DIABETES COLLABORATIVE REGISTRY™

Diabetes Collaborative Registry™ v2.0
Data Collection Form

MRN[1500]:	**Encounter Date**[1510]: mm / dd / yyyy	**Practice ID**[1520]:	**Location ID**[1530]:
Provider NPI[1550]:	**Encounter TIN**[1555]:	**Patient new to the Practice**[1560]: O No O Yes	

A. Patient Demographics

Patient Name (Last, First, MI)[2000, 2010, 2020]:	**SSN**[2030]:	**PatientID**[2040]: (auto)	**Patient Zip**[2200]:
Date of Birth[2050]: mm / dd / yyyy	**Sex**[2060]: O Male O Female		

☐ **Patient Deceased**[2065] → **Date**[2067] mm / dd / yyyy → **If** Yes, **Primary Cause of Death**[2068]: O Cardiac O Neurologic O Renal O Vascular O Infection O Valvular O Pulmonary O Unknown O Other

Race: (Check all that apply)
☐ White[2070] ☐ Black/African American[2071] ☐ American Indian/Alaskan Native[2073]
☐ Asian[2072] → **If** Yes, ☐ Asian Indian[2080] ☐ Chinese[2081] ☐ Filipino[2082] ☐ Japanese[2083] ☐ Korean[2084] ☐ Vietnamese[2085] ☐ Other[2086]
☐ Native Hawaiian/Pacific Islander[2074] → **If** Yes, ☐ Native Hawaiian[2090] ☐ Guamanian or Chamorro[2091] ☐ Samoan[2092] ☐ Other Island[2093]

Hispanic or Latino Ethnicity[2076]: O No O Yes → **If** Yes, **Ethnicity Type:** (Check all that apply) ☐ Mexican, Mexican-American, Chicano[2100] ☐ Puerto Rican[2101] ☐ Cuban[2102] ☐ Other Hispanic, Latino or Spanish Origin[2103]

Insurance Payers: (Check all that apply)
☐ Medicaid (fee for service)[3030] ☐ Medicare (fee for service)[3028] ☐ Private Health Insurance[3020] ☐ Medicaid (managed care)[3031]
☐ Medicare (managed care)[3029] ☐ Military Health Care[3023] ☐ State Specific Plan (non-Medicaid)[3024] ☐ Indian Health Service[3025]
☐ Non-US Insurance[3026] ☐ None[3027]

Payer ID[3100]: _____ _____ _____ _____ _____

B. Diagnoses/Conditions/Comorbidities (Check all that apply, and record the date of onset or first documented date)

Diabetic

☐ **Diabetes Mellitus (Any)**[4150] → **Date**[4152] mm / dd / yyyy
☐ **Diabetes Mellitus Type 1**[4160] → **Date**[4162] mm / dd / yyyy
☐ **Diabetes Mellitus Type 2**[4170] → **Date**[4172] mm / dd / yyyy
☐ **Prediabetes**[4180] → **Date**[4182] mm / dd / yyyy
☐ **Diabetic Peripheral Neuropathy**[4190] → **Date**[4192] mm / dd / yyyy
☐ **Diabetic Autonomic Neuropathy**[4200] → **Date**[4202] mm / dd / yyyy
☐ **Diabetic Retinopathy**[4210] → **Date**[4212] mm / dd / yyyy
☐ **Gastroparesis**[4270] → **Date**[4272] mm / dd / yyyy
☐ **Erectile Dysfunction**[4280] → **Date**[4282] mm / dd / yyyy

PAD

☐ **Peripheral Artery Disease**[4090] → **Date**[4092] mm / dd / yyyy
☐ **PAD – Acute Limb Ischemia**[4100] → **Date**[4102] mm / dd / yyyy
☐ **PAD – Claudication**[4110] → **Date**[4112] mm / dd / yyyy
☐ **PAD – Critical Limb Ischemia**[4120] → **Date**[4122] mm / dd / yyyy
☐ **PAD – Foot/Leg Cellulitis**[4130] → **Date**[4132] mm / dd / yyyy
☐ **PAD – Lower Extremity Osteomyeleitis** (with or without limb ischemia)[4140] → **Date**[4142] mm / dd / yyyy

Other

☐ **Metabolic Syndrome**[4260] → **Date**[4262] mm / dd / yyyy
☐ **Chronic Liver Disease**[4250] → **Date**[4242] mm / dd / yyyy
☐ **Depression**[4290] → **Date**[4252] mm / dd / yyyy
☐ **Chronic Kidney Disease**[4240] → **Date**[4292] mm / dd / yyyy
→ **If Chronic Kidney Disease= 'Yes', CKD Stage**[4246]:
O Stage 1 O Stage 2 O Stage 3 O Stage 4 O Stage 5 O Unspecified
☐ **Alcoholism**[B4515] → **Date**[B4516] mm / dd / yyyy
☐ **Non-alcoholic Fatty Liver Disease**[B4520] → **Date**[B4521] mm / dd / yyyy
☐ **Non-alcoholic Steatohepatitis**[B4530] → **Date**[B4531] mm / dd / yyyy

