaviors					
Activities					
Immediate Outcomes					
Intermediate Outcomes					
<b>Overall Quality of Logic Model Documentation: (1=room for improvement; 2=satisfactory; 3=very good)</b>					

4. Quality of Risk Reduction Counseling Notes	Missing	1	2	3	N/A
Client's perception of risk: sex /drug use					
Recent risk/ recent risk incident					
Pattern of risk behavior/ risk triggers					
Past attempts at risk-reduction					
Sources of social support were solicited (including referrals)					

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<b>4. Quality of Risk Reduction Counseling Notes (cont.)</b>	<b>Missing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>
Relapse Prevention Plan (not limited to addiction)					
Relapse Plan (what will client do if they relapse)					
Discharge Summary (including attempts to follow-up missed app'ts)					
Meeting Schedules (weekly, monthly, quarterly etc. plans to meet client)					
Homework					
Notes in file include type of activity, CRCS signature, date					
Notes are legible					
Any new sex/ needle sharing partners discussed; offered partner services					
<b>Overall Quality of Risk Reduction Counseling Notes: (1=room for improvement; 2=satisfactory; 3=very good)</b>					

<b>5. Quality of Risk-Reduction Plan(s) (started by session 4)</b>	<b>Missing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>
Addresses behavior(s) related to HIV/STD/HCV risk					
Relates to client's specific risk circumstances					
Long Term Behavioral Goals are listed					
Short Term Behavioral Objectives are *SMART					
Risk Reduction Action Steps are *SMART					
Evidence that the client was offered a written copy of plan					
Risk Reduction Plan signed by client and CRCS					
Evidence that the plan reviewed and revised periodically					
Clear connection between risk reduction step(s) & behavior change goal					
<b>Overall Quality of Risk Reduction Plan: (1=room for improvement; 2=satisfactory; 3=very good)</b>					

\*SMART=Specific, Measurable, Appropriate, Realistic, Time-Based

**Reviewer Comments**

- 1. Comments on any items missing or incompletely documented:**
  
- 2. Adequacy of the counseling notes:**
  
- 3. Quality of the risk-reduction plan(s):**
  
- 4. Strengths of the documentation:**
  
- 5. Areas requiring development or improvement:**
  
- 6. Additional comments:**

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_