



Diabetes Collaborative Registry™ v1.2 Data Collection Form

MRN¹⁵⁰⁰:	Encounter Date¹⁵¹⁰: mm / dd / yyyy	Practice ID¹⁵²⁰:	Location ID¹⁵³⁰:
Provider NPI¹⁵⁵⁰:	Encounter TIN¹⁵⁵⁵:	Patient new to the Practice¹⁵⁶⁰: <input type="radio"/> No <input type="radio"/> Yes	

A. PATIENT DEMOGRAPHICS

Patient Name (Last, First, MI) ^{2000, 2010, 2020} :	SSN²⁰³⁰:	PatientID²⁰⁴⁰: (auto)	Patient Zip²²⁰⁰:
Date of Birth²⁰⁵⁰: mm / dd / yyyy	Sex²⁰⁶⁰: <input type="radio"/> Male <input type="radio"/> Female		
<input type="checkbox"/> Patient Deceased²⁰⁶⁵ → Date²⁰⁶⁷ mm / dd / yyyy			
→ If Yes, Primary Cause of Death²⁰⁶⁸: <input type="radio"/> Cardiac <input type="radio"/> Neurologic <input type="radio"/> Renal <input type="radio"/> Vascular <input type="radio"/> Infection <input type="radio"/> Valvular <input type="radio"/> Pulmonary <input type="radio"/> Unknown <input type="radio"/> Other			
Race: (Check all that apply)			
<input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³			
Hispanic or Latino Ethnicity²⁰⁷⁶: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Ethnicity Type: (Check all that apply)			
<input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³			
Insurance Payers: (Check all that apply)			
<input type="checkbox"/> Private Health Insurance ³⁰²⁰ <input type="checkbox"/> Medicaid (fee for service) ³⁰³⁰ <input type="checkbox"/> Medicare (fee for service) ³⁰²⁸ <input type="checkbox"/> Military Health Care ³⁰²³ <input type="checkbox"/> Medicaid (managed care) ³⁰³¹ <input type="checkbox"/> Medicare (managed care) ³⁰²⁹ <input type="checkbox"/> State Specific Plan (non-Medicaid) ³⁰²⁴ <input type="checkbox"/> Indian Health Service ³⁰²⁵ <input type="checkbox"/> Non-US Insurance ³⁰²⁶ <input type="checkbox"/> None ³⁰²⁷			
Payer ID³¹⁰⁰: _____			

