

## Appendix 4.3

# Family Physician Information Sheet

CHAP is currently operating in **name of community** and is a community-based program involving cardiovascular disease and stroke risk factor assessment including blood pressure measurement, with customizable reports sent directly to family physicians. CHAP targets older adults in **name of community** who are at high-risk for future cardiovascular disease and stroke. **The success of CHAP is based on the involvement of local family physicians.**

There are several options for inviting patients. Based on previous CHAP research in other communities ([www.chaprogram.ca](http://www.chaprogram.ca)), personalized invitation letters from family physicians is the most effective method to reach a significant number of older adults in community-based primary prevention programs. We recommend choosing to use personalized letters and using additional methods if desired. A list of previous CHAP participants identified as high risk and patients of your practice will be sent to you. The Local CHAP Coordinator will follow up with you to discuss your needs in more detail.

### OPTIONS FOR PATIENT INVITATION

#### **OPTION 1: Personalized Invitation letters, signed by the family physician**

Family physicians and their office staff will generate a list of patients to be invited to CHAP sessions that are considered high risk for cardiovascular disease or stroke. A CHAP session schedule will be sent with the letters. This is the recommended option for patient invitation.

#### **OPTION 2: Community-wide advertising**

A schedule of sessions will be publicized in local media and newsletters, and posted in physicians' offices, local pharmacies, and public buildings.

**Please visit [www.chaprogram.ca](http://www.chaprogram.ca) for more information**

*CHAP is an initiative of the Department of Family Medicine, McMaster University; the Élisabeth Bruyère Research Institute, a University of Ottawa and Bruyère Continuing Care Partnership; the Department of Family Medicine, University of British Columbia; and the Team for Individualizing Pharmacotherapy in Primary Care for Seniors*