**Patient Identification Number (Unique Patient ID#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Service Provided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By RPH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Care Plan Submission ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardiovascular Practice Transformation program (CPT)**

* Baseline Submission: I am submitting a brand new patient I will be monitoring.
* Resubmission: I am submitting updated data on a previous submission.

**\*\*Only necessary to be completed on the Baseline/Initial submission**

**Gender**:  Male  Female  Other  Transgender

**Race:**  Caucasian  Asian  Black  Hispanic  Multiracial

Native American or Pacific Islander  No response Unknown  Other

**Ethnicity:**  Hispanic  Non-Hispanic  No response  Unknown

**Insurance (Primary):**  Medicaid  Medicare  Commercial  Uninsured  Other

**Were any social determinants of health screened for during the visit?**

 Yes  No  It was offered but the patient declined participation

* If yes, please check all true answers:

 None found  Food  Transportation  Housing  Safety (physical or emotional  Other

**Was a referral made or assistance provided to the patient for a social determinant issue identified above?**

 Screened, Referral made  Screened, No referral made  Screened, Patient plans to self-resolve

**Does patient use tobacco currently?**  Yes  No

**Disease states for which the patient is currently being treated:**  Hypertension High Cholesterol Diabetes

* If HTN, provide recent blood pressure reading: \_\_\_\_\_\_/\_\_\_\_\_\_ Date of reading: \_\_\_\_\_\_\_\_\_\_\_

 Measured  Reported Is BP at goal?  Yes  No

Is patient enrolled in Self Management of Blood Pressure (SMBP)?  Yes  No

* If Diabetes, provide recent A1c reading: \_\_\_\_\_\_/\_\_\_\_\_\_ Date of reading: \_\_\_\_\_\_\_\_\_\_\_

 Measured  Reported Is A1c at goal?  Yes  No

* Is the patient taking a statin?  Yes  No
* If not, why?  Not indicated/needed  Pt tried & failed  Unsure at this time  Prescriber unresponsive to request to initiate
* Is patient’s cholesterol at goal? (ex: goal LDL per prescriber)  Yes  No  Unknown
* Date of last lipid reading \_\_\_\_\_\_\_\_\_\_\_\_ TC \_\_\_\_\_ HDL \_\_\_\_\_ LDL\_\_\_\_\_\_
* If not at goal, is the patient adherent to medication therapy?  Yes  No
* Is patient enrolled in MedSync?  Yes  No
* # of Chronic Medications patient is taking monthly \_\_\_\_\_\_\_\_\_\_\_\_\_
* Was a Medication Therapy Problem (MTP) identified during the visit? (Note: if the patient is not at goal for BP, A1c, cholesterol, etc. that is considered a MTP and an intervention should be made to attempt to improve their outcomes.)  Yes  No