Year 2018

Date:_____

	Patient Name	Care Plan			Falls: Risk Assessment			Falls: Plan of Care			CHF w/ LVEF <40% - ACE or ARB Prescribed			CHF w/ LVEF <40% - Beta-Blocker Prescribed			IF Diabetes Dx: Hemoglobin A1c Poor Control			
		Discussed & Documented	Discussed & Documented but No Decision	Discussed NOT Documented	Assessed & Documented Risk - 2 or More Falls in Past Year	Not Assessed - Medical Reason Documented - 2 or More Falls in Past Year	Not Documented Fall Status	Documented	No Plan - Medical Reason Documented	Not Documented - Reason Not Specified	ACE or ARB Prescribed or Being Taken	Not Prescribed - Medical Reason	Not Prescribed - Reason Not Specified	Beta-Blocker Therapy Prescribed	Not Prescribed - Medical Reason	Not Prescribed - Reason Not Specified	Less than 7%	Between 7% and 9%	Greater than 9%	Level NOT Performed
		1123F	1124F	1123F-8P	3288F and 1100F	3288F-1P and 1100F	3288F-8P and 1100F	0518F	0518F-1P	0518F-8P	3021F and 4010F	3021F and 4010F-1P	3021F and 4010F-8P	G8923 and G8450	G8923 and G8451	G8923 and G8452	3044F	3045F	3046F	3046F-8P
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