**SDPI Healthy Heart Project**

**Medical clearance form**

Fort Belknap Indian Community

**Medical Clearance Form**

**SDPI Grant criteria requires all lab values, ECG, and Medical Clearance be completed within 30 days of Enrollment or Annual Assessment due date.**

**\*The due-date parameters are located on EHR under the tab “Cover Sheet”, listed under the “Crisis Alerts” heading.**

|  |  |
| --- | --- |
| Date | Chart Number: |
| Patients Name: |
| **REQUIRED LAB TESTS (within 30 days of due date)** | **RESULTS/ DATE PERFORMED** |
| LDL – Cholesterol *(calculated )* |  |
| LDL Direct |  |
| HDL |  |
| Cholesterol |  |
| Triglycerides |  |
| HA1C |  |
| A/C Ratio |  |
| **ECG** | **Results / Dates Performed** |
| Was an ECG Performed today?Are you recommending a stress test? | * Yes
* No Date performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Yes
* No

If yes, indicate date of scheduled Stress test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DIAGNOSIS IN ADDITION TO TYPE II DIABETES** |
| Does the Patient have a diagnosis of Cardiovascular Disease?Comments: | * No
* Yes, please indicate type below:

Coronary Artery disease Y N Diagnosis date: \_\_\_\_\_\_\_Cerebral Acicular Disease Y N Diagnosis Date:\_\_\_\_\_\_\_Peripheral Vascular Disease Y N Diagnosis date:\_\_\_\_\_\_\_\_Aortic Disease Y N Diagnosis Date:\_\_\_\_\_\_\_ |
| **PARTICIPATION CLEARANCE** |
| Does the patient have cardiac clearance to participate in a Physical Fitness program? | * Yes
* No
 | Please indicate the following exercises the patient can participate in:* Swimming
* Walking
* Aerobics
* Weight lifting
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| At this time, does the medical provider performing this physical exam agree that the patient is medically stable and is therefore a good candidate for the Healthy Heart Project? | * Yes
* No
 | If no, please state why. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Primary Provider Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date