



HYPERTENSION/CVD/CKD PREVENTION COLLABORATIVE FLOW SHEET ENCOUNTER FORM

◆ = MANDATORY FIELDS

Patient information fields including Patient Name, Health #, Date of Visit, Birthdate, Gender, Phone, Chart Number, Practice Team ID, Provider ID, Date of Diagnosis, and Diagnoses (Cardiovascular Disease, Diabetes, Hypertension, Kidney Disease, Other).

PATIENT ENCOUNTERS, DIAGNOSTIC/CLINICAL DATA, BY DATE REVIEW

✓ = RECALL

Main data table with columns: BP & SLEF MANAGEMENT, MEDICATIONS/EFFECTS/TESTS, RISKS, MOST RECENT DATA, and NEW DATA. Rows include BP (Seated) - Target, Smoking - Y/N, Salt Intake, Diuretic - First Choice, Beta Blocker, ACE/ARB, Fasting Glucose, Lipid Ratio (TC/HDL), LDL-C, Triglycerides, and Ten-year CAD Risk.

- REMINDEES
• Explain the consequences of Hypertension
• Review medications & adverse effects
• Call Quit Now by Phone Helpline, toll free in BC: 1-877-455-2233
• Refer to guideline & patient resource sheet
• Set goals with patient:
 - Weight loss & exercise
 - Avoid excessive alcohol
 - Smoking cessation plan
 - Salt intake & diet (1-800-667-3438 or www.dialadietitian.org)

COMMENTS - Clinical Evaluation: consider end organ damage - eyes, heart/circulation, kidneys.

Large empty box for patient or provider comments.