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Date

d	d	/	m	m	/	y	y	y	y
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1. QOF Indicators

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|------------------------|--------------------------|----------------|--------------------------|------------|--------------------------|
| Cancer other than lung | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | COPD | <input type="checkbox"/> |
| CHD | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Dementia | <input type="checkbox"/> |
| Heart Failure | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | Depression | <input type="checkbox"/> |
| Atrial Fibrillation | <input type="checkbox"/> | Hypothyroidism | <input type="checkbox"/> | SMI | <input type="checkbox"/> |
| Stroke and TIAs | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Obesity | <input type="checkbox"/> |

2. Prescription Records

Pill HRT

3. Medical Records

Pregnant