
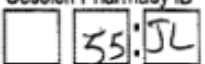

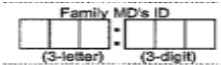
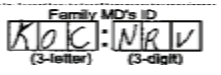

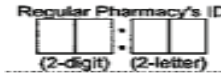



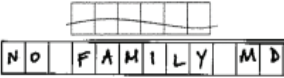
## Appendix 7.4

### 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 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 	Session Pharmacy ID 
<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>
	
Cannot have 3-digit in month field	<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="GENEY (GQuebed)"/>
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.	
<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>	Same as above
<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>