Cardiac

☐ **Hypertension**[4030] → **Date**[4032] mm / dd / yyyy
☐ **Coronary Artery Disease**[4000] → **Date**[4002] mm / dd / yyyy
☐ **Dyslipidemia**[4020] → **Date**[4022] mm / dd / yyyy
☐ **Heart Failure**[4040] → **Date**[4042] mm / dd / yyyy
☐ **Atrial Fibrillation/Flutter**[4010] → **Date**[4012] mm / dd / yyyy
☐ **Stable Angina**[4060] → **Date**[4062] mm / dd / yyyy
☐ **Familial Hypercholesterolemia**[B4542] → **Date**[B4543] mm / dd / yyyy

Family History

FH Condition Evaluated	FH Condition Present
Atrial Fibrillation[4300]	O No O Yes O Unknown
Diabetes Mellitus[4302]	O No O Yes O Unknown
Heart Failure[4304]	O No O Yes O Unknown
Dyslipidemia[4306]	O No O Yes O Unknown

Family History

FH Condition Evaluated	FH Condition Present
Hypertension[4308]	O No O Yes O Unknown
Premature CAD[4310]	O No O Yes O Unknown
Hypercholesterolemia[4312]	O No O Yes O Unknown

MRN: Encounter Date: mm / dd / yyyy Practice ID: Location ID:

C. EVENTS (CHECK ALL THAT APPLY OR MOST RECENT DOCUMENTED DATE)

Specify all event(s) and if available, event date(s) that occurred.
If month is unknown, use January, and if date is unknown, use the 1st of the month.

	Event[5135]	Event Date(s)[5136]		Event[5135]	Event Date(s)[5136]
DIABETIC	Gestational Diabetes[E039]	mm / dd / yyyy	OTHER	Acute Pancreatitis[E049]	mm / dd / yyyy
	Diabetic Ketoacidosis (DKA)[E040]	mm / dd / yyyy		Bariatric Surgery (Any)[E050]	mm / dd / yyyy
	Hyperosmolar Hyperglycemic Syndrome[E041]	mm / dd / yyyy		Bariatric Surgery – Adjustable gastric banding[E051]	mm / dd / yyyy
	Hypoglycemia (severe)[E042]	mm / dd / yyyy		Bariatric Surgery – Biliopancreatic diversion with a duodenal switch[E052]	mm / dd / yyyy
CARDIAC	Myocardial Infarction[E001]	mm / dd / yyyy		Bariatric Surgery – Roux-en-Y gastric bypass[E053]	mm / dd / yyyy
	PCI (Any)[E029]	mm / dd / yyyy		Bariatric Surgery – Vertical sleeve gastrectomy[E054]	mm / dd / yyyy
	PCI – Bare Metal Stent Implant[E002]	mm / dd / yyyy		Foot Ulcer[E055]	mm / dd / yyyy
	PCI – Other (non-stent) Intervention[E004]	mm / dd / yyyy		Gout[E056]	mm / dd / yyyy
	PCI – Drug Eluting Stent Implant[E003]	mm / dd / yyyy		Peritoneal Dialysis[E067]	mm / dd / yyyy
	Coronary Artery Bypass Graft[E017]	mm / dd / yyyy		Hemodialysis[E057]	mm / dd / yyyy
	CRT-D[E024]	mm / dd / yyyy		Hyperthyroidism[E058]	mm / dd / yyyy
	ICD Implant[E025]	mm / dd / yyyy		Hypothyroidism[E059]	mm / dd / yyyy
	Permanent Pacemaker[E027]	mm / dd / yyyy		Infection (Any)[E060]	mm / dd / yyyy
CVA	Hemorrhage (Any)[E031]	mm / dd / yyyy		Infection – Pulmonary[E061]	mm / dd / yyyy
	Intracranial Hemorrhage[E007]	mm / dd / yyyy		Infection – Urinary[E062]	mm / dd / yyyy
	Non Intracranial Major Hemorrhage (Any)[E032]	mm / dd / yyyy		Non Alcoholic Fatty Liver Disease[E063]	mm / dd / yyyy
	Stroke (Any)[E030]	mm / dd / yyyy		Sleep Apnea[E064]	mm / dd / yyyy
	Stroke – Hemorrhagic[E016]	mm / dd / yyyy		Syncope[E065]	mm / dd / yyyy
	Stroke – Ischemic[E015]	mm / dd / yyyy		Solid Organ Transplant- Kidney[E068]	mm / dd / yyyy
	TIA[E014]	mm / dd / yyyy		Solid Organ Transplant- Pancreas[E069]	mm / dd / yyyy
	Carotid Endarterectomy (Any)[E033]	mm / dd / yyyy		Solid Organ Transplant- Heart[E070]	mm / dd / yyyy
	Carotid Endarterectomy – Right[E034]	mm / dd / yyyy		Solid Organ Transplant- Other[E071]	mm / dd / yyyy
	Carotid Endarterectomy – Left[E035]	mm / dd / yyyy	PERIPHERAL	PAD – Peripheral Bypass[E043]	mm / dd / yyyy
	Carotid Artery Stent (Any)[E036]	mm / dd / yyyy		PAD – Peripheral Intervention[E044]	mm / dd / yyyy
	Carotid Artery Stent – Right[E037]	mm / dd / yyyy			
	Carotid Artery Stent – Left[E038]	mm / dd / yyyy			
PERIPHERAL	Amputation (Any)[E045]	mm / dd / yyyy			
	Amputation – Above Foot[E046]	mm / dd / yyyy			
	Amputation – Foot[E047]	mm / dd / yyyy			
	Amputation – Toe(s) only[E048]	mm / dd / yyyy			