B. DIAGNOSES/CONDITIONS/COMORBIDITIES (CHECK ALL THAT APPLY, AND RECORD THE DATE OF ONSET OR FIRST DOCUMENTED DATE)

	DIABETIC		CARDIAC	
DIABETIC	<input type="checkbox"/> Diabetes Mellitus (Any)⁴¹⁵⁰ → Date⁴¹⁵² mm / dd / yyyy	PAD	<input type="checkbox"/> Peripheral Artery Disease⁴⁰⁹⁰ → Date⁴⁰⁹² mm / dd / yyyy	
	<input type="checkbox"/> Diabetes Mellitus Type 1⁴¹⁶⁰ → Date⁴¹⁶² mm / dd / yyyy		<input type="checkbox"/> PAD – Acute Limb Ischemia⁴¹⁰⁰ → Date⁴¹⁰² mm / dd / yyyy	
	<input type="checkbox"/> Diabetes Mellitus Type 2⁴¹⁷⁰ → Date⁴¹⁷² mm / dd / yyyy		<input type="checkbox"/> PAD – Claudication⁴¹¹⁰ → Date⁴¹¹² mm / dd / yyyy	
	<input type="checkbox"/> Prediabetes⁴¹⁸⁰ → Date⁴¹⁸² mm / dd / yyyy		<input type="checkbox"/> PAD – Critical Limb Ischemia⁴¹²⁰ → Date⁴¹²² mm / dd / yyyy	
	<input type="checkbox"/> Diabetic Peripheral Neuropathy⁴¹⁹⁰ → Date⁴¹⁹² mm / dd / yyyy		<input type="checkbox"/> PAD – Foot/Leg Cellulitis⁴¹³⁰ → Date⁴¹³² mm / dd / yyyy	
	<input type="checkbox"/> Diabetic Autonomic Neuropathy⁴²⁰⁰ → Date⁴²⁰² mm / dd / yyyy		<input type="checkbox"/> PAD – Lower Extremity Osteomyelitis (with or without limb ischemia)⁴¹⁴⁰ → Date⁴¹⁴² mm / dd / yyyy	
	<input type="checkbox"/> Diabetic Retinopathy⁴²¹⁰ → Date⁴²¹² mm / dd / yyyy		CARDIAC	<input type="checkbox"/> Hypertension⁴⁰³⁰ → Date⁴⁰³² mm / dd / yyyy
	<input type="checkbox"/> Gastroparesis⁴²⁷⁰ → Date⁴²⁷² mm / dd / yyyy			<input type="checkbox"/> Coronary Artery Disease⁴⁰⁰⁰ → Date⁴⁰⁰² mm / dd / yyyy
<input type="checkbox"/> Erectile Dysfunction⁴²⁸⁰ → Date⁴²⁸² mm / dd / yyyy	<input type="checkbox"/> Dyslipidemia⁴⁰²⁰ → Date⁴⁰²² mm / dd / yyyy			
<input type="checkbox"/> Metabolic Syndrome⁴²⁶⁰ → Date⁴²⁶² mm / dd / yyyy	<input type="checkbox"/> Heart Failure⁴⁰⁴⁰ → Date⁴⁰⁴² mm / dd / yyyy			
OTHER	<input type="checkbox"/> Chronic Kidney Disease⁴²⁴⁰ → Date⁴²⁴² mm / dd / yyyy	<input type="checkbox"/> Atrial Fibrillation/Flutter⁴⁰¹⁰ → Date⁴⁰¹² mm / dd / yyyy		
	<input type="checkbox"/> Chronic Liver Disease⁴²⁵⁰ → Date⁴²⁵² mm / dd / yyyy	<input type="checkbox"/> CAD - Stable Angina⁴⁰⁶⁰ → Date⁴⁰⁶² mm / dd / yyyy		
	<input type="checkbox"/> Depression⁴²⁹⁰ → Date⁴²⁹² mm / dd / yyyy			

C. EVENTS (CHECK ALL THAT APPLY OR INDICATE 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	CARDIAC (CONT.)	PCI – Drug Eluting Stent Implant^{E003}	mm / dd / yyyy
	Diabetic Ketoacidosis (DKA)^{E040}	mm / dd / yyyy		PCI – Other (non-stent) Intervention^{E004}	mm / dd / yyyy
	Hyperosmolar Hyperglycemic Syndrome (HHS)^{E041}	mm / dd / yyyy		Coronary Artery Bypass Graft^{E017}	mm / dd / yyyy
	Hypoglycemia (severe)^{E042}	mm / dd / yyyy		CRT-D^{E024}	mm / dd / yyyy
CARDIAC	Myocardial Infarction^{E001}	mm / dd / yyyy	ICD Implant^{E025}	mm / dd / yyyy	
	PCI (Any)^{E029}	mm / dd / yyyy	Permanent Pacemaker^{E027}	mm / dd / yyyy	
	PCI – Bare Metal Stent Implant^{E002}	mm / dd / yyyy			

