The Community Pharmacy Care Plan Service – Clinical Measures Recording Form

This form can be completed by the pharmacy assistant prior to the consultation with the pharmacist.
It is best to enter this information directly onto PharmOutcomes. Only use this form for quickly writing down clinical results if necessary and sharing them with the patient's GP.

Date:		Condition(s) (tick)	Other LTCs:
Name:		☐ Hypertension	
D.O.B. (16+):		☐ Diabetes	
Address 1:		☐ Asthma	
Address 2:		☐ COPD	
Postcode:		☐ Pain	

Baseline Clinical Measures (all patients, months 0 and 6)

Blood pressure		**BMI**	
Systolic (mmHg):		Weight (kg):	
Diastolic (mmHg):		Height (m):	
		BMI (kg/m^2)*:	
Cholesterol		**Notes:**	
Total cholesterol (mmol/l)			
HDL cholesterol (mmol/l)			
Total:HDL ratio:			

Condition Specific Assessment Tools

☐ Pain	Pain score (0-25):	
☐ Diabetes	10 Point checklist:	
	Blood glucose (mmol/l):	
☐ Asthma	ACT Score (5-25):	
	Peak flow:	
☐ COPD	CAT Score (0-40):	
	MRC Breathlessness Score (1-5):	

GP Name:	
GP Address 1:	
GP Address 2:	
GP Address 3:	
Postcode:	

Notes:

*To calculate BMI, use the following formula. There is a calculator in PharmOutcomes that does this for you.

```
BMI = (Weight in Kilograms / (Height in Meters x Height in Meters))
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