D. ENCOUNTER INFORMATION

NOTE: COMPLETE ONLY IF ASSESSED DURING TODAY'S ENCOUNTER. IF NOT ASSESSED, LEAVE BLANK.

Height: _____ O in[6000] O cm[6001]
☐ Patient refused height measurement[D10]

Weight: _____ O lbs[6020] O kg[6021]
☐ Patient unable to be weighed[6025] ☐ Currently Pregnant[D20]
☐ Patient refused weight measurement[D30]

Blood Pressure[6010, 6011]: _____ / _____ mmHg

Heart Rate[6015]: _____ bpm

QRS Duration (Non-Ventricular Paced Complex)[6028]: _____ ms

Tobacco Use[6030]: O Never O Current O Quit within past 24 months O Quit more than 24 months ago
O Screening not performed for medical reasons

→ If Current or Quit within 24 months, **Tobacco Type:** (check all that apply) ☐ Cigarettes[6031] ☐ Cigars[6032] ☐ Pipe[6033] ☐ Smokeless[6034]

→ If Current or Quit within 24 months, **Smoking Cessation Counseling Provided**[6042]: O No O Yes

Patient asked, during any previous encounter in the past 24 months, about the use of Tobacco[6045]: O No O Yes

Patient Screened for Depression (within the past 24 months)[D100] O No O Yes

→ If Yes, **Depression Screening Result**[D110] O Positive O Negative

If Depression Screen is Positive or History of Depression (B4510 = Yes) **, Depression Management Plan**[D120] O No O Yes

→ If Yes, **Management Plan Type**[D130] (check all that apply) ☐ Counseling/Therapy ☐ Medication ☐ TMS

MRN:	Encounter Date: mm / dd / yyyy	Practice ID:	Location ID:

D. ENCOUNTER INFORMATION (CONT.)

Patient asked, during any previous encounter in the past 24 months, about the use of Alcohol[D40]: O No O Yes

→ If Yes **Alcohol Use[6047]:** O None O <1 drinks/wk O 2-7 drinks/wk O 8-14 drinks/wk O >= 15 drinks/wk

→ If Yes, **Unhealthy Alcohol Screening Test Used[D50]:** O No O Yes → If Yes, **Test Used[D60]:** O AUDIT O AUDIT-C O Single Question Screen → **Score[D70]:** _____ points → **Score[D80]:** _____ points → **Results[D90]:** _____ times/year

If history of alcoholism or screening test is positive, **Brief Alcohol Counseling Provided[D95] :** O No O Yes O No – Medical Reason

EDUCATION /COUNSELING

Discussion of Lifestyle Modifications Documented[6100]: O No O Yes ☐ **Patient enrolled in weight loss program[6105]**

Select all Patient Education Counseling types that apply within the past 24 months:

Healthy Diet Counseling[6120]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Medication Instruction[6121]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Physical Activity Counseling[6122]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Symptom Management[6123]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Weight Monitoring[6124]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason

FOOT EXAMS/ PROCEDURES

Foot Exam (within past 12 months)[6630]: O No - Not Documented O Yes → **If** Yes, **Date[6632]:** mm / dd / yyyy

Mono Filament Exam[6640]: O No O Yes **Pulse Exam[6650]:** O No O Yes **Ankle Brachial Index Test[6660] :** O No O Yes

EYE EXAMS/ PROCS

Negative Retinal or Dilated Eye Exam (within past 24 months)[6670]: O No – Not Documented O Yes

Retinal or Dilated Eye Exam (within past 12 months)[6680]: O No – Not Documented O Yes → **If** Yes, **Date[6682]:** mm / dd / yyyy