C. EVENTS (CONT.) (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.

CVA	Hemorrhage (Any) ^{E031}	mm / dd / yyyy	OTHER	Acute Pancreatitis ^{E049}	mm / dd / yyyy
	Intracranial Hemorrhage ^{E007}	mm / dd / yyyy		Bariatric Surgery (Any) ^{E050}	mm / dd / yyyy
	Non Intracranial Major Hemorrhage (Any) ^{E032}	mm / dd / yyyy		Bariatric Surgery – Adjustable gastric banding ^{E051}	mm / dd / yyyy
	Stroke (Any) ^{E030}	mm / dd / yyyy		Bariatric Surgery – Biliopancreatic diversion with a duodenal switch ^{E052}	mm / dd / yyyy
	Stroke – Hemorrhagic ^{E016}	mm / dd / yyyy		Bariatric Surgery – Roux-en-Y gastric bypass ^{E053}	mm / dd / yyyy
	Stroke – Ischemic ^{E015}	mm / dd / yyyy		Bariatric Surgery – Vertical sleeve gastrectomy ^{E054}	mm / dd / yyyy
	TIA ^{E014}	mm / dd / yyyy		Foot Ulcer ^{E055}	mm / dd / yyyy
	Carotid Endarterectomy (Any) ^{E033}	mm / dd / yyyy		Gout ^{E056}	mm / dd / yyyy
	Carotid Endarterectomy – Right ^{E034}	mm / dd / yyyy		Hemodialysis ^{E057}	mm / dd / yyyy
	Carotid Endarterectomy – Left ^{E035}	mm / dd / yyyy		Hyperthyroidism ^{E058}	mm / dd / yyyy
	Carotid Artery Stent (Any) ^{E036}	mm / dd / yyyy		Hypothyroidism ^{E059}	mm / dd / yyyy
	Carotid Artery Stent – Right ^{E037}	mm / dd / yyyy		Infection (Any) ^{E060}	mm / dd / yyyy
Carotid Artery Stent – Left ^{E038}	mm / dd / yyyy	Infection – Pulmonary ^{E061}	mm / dd / yyyy		
PERIPHERAL	Amputation (Any) ^{E045}	mm / dd / yyyy	Infection – Urinary ^{E062}	mm / dd / yyyy	
	Amputation – Above Foot ^{E046}	mm / dd / yyyy	Non Alcoholic Fatty Liver Disease ^{E063}	mm / dd / yyyy	
	Amputation – Foot ^{E047}	mm / dd / yyyy	Sleep Apnea ^{E064}	mm / dd / yyyy	
	Amputation – Toe(s) only ^{E048}	mm / dd / yyyy	Syncope ^{E065}	mm / dd / yyyy	
	PAD – Peripheral Bypass ^{E043}	mm / dd / yyyy			
	PAD – Peripheral Intervention ^{E044}	mm / dd / yyyy			

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

Height: _____ in⁶⁰⁰⁰ cm⁶⁰⁰¹ Blood Pressure^{6010, 6011}: _____ / _____ mmHg

Weight: _____ lbs⁶⁰²⁰ kg⁶⁰²¹ Patient unable to be weighed⁶⁰²⁵ Waist Circumference: _____ in⁶⁰²⁶ cm⁶⁰²⁷

Tobacco Use⁶⁰³⁰: Never Current Quit within past 12 months Quit more than 12 months ago
 Screening not performed for medical reasons

→ If Current or Quit within 12 months, Smoking Cessation Counseling Provided⁶⁰⁴⁰: No Yes

Patient asked, during any previous encounter in the past 24 months, about the use of Tobacco⁶⁰⁴⁵: No Yes

Alcohol Use⁶⁰⁴⁷: None <1 drinks/wk 2-7 drinks/wk 8-14 drinks/wk >= 15 drinks/wk

Advance Care Plan OR Discussion of Advance Care Plan Documented⁶⁰⁵⁰: No – Not documented No – patient reason Yes

Patient screened for evidence of Nephropathy⁶⁰⁵⁵: No Yes → If Yes, Date⁷²¹²: mm / dd / yyyy

EDUCATION/COUNSELING

Discussion of Lifestyle Modifications Documented⁶¹⁰⁰: No Yes Patient enrolled in weight loss program⁶¹⁰⁵

Patient Education (within past 24 months)⁶¹¹⁰:

