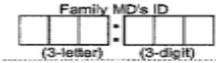
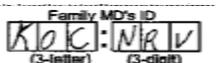
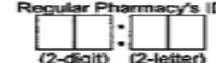


## Appendix 7.4

### Instructions for Completing Risk Profile Recording Form

This guide is intended to help CHAP Local Coordinators navigate the Clinforma database and reduce the overall number of errors in the system.

| Data Checkup<br>Type of Data Error   | Troubleshooting  |  |
|--|--|--|
| <b>01: Improper Session Pharmacy ID (at top)</b>   | <ol style="list-style-type: none"> <li>1. Check to see whether ID is handwritten at the top right corner of the form</li> <li>2. If Pharmacy ID is present at the top right corner, check order of letters and digits is correct Pharmacy ID is: (2-digit) followed by (2-letter)</li> <li>3. If Pharmacy ID is present at the top right corner, ensure the session date has been registered on the web</li> <li>4. If top right is blank, check the bottom left corner to see whether the Pharmacy ID is indicated. If so, copy the Pharmacy ID to the top right corner</li> <li>5. The Session Pharmacy ID at the top right and bottom left <b>must never be blank</b>. All sessions are held at Registered Pharmacies and therefore must have a Pharmacy ID code</li> <li>6. The Session Pharmacy ID at the top right and bottom left <b>must always match</b></li> <li>7. <b>You cannot enter</b> 88:QQ (Another Pharmacy) or 99:NN (No Regular Pharmacy) as Session Pharmacy IDs in the top right or bottom left corners</li> </ol> |  |
| <b>02: Improper Session Pharmacy ID (at bottom)</b>  | <i>Same as above in reverse order</i>  |  |
|  | ☺  | ☹  |
| Must have <b>COMPLETE</b> and <b>MATCHING</b> Session Pharmacy ID at top right and bottom left corners | Session Pharmacy ID<br>   | Session Pharmacy ID<br> |
| <b>03: Improper Today's Date (office use box)</b>  | <ol style="list-style-type: none"> <li>1. Ensure "Today's date" is clearly printed on the form in the correct format (4-digit year, 3-letter month, 2-digit day)</li> <li>2. Ensure the "Today's Date" on the form matches the registered pharmacy session date on the web</li> <li>3. Check the Session Pharmacy ID at the top right and bottom left corner is the correct Pharmacy ID for that date</li> <li>4. Do not leave blank</li> </ol>  |  |
| <b>04: Improper Pt's Birthdate (office use box)</b>  | <ol style="list-style-type: none"> <li>1. Ensure participant's birth date is clearly printed on the form in the correct format (4-digit year, 3-letter month, 2-digit day)</li> <li>2. Check to see that participant's birth date is IDENTICALLY recorded in two places: Participant Information (top right) and the Office Use Only (bottom left)</li> <li>3. Do not leave any part of the birth date blank as it is required to generate a patient ID</li> </ol>   |  |
|  | ☺  |  |
| Do not leave any part of the birth date blank  |    |  |

|   |   |
|---|---|
| <b>05: Improper Family MD's ID (office use box)</b>                 | <ol style="list-style-type: none"> <li>1. Enter the correct format for the MD's ID: (3-letter) followed by (3-digit)</li> <li>2. Do not leave blank</li> <li>3. If the participant does not have a Family MD enter NNN:999</li> <li>4. If the participant sees a Family MD that is not registered on the physicians list, enter QQQ:888</li> <li>5. Ensure the MD ID correctly matches the Family MD's Last Name in the Participant Information section at top</li> <li>6. Ensure the correct spelling of the MD's Last Name in the Participant Information section at top</li> </ol> |
| <b>Do not leave blank</b>   |   |
| Incorrect format  |   |
| <b>06: Improper Regular Pharmacy's ID (office use box)</b>          | <ol style="list-style-type: none"> <li>1. Enter the correct format for the Pharmacy's ID: (2-digit) followed by (2-letter)</li> <li>2. Do not leave blank</li> <li>3. If the participant does not have a regular pharmacy enter 99:NN</li> <li>4. If the participant attends a pharmacy that is not registered on the Pharmacy tab, enter QQ:88</li> </ol>  |
| <b>Do not leave blank</b>   |    |
| <b>07: Improper Pt's Last Name (1st 4 letters) (office use box)</b> | <ol style="list-style-type: none"> <li>1. Check to see that Last Name has been correctly spelled and legibly recorded at the top of the form</li> <li>2. Check that the first four letters of the participant last name have been correctly and legibly recorded at the bottom of the form</li> <li>3. If both are correct, check to see whether Clinforma has recognized the characters accurately and make appropriate changes</li> </ol>   |
| <b>08: Improper Pt's Web Access ID (office use box)</b>             | <i>Leave blank and ignore errors</i>  |
| <b>09: Improper Last Name (participant info)</b>                    | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors (eg. numbers in name) and correct spelling</li> </ol>  |
| <b>10: Improper First Name (participant info)</b>                   | <i>Same as above.</i>   |
| <b>11: Improper Date of Birth (participant info)</b>                | <ol style="list-style-type: none"> <li>1. Ensure participant's birth date is clearly printed on the form in the correct format (4-digit year, 3-letter month, 2-digit day)</li> <li>2. Ensure participant's birth date is IDENTICALLY recorded in two places: Participant Information (top right) and the Office Use Only (bottom left)</li> <li>3. Do not leave any part of the birth date blank <u>as it is required to generate a patient ID</u></li> </ol>  |
| <b>Cannot have 3-digit in month field</b>                           | <ol style="list-style-type: none"> <li>1. Ensure there is only ONE clearly marked response</li> <li>2. Do not leave blank</li> <li>3. If no sex is entered, see if you can determine sex by looking at the patient's first name</li> </ol>  |