DIABETES DEVICES

☐ **Insulin Pump[6700]** → **If** Yes, **Date[6702]:** mm / dd / yyyy ☐ **Continuous Glucose Monitoring[6710]** → **If** Yes, **Date[6712]:** mm / dd / yyyy

CAD

CCS Class[6430]: O No angina O I O II O III O IV

Cardiac Rehabilitation Referral or Plan for Qualifying Event/Diagnosis in past 12 months[6450]: O Yes – Referral/Plan Documented; O No Qualifying Event/Diagnosis; O Patient Already Participating in Rehab; O No Referral/Plan – Medical Reason; O No Referral/Plan – System Reason; O Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed

(**Note:** Qualifying cardiac event/diagnoses includes Chronic Stable Angina, Coronary Artery Bypass Graft, Percutaneous Coronary Intervention, Cardiac Valve surgery, Cardiac Transplant or Acute Myocardial Infarction)

Referral for Consideration for Coronary Revascularization[6460]: O No O Yes O No – Patient Reason O No – System Reason O No – Medical Reason

Referral for Additional Evaluation/Treatment of Anginal Symptoms[6470]: O No O Yes O No – Patient Reason O No – System Reason O No – Medical Reason

HF

NYHA Completed[6129]: O Yes O No O No – Medical Reason **LVEF Assessed Date[6400]:** mm / dd / yyyy **LVEF[6410]:** _____ %

If Yes, NYHA Class[6130]: O I O II O III O IV

LV Qualitative Assessment[6420]: O Hyperdynamic: > 70; O Mildly reduced: 40 – 49; O Severely reduced: ≤ 29; O Normal: 50 – 70; O Moderately reduced: 30 – 39

(**Note**: If a LVEF range is documented, take the average, round up and refer to the **LVEF Status** ranges (right) to code.)

OTHER

☐ **Hospice[6314]** ☐ **Comfort Care Only[6316]** ☐ **Medication Reconciliation Complete[6318]** ☐ **Blood Pressure Plan of Care[D130]**

Influenza Immunization Administered[D140]: O No O Yes O No – System Reason O No – Patient Reason O No – Medical Reason

If Influenza Immunization not administered, Influenza Immunization Previously Received[D150]: O No O Yes →**Date[D91]** mm / dd / yyyy

Pneumococcal Vaccination Previously Recieved[D160]: O No O Yes

If yes, Vaccine Type(s) Previously Recieved[D170]: O PCV13 O PPSV23

MRN: **Encounter Date:** mm / dd / yyyy **Practice ID:** **Location ID:**

D. Encounter Information (Cont.)

Note: Complete only if assessed during today's encounter. If not assessed, leave blank.

Education /Counseling

Discussion of Lifestyle Modifications Documented[6100]: O No O Yes ☐ **Patient enrolled in weight loss program**[6105]

Select all Patient Education Counseling types that apply within the past 24 months:

Healthy Diet Counseling[6120]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Medication Instruction[6121]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Physical Activity Counseling[6122]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Symptom Management[6123]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason
Weight Monitoring[6124]	O No	O Yes	O No – Patient not Counseled or Educated	O No Counseling or Education – Medical Reason

Foot Exams/ Procedures

Foot Exam (within past 12 months)[6630]: O No - Not Documented O Yes → **If** Yes, **Date**[6632]: mm / dd / yyyy

Mono Filament Exam[6640]: O No O Yes **Pulse Exam**[6650]: O No O Yes **Ankle Brachial Index Test**[6660]: O No O Yes

Eye Exams/ Procs

Negative Retinal or Dilated Eye Exam (within past 24 months)[6670]: O No – Not Documented O Yes

Retinal or Dilated Eye Exam (within past 12 months)[6680]: O No – Not Documented O Yes → **If** Yes, **Date**[6682]: mm / dd / yyyy

Diabetes Devices

☐ **Insulin Pump**[6700] → **If** Yes, **Date**[6702]: mm / dd / yyyy ☐ **Continuous Glucose Monitoring**[6710] → **If** Yes, **Date**[6712]: mm / dd / yyyy

CAD

CCS Class[6430]: O No angina O I O II O III O IV

Cardiac Rehabilitation Referral or Plan for Qualifying Event/Diagnosis in past 12 months[6450]:
O Yes – Referral/Plan Documented
O No Qualifying Event/Diagnosis
O Patient Already Participating in Rehab
O No Referral/Plan – Medical Reason
O No Referral/Plan – System Reason
O Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed

(**Note:** Qualifying cardiac event/diagnoses includes Chronic Stable Angina, Coronary Artery Bypass Graft, Percutaneous Coronary Intervention, Cardiac Valve surgery, Cardiac Transplant or Acute Myocardial Infarction)

Referral for Consideration for Coronary Revascularization[6460]: O No O Yes O No – Patient Reason O No – System Reason O No – Medical Reason

Referral for Additional Evaluation/Treatment of Anginal Symptoms[6470]: O No O Yes O No – Patient Reason O No – System Reason O No – Medical Reason

HF

NYHA Completed[6129]: O Yes O No O No – Medical Reason

If Yes, NYHA Class[6130]: O I O II O III O IV

LVEF Assessed Date[6400]: mm / dd / yyyy **LVEF**[6410]: _____ %

LV Qualitative Assessment[6420]:
O Hyperdynamic: > 70
O Mildly reduced: 40 – 49
O Severely reduced: ≤ 29
O Normal: 50 – 70
O Moderately reduced: 30 – 39

(**Note**: If a LVEF range is documented, take the average, round up and refer to the **LVEF Status** ranges (right) to code.)

