

County of San Bernardino Department of Behavioral Health

CLINIC SUPERVISOR CHART AUDITS

CLINIC: _____ MONTH/YEAR _____

INTAKE PERIOD AUDITS

Chart Number	% Standards Met	Primary Clinician		Chart Number	% Standards Met	Primary Clinician

ANNUAL POINT AUDITS

Chart Number	% Standards Met	Primary Clinician		Chart Number	% Standards Met	Primary Clinician

**Quality of Care Concerns Noted and
Actions Taken:**

Clinic Supervisor or Clinical Therapist II Signature

Date