SCORING TOOL
MASSAGE THERAPY

Initial_____ CRQIP_____ Monthly Audit_____

Provider Name		**Reviewer Name**	
Dates Reviewed		**Date of Review**	

Points for each item follow each component. Compliance may be graded as full, partial, or 0 points.

Identification

	Available Points	Points Awarded	Scoring Comments (limit of 70 characters per field)
Patient* Name	1		
Patient Unique ID or DOB	1		
Provider Name	1		
Provider Address	1		
Provider Phone	1		
Every page	3		
Dates of Treatment	2		
Signature	3		
Score	***13***		

Clinical Information

	Available Points	Points Awarded	Scoring Comments
Informed Consent	5		
Patient Chief Complaint(s)/ Comments	3		
Interval changes	3		
Findings	3		
Treatments & Procedures	3		
Return/Follow-up information/Plan	3		
Score	***20***		

Clerical

	Available Points	Points Awarded	Scoring Comments
Legibility	3		
Is there sufficient space to note the required information?	1		
Score	***4***		

Final Score	***37***		
***Final Percentage:* a passing score is at or above 65%**	***100%***		

*For CHP purposes all members are referred to as "patient" rather than client.