E. Laboratory Results

Note: Enter **most recent** lab results and/or indicate the labs ordered during this encounter.

Diabetes/Cardiac

Lipid Panel Obtained Date[7000]: mm / dd / yyyy

Total Cholesterol[7010]: _____ mg/dL

High Density Lipoprotein (HDL)[7020]: _____ mg/dL

Low Density Lipoprotein (LDL)[7030]: _____ mg/dL

Direct Low Density Lipoprotein (DLDL)[7040]: _____ mg/dL

Triglycerides[7050]: _____ mg/dL

Potassium[7110]: _____ meq/L →**Date**[7112] mm / dd / yyyy

B-type Natiuretic Peptide[7120]: _____ pg/mL →**Date**[7122] mm / dd / yyyy

N-terminal pro b-type Natiuretic Peptide[7125]: _____ pg/mL →**Date**[7127] mm / dd / yyyy

Diabetes

Fasting Plasma Glucose[xxxx]: _____ mg/dL →**Date**[xxxx] mm / dd / yyyy

Random Plasma Glucose[xxxx]: _____ mg/dL →**Date**[xxxx] mm / dd / yyyy

C-peptide[7542]: _____ ng/mL →**Date**[7546] mm / dd / yyyy

Insulin[7548]: _____ mIU/L →**Date**[7550] mm / dd / yyyy

HbA1c[7080]: _____ % →**Date**[7082] mm / dd / yyyy

2 hour Plasma Glucose during Oral Glucose Tolerance Test[7090]: _____ mg/dL →**Date**[7092] mm / dd / yyyy

Renal/Hepatic/Other

ALT[7300]: _____ U/L →**Date**[7302] mm / dd / yyyy

Amylase[7310]: _____ U/L →**Date**[7312] mm / dd / yyyy

AST[7320]: _____ U/L →**Date**[7322] mm / dd / yyyy

Bilirubin – Direct[7340]: _____ mg/dL →**Date**[7342] mm / dd / yyyy

Bilirubin – Total[7350]: _____ mg/dL →**Date**[7352] mm / dd / yyyy

Blood Urea Nitrogen (BUN)[7360]: _____ mg/dL →**Date**[7362] mm / dd / yyyy

Creatinine Clearance[7220]: _____ mL/min →**Date**[7222] mm / dd / yyyy

Cystatin-C (Cystatin)[7370]: _____ mg/L →**Date**[7372] mm / dd / yyyy

hs CRP[7380]: _____ mg/L →**Date**[7382] mm / dd / yyyy

Lipase[7390]: _____ U/L →**Date**[7392] mm / dd / yyyy

Serum Creatinine[7230]: _____ mg/dL →**Date**[7232] mm / dd / yyyy

TSH[7400]: _____ mIU/L →**Date**[7402] mm / dd / yyyy

Uric Acid[7410]: _____ mg/dL →**Date**[7412] mm / dd / yyyy

24 Hr Urine Protein[7420]: _____ mg/24h →**Date**[7422] mm / dd / yyyy

Urine Albumin Creatinine Ratio (UACR)[7430]: _____ mg/g for 24hr →**Date**[7432] mm / dd / yyyy

African Estimated GFR[E140]: _____ mL/min →**Date**[E142] mm / dd / yyyy

Non-African Estimated GFR[E150]: _____ mL/min →**Date**[E152] mm / dd / yyyy

MRN: **Encounter Date:** mm / dd / yyyy **Practice ID:** **Location ID:**

E. Laboratory Results (Cont.)

Note: Enter **most recent** lab results and/or indicate the labs ordered during this encounter.

CBC

White Blood Cell Count[7500]: →**Date**[7502] mm / dd / yyyy **Hematocrit**[7520]: _____ →**Date**[7522] mm / dd / yyyy

HgB[7510]: _____ →**Date**[7512] mm / dd / yyyy **Platelet Count**[7530]: _____ →**Date**[7532] mm / dd / yyyy

Immunolgic

IA 2 Antibody[E30]: _____ U/ml →**Date**[E32] mm / dd / yyyy

ICA Antibody[E40]: _____ nmol/L →**Date**[E42] mm / dd / yyyy

GAD65 Antibody[E50]: _____ I/Uml →**Date**[E52] mm / dd / yyyy

Insulin Autoantibody[E60]: _____ U/ml →**Date**[E62] mm / dd / yyyy

ZnT8 Antibody[E70]: _____ U/ml →**Date**[E72] mm / dd / yyyy

Tissue Transglutaminase, IgG[E80]: _____ U/ml →**Date**[E82] mm / dd / yyyy

Tissue Transglutaminase IgA[E90]: _____ U/ml →**Date**[E92] mm / dd / yyyy

Serum IgA[E100]: _____ U/ml →**Date**[E102] mm / dd / yyyy

Anti-endomysial, IgG[E110]: O Negative O Positive →**Date**[E112] mm / dd / yyyy

Anti-endomysial, IgA[E120]: O Negative O Positive →**Date**[E122] mm / dd / yyyy

Anti-deamidated Gliadin Peptide, IgG[E130]: _____ Units →**Date**[E132] mm / dd / yyyy

F. Medications

Please leave blank if there is no clinical indication for a medication to be prescribed, or if no documentation exists as to if a medication was prescribed/continued.

Medication[9300]
* Denotes that the medication(s) are required for specific performance measures or PQRS measures
+ Indicates a medication is not yet been approved.

	Medication	Dose Strength 9301	Dosing Measure 9302 (e.g. mg, mL)	Dosing Frequency 9303	Single or Combo Drug 9304	Source Medication Code 9307	Source Medication Code System[1] 9309	Most Recent Prescription Date 9315	Administered[9305] Yes (Prescribed)	No (Medical Reason)	No (Patient Reason)	No (System Reason)
Glucose Lowering Medications — Short/Rapid (Mealtime, Prandial, Nutritional)	Aspart											
	Lispro											
	Glulisine											
	Regular Human Insulin											
	Inhaled Insulin											
Intermediate/Long (Basal)	Glargine											
	Detemir											
	NPH											
	Degludec+											
Pre-Mixed Insulins	70% Human Insulin Isophane Suspension and 30% Human Insulin Injection (NPH-Regular 70-30 Premix)											
	70% Insulin Aspart Protamine Suspension and 30% Insulin Aspart Injection (Insulin Aspart 70-30 Premix)											
	75% Insulin Lispro Protamine Suspension and 25% Insulin Lispro Injection (Insulin Lispro 75-25 Premix)											
	50% Insulin Lispro Protamine Suspension and 50% Insulin Lispro Injection (Insulin Lispro 50-50 Premix)											

MRN: Encounter Date: mm / dd / yyyy Practice ID: Location ID:

NOTE: ENTER **MOST RECENT** LAB RESULTS AND/OR INDICATE THE LABS ORDERED DURING THIS ENCOUNTER.

F. MEDICATIONS

PLEASE LEAVE BLANK IF THERE IS NO CLINICAL INDICATION FOR A MEDICATION TO BE PRESCRIBED, OR IF NO DOCUMENTATION EXISTS AS TO IF A MEDICATION WAS PRESCRIBED/CONTINUED.

	MEDICATION[9300] * DENOTES THAT THE MEDICATION(S) ARE REQUIRED FOR SPECIFIC PERFORMANCE MEASURES OR PQRS MEASURES + INDICATES A MEDICATION IS NOT YET BEEN APPROVED.	**DOSE STRENGTH** 9301	**DOSING MEASURE** 9302 (E.G. MG, ML)	**DOSING FREQUENCY** 9303	**SINGLE OR COMBO DRUG** 9304	**SOURCE MEDICATION CODE** 9307	**SOURCE MEDICATION CODE SYSTEM**[1] 9309	**MOST RECENT PRESCRIPTION DATE** 9315	**ADMINISTERED**[9305] YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)
GLUCOSE LOWERING MEDICATIONS	Metformin								O	O	O	O
SULFONYLUREAS	Glimepiride								O	O	O	O
SULFONYLUREAS	Glipizide								O	O	O	O
SULFONYLUREAS	Glyburide								O	O	O	O
GLINDES	Repaglinide								O	O	O	O
GLINDES	Nateglinide								O	O	O	O
THIAZOLIDINEDIONES	Pioglitazone								O	O	O	O
THIAZOLIDINEDIONES	Rosiglitazone								O	O	O	O
DPP-4 INHIBITORS	Sitagliptin								O	O	O	O
DPP-4 INHIBITORS	Saxagliptin								O	O	O	O
DPP-4 INHIBITORS	Linagliptin								O	O	O	O
DPP-4 INHIBITORS	Alogliptin								O	O	O	O
ALPHA-GLUCOSIDASE	Acarbose								O	O	O	O
ALPHA-GLUCOSIDASE	Miglitol								O	O	O	O
BILE ACID SEQUESTRANTS	Colesevelam								O	O	O	O
DOPAMINE AGONISTS	Bromocriptine								O	O	O	O
AMYLINOMIMETICS	Pramlintide Acetate								O	O	O	O
GLP-1 AGONISTS	Exenatide								O	O	O	O
GLP-1 AGONISTS	Exenatide QW								O	O	O	O
GLP-1 AGONISTS	Liraglutide								O	O	O	O
GLP-1 AGONISTS	Albiglutide								O	O	O	O
GLP-1 AGONISTS	Dulaglutide+								O	O	O	O
GLP-1 AGONISTS	Lixisenatide+								O	O	O	O
SGLT-2 INHIBITORS	Canagliflozin								O	O	O	O
SGLT-2 INHIBITORS	Dapagliflozin								O	O	O	O
SGLT-2 INHIBITORS	Empagliflozin								O	O	O	O

[1]PLEASE PROVIDE SOURCE MEDICATION CODE SYSTEM VALUE: 1. GPI 2. MMSL 3. NDC 4. RXNORM 5.SNOMED-CT 6. OTHER

F. MEDICATIONS (CONT.)

PLEASE LEAVE BLANK IF THERE IS NO CLINICAL INDICATION FOR A MEDICATION TO BE PRESCRIBED, OR IF NO DOCUMENTATION EXISTS AS TO IF A MEDICATION WAS PRESCRIBED/CONTINUED.

		MEDICATION[9300] * DENOTES THAT THE MEDICATION(S) ARE REQUIRED FOR SPECIFIC PERFORMANCE MEASURES OR PQRS MEASURES + INDICATES A MEDICATION IS NOT YET BEEN APPROVED.	DOSE STRENGTH 9301	DOSING MEASURE 9302 (E.G. MG, ML)	DOSING FREQUENCY 9303	SINGLE OR COMBO DRUG 9304	SOURCE MEDICATION CODE 9307	SOURCE MEDICATION CODE SYSTEM[1] 9309	MOST RECENT PRESCRIPTION DATE 9315	ADMINISTERED[9305] YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)
GLUCOSE LOWERING MEDICATIONS		Pioglitazone & Metformin								O	O	O	O
		Pioglitazone & Glimepiride								O	O	O	O
		Glyburide & Metformin								O	O	O	O
	COMBINATION PILLS	Glipizide & Metformin								O	O	O	O
		Sitagliptin & Metformin								O	O	O	O
		Saxagliptin & Metformin								O	O	O	O
		Linagliptin & Metformin								O	O	O	O
		Alogliptin & Metformin								O	O	O	O
		Alogliptin & Pioglitazone								O	O	O	O
		Repaglinide & Metformin								O	O	O	O
		Rosiglitazone & Metformin								O	O	O	O
		Rosiglitazone & Glimepiride								O	O	O	O
		Empagliflozin & Linagliptin								O	O	O	O
		Empagliflozin & Metformin								O	O	O	O
		Canagliflozin & Metformin								O	O	O	O
		Dapagliflozin & Metformin								O	O	O	O
LIPID LOWERING	NON-STATIN	Lipid Lowering Non-Statin (Any)								O	O	O	O
		Ezetimibe								O	O	O	O
		Fibrates								O	O	O	O
		Niacin								O	O	O	O
		Omega 3 Fatty Acid								O	O	O	O
	*STATIN	Atorvastatin								O	O	O	O
		Rosuvastatin								O	O	O	O
		Simvastatin								O	O	O	O
		Pravastatin								O	O	O	O
		Lovastatin								O	O	O	O
		Fluvastatin								O	O	O	O
		Fluvastatin XL								O	O	O	O
		Pitavastatin								O	O	O	O

[1]PLEASE PROVIDE SOURCE MEDICATION CODE SYSTEM VALUE: 1. GPI 2. MMSL 3. NDC 4. RXNORM 5. SNOMED-CT 6. OTHER

F. MEDICATIONS (CONT.)

PLEASE LEAVE BLANK IF THERE IS NO CLINICAL INDICATION FOR A MEDICATION TO BE PRESCRIBED, OR IF NO DOCUMENTATION EXISTS AS TO IF A MEDICATION WAS PRESCRIBED/CONTINUED.

