FRANCHISE CLINIC AUDIT & COMPLIANCE REVIEW FORM

Confidential – Internal Use Only
This audit form is intended to ensure alignment with Aylara Pelvic Health brand standards, operational excellence, clinical quality expectations, and franchise compliance requirements.

SECTION 1: AUDIT INFORMATION

Item	Details
Clinic Location	
Franchise Owner	
Clinic Director	
Audit Date	
Auditor Name	
Audit Type	☐ Scheduled ☐ Surprise ☐ Follow-Up ☐ Pre-Opening
Audit Period Reviewed	
Previous Audit Score	
Current Audit Score	

SECTION 2: SCORING SYSTEM

Score	Definition
5	Exceptional / Exceeds Standards
4	Fully Meets Standards

3	Minor Deficiencies
2	Significant Deficiencies
1	Major Non-Compliance
N/A	Not Applicable

SECTION 3: BRAND & PATIENT EXPERIENCE

3.1 Brand Standards

Item	Score	Notes
Proper logo usage		
Approved colors/fonts/signage		
Consistent Aylara messaging		
No unauthorized branding/materials		
Website/social media compliance		

Comments:

3.2 Patient Experience

Item	Score	Notes
Front desk professionalism		
Warm patient greeting process		

Wait times managed appropriately		
Clinic atmosphere reflects Aylara standards		
Privacy and emotional safety maintained		
Overall patient experience quality		

Comments:

SECTION 4: CLINICAL OPERATIONS

4.1 Clinical Quality

Item	Score	Notes
Evidence-based care delivery		
Documentation quality		
Treatment plans individualized		
Appropriate patient education		
Outcome tracking utilized		
Clinical professionalism		

Comments:

4.2 Scope of Practice Compliance

Item	Score	Notes
Only approved services offered		
No prohibited modalities/services		
Licenses current and visible		
Clinical credentials verified		

Comments:

SECTION 5: FACILITY & ENVIRONMENT

5.1 Physical Clinic Standards

Item	Score	Notes
Cleanliness		
Organization		
Equipment condition		
Safety compliance		
Treatment room standards		
ADA accessibility		
Brand presentation		

Comments:

5.2 Operational Readiness

Item	Score	Notes
Opening/closing procedures followed		
Supplies adequately stocked		
Emergency procedures accessible		
HIPAA compliance visible		
Incident logs maintained		

Comments:

SECTION 6: TEAM & CULTURE

6.1 Staffing & Training

Item	Score	Notes
Required staffing levels met		
Team onboarding completed		
Ongoing training documented		
Staff appearance professional		
Scheduling appropriately managed		

Comments:

6.2 Aylara Core Values Alignment

Value	Score	Notes
Have Faith		
Show Love		
Pursue Growth		
Create Safety		
Be Transparent		

Comments:

SECTION 7: MARKETING & COMMUNITY PRESENCE

Item	Score	Notes
Marketing materials approved		
Social media compliant		
Referral relationships maintained		
Reputation management active		
Community outreach aligned with brand		

Comments:

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SECTION 8: FINANCIAL & ADMINISTRATIVE COMPLIANCE

Item	Score	Notes
Billing compliance		
Insurance procedures followed		
Financial reporting timely		
Payroll compliance		
Required KPIs submitted		
Royalty/payment obligations current		

Comments:

SECTION 9: SYSTEMS & TECHNOLOGY

Item	Score	Notes
Approved EMR utilized		
HIPAA/security standards followed		
Communication systems operational		
Required software current		
User access properly managed		

Comments:

SECTION 10: LEGAL & COMPLIANCE

Item	Score	Notes
HIPAA compliance		
OSHA compliance		
Licensure compliance		
Required insurance active		
Incident reporting procedures followed		
Franchise agreement compliance		

Comments:

SECTION 11: OVERALL PERFORMANCE SUMMARY

Audit Category Scores

Category	Score
Brand & Experience	
Clinical Operations	
Facility Standards	

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Team & Culture

Marketing

Financial Compliance

Systems & Technology

Legal & Compliance

SECTION 12: REQUIRED CORRECTIVE ACTIONS

Issue Identified	Severity	Corrective Action Required	Due Date
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		

SECTION 13: AUDIT RESULT

Result	Selection
Pass	☐
Pass with Corrective Actions	☐
Conditional Compliance	☐
Probationary Status	☐

Major Breach / Escalation Required ☐

SECTION 14: SIGNATURES

Auditor Signature

Name: _____
Signature: _____
Date: _____

Franchise Owner Acknowledgement

Name: _____
Signature: _____
Date: _____

SECTION 15: FOLLOW-UP REVIEW

Item	Details
Follow-Up Required	☐ Yes ☐ No
Follow-Up Audit Date	
Responsible Party	

Recommended Audit Cadence

Audit Type	Frequency
Full Operational Audit	Quarterly

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Brand & Marketing Audit	Biannually
Financial Audit	Quarterly
Clinical Documentation Review	Monthly
Surprise Spot Audit	As Needed