

CORONARY ARTERY DISEASE
 Patient Care Treatment Form
 Completed when claiming tariff 8434

Date of Service of CDM Claim (YYYY-MM-DD)	Physician Surname	Physician Given Name	Billing #

Patient Surname	Patient Given Name	Gender	Registration #	PHIN #	Birthdate (YYYY-MM-DD)
		<input type="checkbox"/> F <input type="checkbox"/> M			

Weight (kg)

Height (cm)

Date Completed
(YYYY-MM-DD)

Blood Pressure Measurement

Patient age- 18 years or older

Systolic

Diastolic

Target <140/90 OR <130/80 with
renal disease and/or diabetes

Date Completed
(YYYY-MM-DD)

Lipid Profile

Patient age: 18 - 74 years

Frequency: Once in 60 months

LDL

Target < 2.0 mmol/L

TC/HDL

Target < 4.0 mmol/L

Non HDLChol

Target <2.6 mmol/L

N/A Patient prescribed statins

Date of last Statin

Prescription (yyyy-mm-dd)

Date Completed
(YYYY-MM-DD)

Lipid Reduction Counselling

Patient age: 18 to 74 years with

LDL level greater than 2.0 mmol/L or non HDL Chol Level greater than
2.6mmol/L or prescribed with lipid lowering medication

Yes Not required

Date Completed
(YYYY-MM-DD)

NOTES:

- Please retain a copy of this form in your patient chart.
- This form can be submitted in person to **Manitoba Health, Seniors and Active Living** during business hours (8:30 am to 4:30 pm, Monday to Friday),
- or by mail to this address: **Claims Unit - Patient Care Treatment Forms
Manitoba Health, Seniors and Active Living
300 Carlton Street
Winnipeg, MB R3B 3M9**
- DO NOT FAX - any fax received will NOT be considered submitted.