	MEDICATION[9300] * DENOTES THAT THE MEDICATION(S) ARE REQUIRED FOR SPECIFIC PERFORMANCE MEASURES OR PQRS MEASURES + INDICATES A MEDICATION IS NOT YET BEEN APPROVED.	DOSE STRENGTH 9301	DOSING MEASURE 9302 (E.G. MG, ML)	DOSING FREQUENCY 9303	SINGLE OR COMBO DRUG 9304	SOURCE MEDICATION CODE 9307	SOURCE MEDICATION CODE SYSTEM[1] 9309	MOST RECENT PRESCRIPTION DATE 9315	ADMINISTERED[9305] YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)
LIPID LOWERING	Amlodipine Besylate/Atorvastatin Calcium								O	O	O	O
COMBINATION MEDS WITH STATIN	Ezetimibe/Simvastatin								O	O	O	O
	Niacin/Lovastatin								O	O	O	O
	Niacin/Simvastatin								O	O	O	O
	Sitagliptin/Simvastatin								O	O	O	O
PCSK9	Alirocumab								O	O	O	O
	Evolocumab								O	O	O	O
WEIGHT LOSS MEDICATIONS	Phentermine & Topiramate extended-release								O	O	O	O
	Bupropion/Naltrexone								O	O	O	O
	Lorcaserin Hydrochloride								O	O	O	O
SMOKING CESSATION*	Bupropion								O	O	O	O
	Nicotine Replacement Therapy								O	O	O	O
	Varenicline								O	O	O	O
ANTIPLATELETS	Aspirin								O	O	O	O
	Yosprala								O	O	O	O
	Aspirin-dipyridamole (Aggrenox)								O	O	O	O
P2Y12	Clopidogrel								O	O	O	O
	Ticlopidine								O	O	O	O
	Prasugrel								O	O	O	O
	Ticagrelor								O	O	O	O
ANTICOAGULANTS*	Apixaban								O	O	O	O
	Dabigatran								O	O	O	O
	Rivaroxaban								O	O	O	O
	Warfarin								O	O	O	O
	Edoxaban+								O	O	O	O
ANTIHYPERTENSIVE	ACE Inhibitor*								O	O	O	O
	ARB*								O	O	O	O
	Medoxomil/Amlodipine/ Hydrochlorothiazide (Tribenzor)								O	O	O	O
CA CHANNEL BLOCKERS	Calcium Channel Blocker (Any)								O	O	O	O
	Dihydropyridine								O	O	O	O
	Non-Dihydropyridine								O	O	O	O
DIURETICS*	Diuretic (Any)								O	O	O	O
	Loop Diuretic								O	O	O	O

[1] PLEASE PROVIDE SOURCE MEDICATION CODE SYSTEM VALUE: 1. GPI 2. MMSL 3. NDC 4. RXNORM 5. SNOMED-CT 6. OTHER

MRN: **Encounter Date:** mm / dd / yyyy **Practice ID:** **Location ID:**

F. MEDICATIONS (CONT.)

Please leave blank if there is no clinical indication for a medication to be prescribed, or if no documentation exists as to if a medication was prescribed/continued.

MEDICATION[9300] * DENOTES THAT THE MEDICATION(S) ARE REQUIRED FOR SPECIFIC PERFORMANCE MEASURES OR PQRS MEASURES + INDICATES A MEDICATION IS NOT YET BEEN APPROVED.			DOSE STRENGTH 9301	DOSING MEASURE 9302 (E.G. MG, ML)	DOSING FREQUENCY 9303	SINGLE OR COMBO DRUG 9304	SOURCE MEDICATION CODE 9307	SOURCE MEDICATION CODE SYSTEM[1] 9309	MOST RECENT PRESCRIPTION DATE 9315	ADMINISTERED[9305] YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)
ANTIHYPERTENSIVE	DIURETICS*	Thiazide Diuretic								O	O	O	O
		Potassium Sparing Diuretic								O	O	O	O
	OTHER	Angiotensin II Antagonist								O	O	O	O
		Alpha 1 Blocker								O	O	O	O
		Central Alpha-2								O	O	O	O
		Isosorbide Dinitrate								O	O	O	O
	DIRECT VASODILATORS	Direct Vasodilator (Any)								O	O	O	O
		Hydralazine								O	O	O	O
BETA BLOCKER*		Beta Blocker (Any)								O	O	O	O
		Betablockers with Intrinsic Sympathomimetic Activity								O	O	O	O
		Atenolol								O	O	O	O
		Bisoprolol								O	O	O	O
		Carvedilol								O	O	O	O
		Metoprolol Succinate								O	O	O	O
		Metoprolol Tartrate								O	O	O	O
ANTI ANGINAL		Nebivolol								O	O	O	O
		Ranolazine								O	O	O	O
COMBIN PILLS		Hydralazine and Isosorbide Dinitrate (BIDIL)								O	O	O	O

[1] PLEASE PROVIDE SOURCE MEDICATION CODE SYSTEM VALUE: 1. GPI 2. MMSL 3. NDC 4. RXNORM 5. SNOMED-CT 6. OTHER

G. HOSPITALIZATIONS (SINCE PATIENT WAS LAST SEEN)

Hospital Admission Date[9500]: mm / dd / yyyy → **If** Admitted, **Primary Reason**[9505]: _____ **Coding Standard**[9510]: O ICD-9 O ICD-10

Discharge Date[9502]: mm / dd / yyyy **Secondary Diagnoses**[9507]: _____