

HYPERTENSION
 Patient Care Treatment Form
 Completed when claiming tariff 8435

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 and 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 to 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 on statins in last 12 months

N/A - Patient has low cardiovascular risk

Date Completed
(YYYY-MM-DD)

Test to Detect Renal Dysfunction

Patient age: 18 to 74 years

eGFR Target > 60 mL/min

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.