

SECTION F: PATIENT DETAILS

Initials		Surname	
Member no.		Dependent code	

CARDIOVASCULAR DISEASES:

Disease	✓	ICD-10 code	Clinical entry criteria / remarks		
Cardiac failure					
Cardiomyopathy					
Coronary artery disease					
Dysrhythmias					
Hypertension					
Hyperlipidaemia			BP reading:	Height:	Weight:
			Exercise: yes / no	Smoking: yes / no	Date of lipogram:
Lipogram reading:					
TCL:		LDL:		HDL:	
				Triglycerides:	
Risk factors: (please indicate where applicable)					
Family history		Hypertension		Angina/Myocardial infarction	
Cerebrovascular accident (CVA)		Transient Ischaemic attack		Peripheral vascular disease	
				Angioplasty/Stent	

ENDOCRINOLOGY:

Disease	✓	ICD-10 code	Clinical entry criteria / remarks		
Addison's disease					
Diabetes insipidus					
Diabetes mellitus 1					
Diabetes mellitus 2					
Hypothyroidism					

RESPIRATORY DISEASES:

Disease	✓	ICD-10 code	Clinical entry criteria / remarks					
Asthma			Mild intermittent		Mild persistent			
			Moderate persistent		Severe persistent			
Bronchiectasis								
Chronic obstructive pulmonary disease (COPD)			Stage 1		Stage 2		Stage 3	
			Initial FEV 1:			(Spirometry report required):		

AUTO IMMUNE DISEASES:

Disease	✓	ICD-10 code	Clinical entry criteria / remarks		
Multiple sclerosis			*Please note that confirmation of diagnosis is required from a Neurologist Neurologist practice no.		
Systemic lupus erythematosus					

Prescribing doctor's signature:

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Date

Patient signature:

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Date

