

Coronary Artery Disease Measures

30 patients needed - at least 2 must have Fee For Service Medicare.

Patient must be aged 18 years and older on date of encounter.

Provider Last Name: _____ Provider First Name: _____

NPI: _____ TIN: _____ Provider Phone: _____

Last Name: _____ First Name : _____ MI: _____

DOB: _____ GENDER: F__ M__ Medicare: Yes__ No__ Visit Date: _____

Tobacco Use Assessment

- Non-smoker
- Smokeless tobacco user
- Tobacco smoker
- Tobacco use NOT assessed

Tobacco Use Cessation Intervention

- Non-smoker
- Smokeless tobacco user AND cessation counseling given
- Smokeless tobacco user AND pharmacologic therapy given
- Tobacco smoker AND cessation counseling given
- Tobacco smoker AND pharmacologic therapy given
- Tobacco smoker AND cessation intervention NOT provided
- Smokeless tobacco user AND cessation intervention NOT provided

Oral Antiplatelet Therapy Prescribed for Patients with CAD

- Done
- Not Done - Medical Reason
- Not Done - Patient Reason
- Not Done - System Reason
- Not Done

Symptom and Activity Assessment

- Done
- Not Done

Please fax this form to MDinteractive at 866-251-4069. <http://www.mdinteractive.com>
For questions call 800-634-4731 or email pandre@mdinteractive.com

Drug Therapy for Lowering LDL

- Done
- Not Done - Medical Reason
- Not Done - Patient Reason
- Not Done - System Reason
- Not Done