

Blood Pressure Assessment Log, Target: 5+/week

Date	Initial Blood Pressure in mmHg	If BP is over 140/90, was the BP retaken? Yes still elevated, Yes no longer elevated, No, not rechecked	Action taken (see codes below and list all that apply)	Relevant notes

- | | |
|---|---|
| 1. Counseled patient on medication adherence | 5. Scheduled follow-up screening at the pharmacy at a later date |
| 2. Patient education on suggested lifestyle modification | 6. Contacted patient's primary care provider with recommendation(s) |
| 3. Referred patient to primary care provider for follow-up. | 7. No action needed/taken. |
| 4. Counseled patient on at-home BP monitoring | 8. Other: please describe |

SMBP Training /Loaner Program Log, Target: 2+/week (one of each)

Date	Initial Blood Pressure in mmHg	If BP is over 140/90, was the BP retaken?	Patient current HTN diagnosis?	Action taken (see codes below and list all that apply)	Relevant Notes
			Yes Not yet		
			Yes Not yet		
			Yes Not yet		

- | | |
|---|---|
| 1. Started patient on pharmacy loaner cuff/RPM program | 4. Referred patient to primary care provider for follow-up |
| 2. Counseled patient on self-monitoring, hypertension management. | 5. Contacted patient's primary care provider with recommendation(s) |
| 3. Demonstrate how to use a cuff or check for cuff accuracy | 6. Other: please describe |

Prediabetes Screening Log, Target: 5+/week including 1 NDPP referral

Date	Prediabetes risk test score	Action taken (see codes below and list all numbers that apply)	Relevant notes

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|--|---|
| 1. Referred patient to the National DPP (www.ndc3.org) | 5. Contacted patient's primary care provider with recommendation(s) |
| 2. Patient education on suggested lifestyle modification | 6. Patient screened low risk. No action taken |
| 3. Counseled patient on risk of diabetes | 7. Other: please describe |
| 4. Referred patient to primary care provider for follow-up | |

Diabetes Assessment Log, Target: 2+/week

Date	Recent A1c (note source)	Estimated date A1c collected?	Patient current Diabetes diagnosis?	Action taken (see codes below - list all that apply)	Relevant notes
			Yes Not yet		
			Yes Not yet		
			Yes Not yet		

- | | |
|---|---|
| 1. Counseled patient on self-monitoring, blood glucose management. | 5. Contact patient's primary care provider for a DSMES referral |
| 2. Patient education on recommended lifestyle modifications | 6. No action needed/taken |
| 3. Referred patient to primary care provider for follow-up | 7. Other: please describe |
| 4. Contacted patient's primary care provider with recommendation(s) | |

Immunization Screening Log, Target: 5+/week

Date	Vaccines indicated (list all that apply) COVID-19, Hep. B, influenza, PCV13, PPSV23, Shingrix, Tdap, Td.	Vaccines delivered (list all that apply) COVID-19, Hep. B, influenza, PCV13, PPSV23, Shingrix, Tdap, Td.	Reason for not providing vaccine (see codes below and list all that apply)	Relevant notes

- | | |
|--|-----------------------------|
| 1. Patient would like to speak with provider | 3. Pharmacy out of stock |
| 2. Pharmacy doesn't provide needed vaccine | 4. Other/no reason provided |

Patient/Provider Follow-Ups Target: 5+/week

Date	Chronic Disease(s) addressed:	Who was followed up with?	Action taken (see codes below and list all that apply)	Relevant notes:
	HTN DM Chol.	Patient Provider		
	HTN DM Chol.	Patient Provider		
	HTN DM Chol.	Patient Provider		
	HTN DM Chol.	Patient Provider		
	HTN DM Chol.	Patient Provider		
	HTN DM Chol.	Patient Provider		

- | | |
|--|---|
| 1. Patient had visit with provider. | 6. Patient reported increased medication adherence. |
| 2. Patient had chronic disease (lab/BP) rechecked with provider. | 7. Need to follow-up with patient/provider again. |
| 3. Medication was adjusted by provider, counseled patient on new medication. | 8. Patient has appointment scheduled. |
| 4. Patient/provider did not discuss. | 9. Patient reported adverse health event. |
| 5. Patient reported following lifestyle modification recommendations. | 10. Other: _____ |

Medication Therapy Management (Comprehensive Medication Review)

Target: 2+/week for each hypertension and diabetes

Date	Chronic Disease(s) addressed:	Was the MTM done thru...? Medicaid, Payable Platform, Not paid.	Complete Drug Therapy Problem worksheet. Relevant notes:
	HTN DM Chol.		
	HTN DM Chol.		
	HTN DM Chol.		
	HTN DM Chol.		