

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
FULL COMMITTEE'S REVIEW OF PATIENT WITH HIGH MAP FORM # 34**

This form is completed for every patient who has systolic > 180 or diastolic > 110 at their two most recent visits and is referred to the MAP Goal Achievement Committee because of this. This form is to be completed by a DCC staff member during the course of the MAP Goal Achievement monthly conference call.

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1. Identification Number.....

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2. Name Code.....

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3a. Date of conference call:
mm/dd/yyyy

call-dt

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3b. Date of last high bp measure: hi-BP-dt
mm/dd/yyyy

4. What did the committee agree to do with this patient? cmt-agre
- 1 = Nothing for now, based on the center's written summary or based on discussion with the center
 - 2 = Nothing for now, because we reviewed this patient in the last 12 months and there is no change.
 - 3 = Nothing for now, will re-visit in 6 months
 - 4 = Nothing for now, because the DCC still needs to get the center's written summary; we will look at this patient again next month
 - 5 = The DCC should send an inquiry to get clarification regarding the data
 - 6 = The DCC should send an inquiry suggesting that this center consider filing a stop point form for inadequate blood pressure control
 - 7 = We have not talked to the center, but based on the data, the DCC should refer this patient to the Adherence Committee
 - 8 = We discussed this patient with a doctor from this center on the call, and the DCC should refer this patient to the Adherence Committee
 - 9 = We discussed this patient with a doctor from this center on the call and we have a plan
 - 10 = Dr. Breyer Lewis will call the patient's Clinical Center
 - 11 = Dr. Bourgoignie call the patient's Clinical Center
 - 12 = Dr. Hebert will call the patient's Clinical Center
 - 13 = Dr. Middleton will call the patient's Clinical Center
 - 14 = Dr. Norris will call the patient's Clinical Center
 - 15 = Dr. Phillips will call the patient's Clinical Center
 - 16 = Dr. Randall will call the patient's Clinical Center
 - 17 = Dr. Rostand will call the patient's Clinical Center
 - 18 = Dr. Toto will call the patient's Clinical Center
 - 19 = Dr. Wright will call the patient's Clinical Center

(Note: If item 4 is answered with codes 10 to 19, we will expect a Form 35.)

5. Comments of committee

Cmt - text

201. Certification ID of person completing this form _____ *Compl-by*

202. Certification ID of person entering this form _____ *enter-by*

For DCC Use

Date Entered ____/____/____

Verified? _____