|  |   |
|--|---|
| <b>12: Improper Sex (participant info)</b>   | <ol style="list-style-type: none"> <li>1. Ensure there is only ONE clearly marked response</li> <li>2. Do not leave blank</li> <li>3. If no sex is entered, see if you can determine sex by looking at the patient's first name</li> </ol>  |
| <b>13: Improper Postal Code (participant info)</b>   | <ol style="list-style-type: none"> <li>1. CLEARLY print the correct format for postal code</li> <li>2. Do not leave blank</li> <li>3. For unknown postal codes or zip codes, enter Q8Q8Q8 for an unknown postal code</li> </ol>   |
|  | ☹   |
| Incorrect format   | Postal Code <input type="text" value="N4S N54"/>  |
| Incomplete postal code   | Postal Code <input type="text" value="M4S      "/>  |
| <b>14: Improper Family MD's Last Name (participant info)</b>   | <ol style="list-style-type: none"> <li>1. Enter only the MD Last Name</li> <li>2. Do not enter any first initials or first names</li> <li>3. Ensure the MD Last Name is correctly spelled and legibly recorded</li> <li>4. Ensure the MD Last Name matches the MD ID in the office use section</li> </ol> |
|  | ☹   |
| Do not enter "Dr." or their first initial or first name  | Family MD's Last Name <input type="text" value="DR. MCNEILLY"/>   |
|  | Family MD's Last Name <input type="text" value="GENFEY (G doubled)"/>   |
| Do not enter a code into the Family MD Last Name   | Family MD's Last Name <input type="text" value="N N N 9 9 9"/>  |
| Do not cross out or write anything other than a MD Last Name. If there is no Family MD, leave blank. | <input type="text" value="NO FAMILY MD"/>   |
| <b>15: Improper Consent for family physician (participant info)</b>                                  | <ol style="list-style-type: none"> <li>1. Ensure there is only ONE clearly marked response</li> <li>2. Use Wite-Out® to erase any errors</li> <li>3. Do not leave blank</li> <li>4. If blank, check NO box to indicate "no consent"</li> </ol>  |
|  | ☹   |
| Ensure there is only ONE clearly marked response   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>16: Improper Consent for regular pharmacist (participant info)</b>                                | <i>Same as above</i>  |
| <b>17: Improper Systolic BP</b>  | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors</li> <li>2. Do not leave blank</li> </ol>  |
| <b>18: Improper Diastolic BP</b>   | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors</li> <li>2. Do not leave blank</li> </ol>  |



