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**Assessing Outcomes of Integrated Care for Long-term
Neurological Conditions**

Proforma – Care Record Audit

Date checklist used:

Review number:

Has the outcome checklist been used?

Which team members contributed to the use of the outcome checklist?

How often is it being used? Does this comply with what was planned?

How have they recorded that it has been used? What types of things are recorded? Does this comply with what was planned?

What level of detail have staff recorded?

What actions have resulted from using the outcome checklist?

Is there any evidence of change in practice as a result of using the outcome checklist?

Is there any evidence of any difficulties/problems using the outcome checklist in practice?

Is there any evidence of referral to, or co-ordination with, other services/professionals?

Name of researcher:

Date of audit: