

Appendix 7.4

Instructions for Completing Risk Profile Recording Form

Clinforma Toll-Free Fax Number: 1-800-858-6804

- Only use the supplied ORIGINAL PDF printed form
 - Never photocopy blank forms** – the four-corner black recognition boxes and the top left and bottom right block form Ids must be PRECISE
- Fix mistakes with Wite-Out® or by totally erasing
- PROMPTLY fax completed forms to the toll-free number
- Only fax in forms that are completed fully
- Fax in BATCHES of at most 10 pages
- Over 10 can double-feed, which loses pages
- Unless due to a fax transmission error, do NOT fax pages more than once
- Do NOT include cover pages in your fax transmission

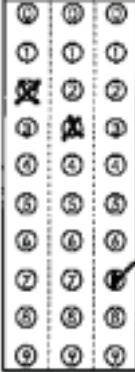
Tips for completing Data Forms

1	Only use BLACK pen or fine tip Sharpie	Marks in blue or red do not fax well
	☺	☹
	BLACK 0123	BLUE 0123 RED 0123
2	CLEARLY print all information in UPPER CASE format using ONE character per square	
	Acceptable print format: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9	Ensure your printed text is centred in each square
	☺	☹
	L Y N N	M A V I S
	2 2 7 1 - 4 9 6 - 5 3 1	7 6 2 8 - 7 6 6 - 5 1 6
	C H A P E S K I E	V A N D E R V I N N E
		M E W K L F A G A N
		First Name C A O T L D E

Continued on reverse side.

CHAP

Cardiovascular Health Awareness Program
Programme de sensibilisation à la santé cardiovasculaire

3	Wholly FILL each bubble	Don't tick off, check off, stroke out or circle bubbles
	☺	☹
	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

Clinforma Risk Profile Form Checklist

CHAP Risk Profile Recording Form

I have clearly and legibly recorded . . .

- the correct Session Pharmacy ID **at the top right and bottom left corners** of the page using the correct format (2-digit, 2-letter) e.g. (54:RT)
- the Session Pharmacy ID at the top right and bottom left corners **are identical**
- the Today's Date recorded in the Office Use Only section is the correct date registered to the Session Pharmacy ID at the top right and bottom left corners

Participant Information Section

- I have clearly and legibly recorded . . .
- the participant's Last Name
- the participant's given First Name (not a nickname or abbreviation)
- the participant's date of birth using the correct format: (4-digit year, 3-letter month, 2-digit day) (1999-APR-08)
- ONE response for Sex, Physician and Pharmacy Consent and Cuff Size
- the participant's postal code using the correct format e.g. L5V7Q2 (if the postal code is unknown or it's a zip code enter Q8Q8Q8)
- Blood Pressure & Pulse Rate

Cardiovascular Disease & Stroke Risk Profile Section

I have clearly and legibly recorded . . .

- ONE response per question if the participant has not completed the questions in the past **one** year
- One value for height and one value for weight

Office Use Only Section

I have clearly and legibly recorded . . .

- Today's date (**date of registered pharmacy session**) using the correct format (4-digit year, 3-letter month, 2-digit day) (2009-NOV-20)
- the participant's date of birth using the correct format: (4-digit year, 3-letter month, 2-digit day) (1999-APR-08)
- the correct Family MD ID using the correct format: (3-letter, 3-digit) e.g. (NPR:123)
- the Family MD ID correctly reflects the MD Last Name recorded in the Participant Information section
- the correct Regular Pharmacy ID using the correct format: (2-digit, 2-letter) e.g. (88:QQ)
- the correct First 4 Letters of the PARTICIPANT'S Last Name and have checked that it matches the first 4 letters of the recorded participant last name in the Participant Information section at top