No – Patient not counseled or educated No Counseling or Education – Medical Reason Yes

→ If Yes, (check all that apply): Healthy Diet Counseling⁶¹²⁰ Medication Instruction⁶¹²¹ Physical Activity Counseling⁶¹²²
 Symptom Management⁶¹²³ Weight Monitoring⁶¹²⁴

FOOT EXAMS/PROCEDURES

Foot Exam (within past 12 months)⁶⁶³⁰: No - Not Documented Yes → If Yes, Date⁶⁶³²: mm / dd / yyyy

Mono Filament Exam⁶⁶⁴⁰: No Yes Pulse Exam⁶⁶⁵⁰: No Yes Ankle Brachial Index Test⁶⁶⁶⁰: No Yes

EYE EXAMS/PROCEDURES

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

Retinal or Dilated Eye Exam (within past 12 months)⁶⁶⁸⁰: No – Not Documented Yes

→ If Yes, Date⁶⁶⁸²: mm / dd / yyyy

DIABETES DEVICES

Insulin Pump⁶⁷⁰⁰ → If Yes, Date⁶⁷⁰²: mm / dd / yyyy

Continuous Glucose Monitoring⁶⁷¹⁰ → If Yes, Date⁶⁷¹²: mm / dd / yyyy

D. ENCOUNTER INFORMATION (CONT.)

CAD	CCS Class ⁶⁴³⁰ : <input type="radio"/> No angina <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV
	Cardiac Rehabilitation Referral or Plan for Qualifying Event/Diagnosis in past 12 months ⁶⁴⁵⁰ : <input type="radio"/> Yes – Referral/Plan Documented <input type="radio"/> No Referral/Plan – Medical Reason <input type="radio"/> No Qualifying Event/Diagnosis <input type="radio"/> No Referral/Plan – System Reason <input type="radio"/> Patient Already Participating in Rehab
	<small>(Note: Qualifying event/diagnoses includes Myocardial Infarction, Valve surgery, Heart Transplant, Heart Failure, CABG, PCI and also new Stable Angina diagnosis.)</small>
	Referral for Consideration for Coronary Revascularization ⁶⁴⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes
	Referral for Additional Evaluation/Treatment of Anginal Symptoms ⁶⁴⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes
HF	NYHA Class ⁶¹³⁰ : <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV LVEF Assessed Date ⁶⁴⁰⁰ : mm / dd / yyyy LVEF ⁶⁴¹⁰ : _____ %
	LV Qualitative Assessment ⁶⁴²⁰ : <input type="radio"/> Hyperdynamic: > 70 <input type="radio"/> Normal: 50 – 70 (Note: If a LVEF range is documented, take the average, round up and refer to the LVEF Status ranges (right) to code.) <input type="radio"/> Mildly reduced: 40 – 49 <input type="radio"/> Moderately reduced: 30 – 39 <input type="radio"/> Severely reduced: ≤ 29

