

Patient eligibility screening tool



This screening tool is designed to help support quick identification of patients who do not meet basic eligibility criteria for services available under the Queensland Community Pharmacy Chronic Conditions Management Pilot.

This screening step **does not replace the pharmacist's full clinical eligibility assessment** for those patients that progress past the screening phase. Additional exclusion criteria such as red-flag signs and symptoms must still be assessed by the pharmacist as part of a comprehensive consultation.

Where a patient does not meet the eligibility criteria, they may be provided with usual pharmacy care support and/or referred to other healthcare providers as appropriate.

Patient Information			
Patient name:		Patient age:	
General eligibility criteria			
		Eligible	Not eligible
Is the patient pregnant or planning a pregnancy?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If the patient is under the care of a Specialist, have they been referred into the program by their Specialist?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Improved Asthma Symptom Program:	Is the patient between 16 and 65 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COPD Monitoring Program:	Is the patient 35 years or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CVD Risk Reduction Program:	Is the patient between 18 and 79 years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Condition specific criteria			
Improved Asthma Symptom Program			
Does the patient have a diagnosis/history of:	Hospitalisation or ED presentation for asthma exacerbations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Asthma-related anaphylaxis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	COPD	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Chronic Kidney Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chronic Obstructive Pulmonary Disease (COPD) Monitoring Program			
Does the patient have a diagnosis/history of:	Greater than 2 COPD exacerbations in past 12 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Hospitalisation for COPD	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Depression, anxiety, panic attacks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cardiovascular Disease Risk Reduction Program			
Does the patient have a diagnosis/history of:	Chronic Kidney Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Type 1 Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Type 2 Diabetes managed with insulin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Cardiothoracic surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Stroke	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	DVT/ Blood clots	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	COPD	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Note: This tool should not replace or substitute the accurate and complete recording of information in the Pilot Clinical Information System.