CORONARY ARTERY DISEASE COLLABORATIVE FLOW SHEET/ ENCOUNTER FORM



PAS	PAST HISTORY						◆ PATIENT NAME					
ALCOHOL OVERUSE ARRHYTHMIA:ATRIAL FIB					☐ ARRHYTHMIA: OTHER ☐ CARDIOMYOPATHY		◆ HSN # (OR OTHER UNIQUE PATIENT					
				DEPRESSION LIVER DYSFUNCTION RENAL DYSFUNCTION VALVULAR HD					E Female	Undifferentiated		
HYPERTENSION □ LIPID ABNORM □ OBESITY □ PERIPH. VASC □ STROKE/TIA			H. VASC. DIS.			◆ PHONE (INCLUDE AREA CC		DDE) + E	◆ BIRTHDATE (DD-MMM-YYYY)			
						CHART NUMBER		PRACTI	PRACTICE NAME			
				PCI/Stent, date: CABG, date:		♦ PROVIDER NAME		PROVIDER ID # (MSP #)				
MI, year of dx:						FRAMI	INGHAM RISK SC	ORE	DRE			
DIAGNOSTIC/ CLINICAL DATA, BY DATE REVIEW += MANDATORY FIELDS					MO	ST RECE	NT DA	ТА	NEW DA	W DATA √= RECALL TE OF VISIT:		
3 TO 6 MONTHS	CAL FUS	URGENT CARE for CAD ER/hospitalizations since last planned visit							□ None	(enter # of urge	nt visits)	
	CLINICAL STATUS	SYMPTOMS STABLE angina, palpitations, shortness of breath, swelling, dizziness							□ STABLE □ NOT STABLE □ angina □palp. □ SOB □ swelling □ diz			
	HTN	◆ BLOOD PRESSURE TARGET <140/90 OR (≤ 130/80 with renal disease ± diabetes)							ENTER VALUE DATE OF TEST			
	LIFESTYLE	TARGET BODY MASS INDEX (BMI) 18.5 – 24.9 Height: Enter weight (LBS or KG)							□LBS □KG			
		♦ SMOKING										
		AEROBIC EXERCISE > 30 minutes most days, moderate intensity							□ YES		□ N/A	
		OTHER LIFESTYLE FACTORS Stress, diet, alcohol								WED		
	MEDICATIONS	◆ ANTI-PLATELET/ANTICOAGULANTS							□ YES: [□ NO: □] ASA □PL CI □ NT □ \$ [AVIX] RF 🗌 DA 🗌 IA	
		◆ ACE OR ARB							□ YES □ NO: □	CI 🗌 NT 🗌 \$ [] RF 🗌 DA 🗌 IA	
		♦ STATIN							□ YES □ NO: □	CI 🗌 NT 🗌 \$ [] RF 🗌 DA 🗌 IA	
		♦ BETA-BLOCKER							□ YES □ NO: □	CI 🗌 NT 🗌 \$ [] RF 🗌 DA 🗌 IA	
		GENERAL REVIEW AND ADJUST PRN									DJUSTED	
	DYSLIPIDEMIA	Fasting lipid profile	LDL Target < 2.5 mmol/L						ENTER V DATE OF			
			◆RATIO (TOTAL CHOL/HDL)	TOTAL CHOL					ENTER V DATE OF			
			TARGET RATIO < 4.0	HDL					ENTER V DATE OF			
ANNUALLY	OTHER	ASSESS & DISCUSS SELF- MANAGEMENT GOALS								WED		
		♦ REFERRAL TO CARDIAC REHAB OR OTHER EDUCATION/EXERCISE PGM							□ YES □ NO: □		🗆 RF 🗌 DA 🗌 IA	
$\overline{CI - cc}$	ontraindi	icated	NT – not tolera	ated \$ – finan	cial barrier R	F – patient	refused	NP – no prog	ram availat	le TRP-tr	ansportation barrier	

FOR COMMENTS SEE NEXT PAGE

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COLLABORATIVE FLOW SHEET/ ENCOUNTER FORM



◆ PATIENT NAME										
♦ HSN # (OR OTHER UNIQUE		◆ GENDER □ Male □ Female □ Undifferentiated								
♦ PHONE (INCLUDE AREA CI	ODE)	◆ BIRTHDATE (DD-MMM-YYYY)								
CHART NUMBER	AME									
◆ PROVIDER NAME			PROVIDER ID # (MSP #)							

COMMENTS