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

DIABETES/CAD	Lipid Panel Obtained Date ⁷⁰⁰⁰ : _____ mm / dd / yyyy	Diabetes	Glucose timing ⁷⁰⁶⁰ : <input type="radio"/> Fasting <input type="radio"/> Random
	Total Cholesterol ⁷⁰¹⁰ : _____ mg/dL		Plasma Glucose Results ⁷⁰⁷⁰ : _____ mg/dL → Date ⁷⁰⁷² mm / dd / yyyy
	High Density Lipoprotein (HDL) ⁷⁰²⁰ : _____ mg/dL		2 hour Plasma Glucose during Oral Glucose Tolerance Test ⁷⁰⁹⁰ : _____ mg/dL → Date ⁷⁰⁹² mm / dd / yyyy
	Low Density Lipoprotein (LDL) ⁷⁰³⁰ : _____ mg/dL		HbA1c ⁷⁰⁸⁰ : _____ % → Date ⁷⁰⁸² mm / dd / yyyy
	Direct Low Density Lipoprotein (DLDL) ⁷⁰⁴⁰ : _____ mg/dL Triglycerides ⁷⁰⁵⁰ : _____ mg/dL		
RENAL, HEPATIC AND PANCREATIC FUNCTION	ALT ⁷³⁰⁰ : _____ U/L → Date ⁷³⁰² mm / dd / yyyy	Estimated Glomerular Filtration Rate ⁷²⁰⁰ : _____ mL/min → Date ⁷²⁰² mm / dd / yyyy	
	Amylase ⁷³¹⁰ : _____ U/L → Date ⁷³¹² mm / dd / yyyy	hs CRP ⁷³⁸⁰ : _____ mg/dL → Date ⁷³⁸² mm / dd / yyyy	
	AST ⁷³²⁰ : _____ U/L → Date ⁷³²² mm / dd / yyyy	Lipase ⁷³⁹⁰ : _____ U/L → Date ⁷³⁹² mm / dd / yyyy	
	Bilirubin – Direct ⁷³⁴⁰ : _____ U/L → Date ⁷³⁴² mm / dd / yyyy	Serum Creatinine ⁷²³⁰ : _____ mg/dL → Date ⁷²³² mm / dd / yyyy	
	Bilirubin – Total ⁷³⁵⁰ : _____ U/L → Date ⁷³⁵² mm / dd / yyyy	TSH ⁷⁴⁰⁰ : _____ mg/dL → Date ⁷⁴⁰² mm / dd / yyyy	
	Blood Urea Nitrogen (BUN) ⁷³⁶⁰ : _____ mg/dL → Date ⁷³⁶² mm / dd / yyyy	Uric Acid ⁷⁴¹⁰ : _____ mg/dL → Date ⁷⁴¹² mm / dd / yyyy	
	Creatinine Clearance ⁷²²⁰ : _____ mL/min → Date ⁷²²² mm / dd / yyyy	24 Hr Urine Protein ⁷⁴²⁰ : _____ g/24h → Date ⁷⁴²² mm / dd / yyyy	
	Cystatin-C (Cystatin) ⁷³⁷⁰ : _____ mg/L → Date ⁷³⁷² mm / dd / yyyy	Urine Albumin Creatinine Ratio (UACR) ⁷⁴³⁰ : _____ mg/24h → Date ⁷⁴³² mm / dd / yyyy	
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	

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	SOURCE MEDICATION CODE ⁹³⁰⁷	SOURCE MEDICATION CODE SYSTEM ¹ ⁹³⁰⁹	ADMINISTERED ⁹³⁰⁵				
							YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)	
GLUCOSE LOWERING MEDICATIONS	SHORT/RAPID (MEALTIME, PRANDIAL, NUTRITIONAL)	Aspart					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Lispro					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Glulisine						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Regular Human Insulin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Inhaled Insulin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INTERMEDIATE/LONG (BASAL)	Glargine						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Detemir						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NPH						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Degludec ⁺						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PRE-MIXED INSULINS	70% Human Insulin Isophane Suspension and 30% Human Insulin Injection (NPH-Regular 70-30 Premix)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		70% Insulin Aspart Protamine Suspension and 30% Insulin Aspart Injection (Insulin Aspart 70-30 Premix)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		75% Insulin Lispro Protamine Suspension and 25% Insulin Lispro Injection (Insulin Lispro 75-25 Premix)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		50% Insulin Lispro Protamine Suspension and 50% Insulin Lispro Injection (Insulin Lispro 50-50 Premix)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Metformin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SULFONYLUREAS	Glimepiride						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Glipizide						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Glyburide						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GLINDES	Repaglinide						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Nateglinide						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	THIAZOLIDINEDIONES	Pioglitazone						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Rosiglitazone						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPP-4 INHIBITORS	Sitagliptin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Saxagliptin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Linagliptin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Alogliptin						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ALPHA-GLUCOSIDASE	Acarbose						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Miglitol						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BILE ACID SEQUESTRANTS	Colesevelam						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹PLEASE 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	SOURCE MEDICATION CODE ⁹³⁰⁷	SOURCE MEDICATION CODE SYSTEM ¹ ⁹³⁰⁹	ADMINISTERED ⁹³⁰⁵				
							YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)	
GLUCOSE LOWERING MEDICATIONS	DOPAMINE AGONISTS	Bromocriptine					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	AMYLINOMIMETICS	Pramlintide Acetate					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	GLP-1 AGONISTS	Exenatide						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Exenatide QW						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Liraglutide						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Albiglutide						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Dulaglutide ⁺						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Lixisenatide ⁺						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	SGLT-2 INHIBITORS	Canagliflozin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Dapagliflozin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Empagliflozin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	COMBINATION PILLS	Pioglitazone & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Pioglitazone & Glimepiride						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Glyburide & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Glipizide & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Sitagliptin & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Saxagliptin & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Linagliptin & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Alogliptin & Metformin						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Alogliptin & Pioglitazone						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repaglinide & Metformin							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rosiglitazone & Metformin							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rosiglitazone & Glimepiride							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Empagliflozin & Linagliptin							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Empagliflozin & Metformin							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