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|  |  |
|--|--|
| <b>19: Improper Pulse Rate</b>                                   | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors</li> <li>2. Do not leave blank</li> </ol>   |
| <b>20: Improper Height (risk profile)</b>                        | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors</li> <li>2. Check that only ONE height (in feet OR inches) is recorded, not both</li> <li>3. If both are recorded, erase or delete one</li> <li>4. If the visit is a repeat visit you may leave blank, otherwise do not leave blank</li> </ol>  |
| <b>21: Improper Weight (risk profile)</b>                        | <ol style="list-style-type: none"> <li>1. Check faxed form for manual errors</li> <li>2. Check that only ONE weight (in lbs OR kg) is recorded, not both</li> <li>3. If both are recorded, erase or delete one</li> <li>4. If the visit is a repeat visit you may leave blank, otherwise do not leave blank</li> </ol>   |
| <b>22: Unregistered Session Pharmacy ID (at top)</b>             | <ol style="list-style-type: none"> <li>1. Ensure that a PHARMACY ID has been correctly and legibly recorded</li> <li>2. Ensure the order of letters and digits is correct (2-digit) followed by (2-letter)</li> <li>3. Ensure the Pharmacy ID is a REGISTERED pharmacy</li> <li>4. If wrong code is entered, double check and cross reference using the date of the session to make sure it is correct</li> </ol>  |
| <b>23: Unregistered Session Pharmacy ID (at bottom)</b>          | <i>Same as above</i>   |
| <b>24: Unregistered Today's Date (office use box)</b>            | <ol style="list-style-type: none"> <li>1. Ensure "Today's Date" is clearly printed on the form in the correct format (4-digit year, 3-letter month, 2-digit day)</li> <li>2. Ensure "Today's Date" on the form matches the registered pharmacy session date on the web</li> <li>3. Ensure the Session Pharmacy ID at the top right and bottom left corner is the correct Pharmacy ID for that date</li> <li>4. Do not leave blank</li> </ol>   |
| <b>25: Unregistered Family MD's ID (office use box)</b>          | <ol style="list-style-type: none"> <li>1. Enter the correct format for the MD's ID (3-letter) followed by (3-digit)</li> <li>2. Do not leave blank</li> <li>3. If the participant does not have a Family MD enter NNN:999</li> <li>4. If the participant sees a Family MD that is not registered on the physicians list, enter QQQ:888</li> <li>5. Ensure the MD ID correctly matches the Family MD's Last Name in the Participant Information section at top</li> <li>6. Ensure the correct spelling of the MD's Last Name in the Participant Information section at top</li> </ol>   |
| <b>26: Unregistered Regular Pharmacy's ID (office use box)</b>   | <ol style="list-style-type: none"> <li>1. Enter the correct format for the Pharmacy's ID (2-digit) followed by (2-letter)</li> <li>2. Do not leave blank</li> <li>3. If the participant does not have a regular pharmacy enter 99:NN</li> <li>4. If the participant attends a pharmacy that is not registered on the Pharmacy tab, enter QQ:88</li> </ol>  |
| <b>27: Unregistered Pt's Web Access ID (office use box)</b>      | Not Applicable   |
| <b>28: Unregistered Family MD's Last Name (participant info)</b> | <ol style="list-style-type: none"> <li>1. Ensure the MD's Last Name has been correctly spelled and legibly recorded</li> <li>2. If applicable, ensure the spelling matches that of the physician's list</li> <li>3. Ensure the Family MD's Last Name correctly matches the MD ID in the Office Use section at bottom left</li> <li>4. If the participant does not have a Family MD leave the MD Last Name blank and ensure NNN:999 is entered in the Family MD's ID at bottom left</li> <li>5. If the participant sees a Family MD that is not registered on the physicians list, clearly print the MD Last Name and ensure QQQ:888 is entered in the Family MD's ID at bottom left</li> </ol> |

|  |   |
|--|---|
| <b>29: Extreme Date of Birth (participant info)</b>                                      | Check faxed form for manual errors (the date of birth is outside the expected range 1905-1988)  |
| <b>30: Extreme Systolic BP</b>   | Check faxed form for manual errors (the Systolic BP is outside the expected range of 60-300)  |
| <b>31: Extreme Diastolic BP</b>  | Check faxed form for manual errors (the Diastolic BP is outside the expected range of 20-200)   |
| <b>32: Extreme Pulse Rate</b>  | Check faxed form for manual errors (the Pulse Rate is outside the expected range 30-200)  |
| <b>33: Extreme Height (risk profile)</b>   | Check faxed form for manual errors (Height is outside the expected range (3'0"-7'6") (90-230 cm))   |
| <b>34: Extreme Weight (risk profile)</b>   | Check faxed form for manual errors (Weight is outside the expected range (60-400 lbs) (25-180 kg))  |
| <b>35: Mismatched Session Pharmacy IDs (at top and bottom)</b>                           | Check that PHARMACY ID (at top right corner and bottom left corner) are both entered and identical  |
| <b>36: Mismatched Family MD's ID and Last Name (office use box and participant info)</b> | <ol style="list-style-type: none"> <li>1. Ensure the correct format for the MD's ID (3-letter) followed by (3-digit)</li> <li>2. If the participant does not have a Family MD enter NNN:999 as the MD ID in the Office Use section at bottom left</li> <li>3. If the participant sees a Family MD that is not registered on the physicians list, enter QQQ:888 as the MD ID in the Office Use section at bottom left</li> <li>4. Ensure the MD ID correctly matches the Family MD's Last Name in the Participant Information section at top</li> <li>5. Ensure the correct spelling of the MD's Last Name in the Participant Information section at top</li> <li>6. Ensure the spelling of the MD's Last Name in the Participant Information section at top matches the spelling of the physicians list i.e. (Hays or Hayes)</li> </ol> |
| <b>37: Mismatched Birthdates (office use box and participant info)</b>                   | <ol style="list-style-type: none"> <li>1. Ensure the participant's birth date is clearly printed on the form in the correct format (4-digit year, 3-letter month, 2-digit day)</li> <li>2. Ensure the participant's birth date is IDENTICALLY recorded in two places: Participant Information (top right) and the Office Use Only (bottom left)</li> <li>3. Do not leave any part of the birth date blank</li> </ol>  |
| <b>38: Mismatched Last Names (office use box and participant info)</b>                   | <ol style="list-style-type: none"> <li>1. 1. Ensure the Participant's Last Name has been correctly spelled and legibly recorded at the top of the form</li> <li>2. 2. Ensure the first four letters of the last name have been correctly transcribed to the "First 4 letters of Pt's Last Name" in the "Office Use" section at the bottom left</li> </ol>   |