Klarstig

Healthcare & Wellness Closing Checklist

Work through the checks for the activity and record exceptions. Mark a step complete only when its required evidence is available.

Contact and reference

Organization using this document

Your name or contact reference *

Email for a reply if needed

Information for this document

Date of checks *

Person performing checks *

Access permissions reviewed *

- ☐ Complete
- ☐ Pending
- ☐ Not applicable

Equipment and supplies checked *

- ☐ Complete
- ☐ Pending
- ☐ Not applicable

Required information shared with the team *

- ☐ Complete
- ☐ Pending
- ☐ Not applicable

Records and handover updated *

- ☐ Complete
- ☐ Pending
- ☐ Not applicable

Unfinished items and exceptions

Follow up owner and due date

Specific details

Site or service being closed and closing time

Complete when relevant to this request.

Cash records access and equipment requiring final checks

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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