¹PLEASE 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	SOURCE MEDICATION CODE ⁹³⁰⁷	SOURCE MEDICATION CODE SYSTEM ¹ ⁹³⁰⁹	ADMINISTERED ⁹³⁰⁵			
							YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)
LIPID LOWERING	NON-STATIN	Lipid Lowering Non-Statins (Any)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Ezetimibe					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fibrates					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Niacin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Omega 3 Fatty Acid					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	STATIN*	Low Intensity Statin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Moderate Intensity Statin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		High Intensity Statin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCSK9	Alirocumab					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Evolocumab					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEIGHT LOSS MEDICATIONS	Phentermine & Topiramate extended-release					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bupropion/Naltrexone					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lorcaserin Hydrochloride					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKING CESSATION*	Bupropion					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Nicotine Replacement Therapy					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Varenicline					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANTIPLATELETS	P2Y12	Aspirin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Aspirin-dipyridamole (Aggrenox)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clopidogrel					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ticlopidine					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Prasugrel					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ticagrelor					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANTICOAGULANTS*	Apixaban					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dabigatran					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Rivaroxaban					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Warfarin					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Edoxaban ⁺					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹PLEASE 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	SOURCE MEDICATION CODE ⁹³⁰⁷	SOURCE MEDICATION CODE SYSTEM ¹ ⁹³⁰⁹	ADMINISTERED ⁹³⁰⁵				
							YES (PRESCRIBED)	NO (MEDICAL REASON)	NO (PATIENT REASON)	NO (SYSTEM REASON)	
ANTIHYPERTENSIVE	ACE Inhibitor*						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	ARB*						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Medoxomil/Amlodipine/Hydrochlorothiazide (Tribenzor)						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	CA CHANNEL BLOCKERS	Calcium Channel Blocker (Any)						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Dihydropyridine						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Non-Dihydropyridine						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DIURETICS*	Diuretic (Any)						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Loop Diuretic						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Thiazide Diuretic						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Potassium Sparing Diuretic						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BETA BLOCKER*	Beta Blocker (Any)						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Atenolol						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Bisoprolol						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Carvedilol						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Metoprolol succinate						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Metoprolol tartrate						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Nebivolol						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ANTI ANGINAL	Ranolazine						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

¹PLEASE 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 Date⁹⁵⁰⁰: mm / dd / yyyy → If Admitted, Primary Reason⁹⁵⁰⁵: _____ Coding Standard⁹⁵¹⁰: ICD-9 ICD-10

Discharge Date⁹⁵⁰²: mm / dd / yyyy Secondary Diagnoses⁹⁵⁰⁷: _____