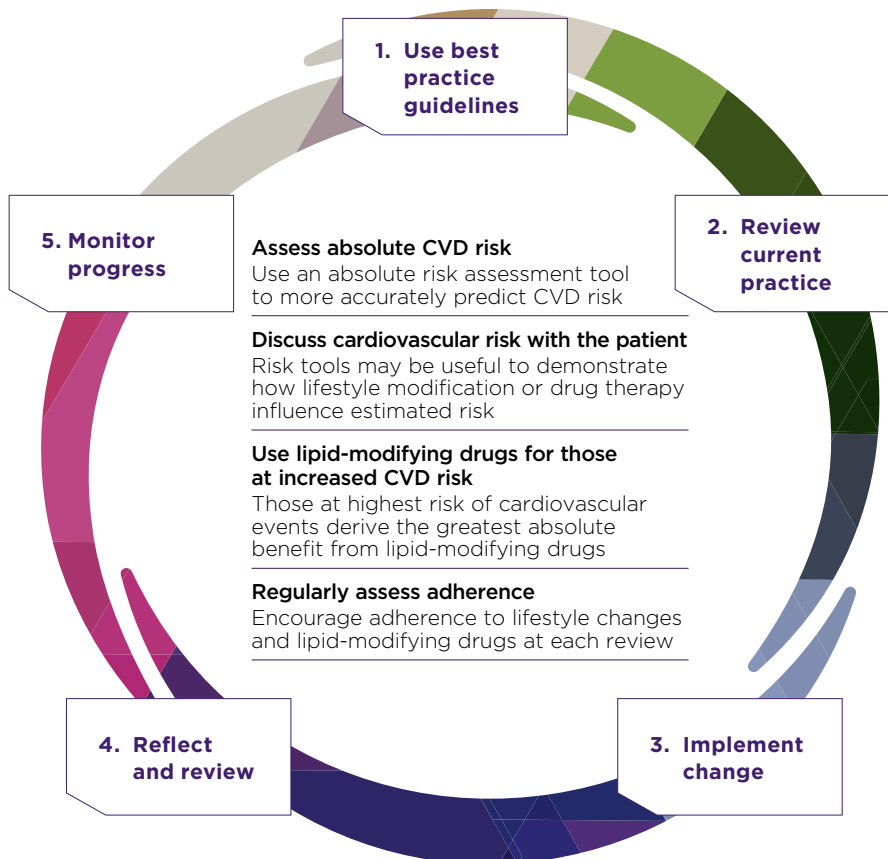


## CVD RISK AND LIPID-MODIFYING THERAPY

### Review 10 patients

- ▶ aged 45 years and above, or if Aboriginal/Torres Strait Islander aged 35 years and above, and
- ▶ with one or more risk factors for CVD



### Benefits of NPS Clinical e-Audits

- ▶ quick and easy to complete
- ▶ free and independent quality improvement activity
- ▶ evidence-based clinical guidance
- ▶ secure data transmission
- ▶ immediate individualised feedback
- ▶ compare improvements in your practice against best practice clinical indicators and your peers

### Earn CPD points and incentives

- ▶ This Clinical Audit activity has been approved by the RACGP QI&CPD Program. Total points for steps 1-5: 40 (Category 1)
- ▶ This Clinical e-Audit has been approved with ACRRM for 30 Core PDP Points.
- ▶ This Clinical e-Audit is recognised for the Quality Prescribing Initiative of the Practice Incentive Program (QPI PIP).

### Enrol now

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- ▶ Type 2 diabetes

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### Participant details (Please use BLOCK LETTERS)

<input type="checkbox"/> GP	<input type="checkbox"/> GP registrar	<input type="checkbox"/> Other medical specialist (please mark relevant box)			
Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Family name	<input type="text"/>				
Given name	<input type="text"/>				
Postal address	<input type="text"/>				
Town or Suburb	<input type="text"/>				
State or Territory	<input type="text"/>	Postcode	<input type="text"/>		
How would you like to receive your e-audit?	<input type="checkbox"/> email me a link to download		<input type="checkbox"/> CD in the post		
Email	<input type="text"/>				used for reminders and further correspondence on NPS activities.
Phone no.	( <input type="text"/> )	<input type="text"/>	Prescriber no.	<input type="text"/>	
Fax no.	( <input type="text"/> )	<input type="text"/>	Provider no.	<input type="text"/>	
<input type="checkbox"/>	NPS consults widely with general practitioners in the development of quality improvement activities.				
<input type="checkbox"/>	YES, I am interested in participating in the development of NPS quality improvement activities.				

Personal information provided on this form will be used by NPS and otherwise disclosed to health professional associations for the purpose of managing your participation in continuous professional development and quality improvement programs in which you choose to participate. For further information, please see the NPS Privacy Policy, a copy of which is available at [www.nps.org.au/privacy](http://www.nps.org.au/privacy).

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