



BPAC Clinical Solutions

Common Form

**Cardiovascular & Diabetes Risk
Assessment**

User Guide

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Overview

To help support managing long term chronic conditions, the **Common Form** is a standardised tool to assist clinical review, disease monitoring and clinical management for CVRA and Diabetes.

The Common Form provides the following functionality:

- It is a dynamic form that will change format based on the clinical information recorded in Medtech/Indici and as information is entered into the form i.e. the display for a patient without diabetes will be different to the same patient with diabetes.
- Pre-populates all relevant data from Medtech patient record.
- Where possible all information will write back into Medtech, e.g. smoking status, smoking cessation brief advice or refused smoking cessation will write back the appropriate classification or screening information in Medtech/Indici. Manually entered lab result data is not verified, and will not write back to MedTech/Indici and will only save on a completed form as an outbox document.
- Creates a recall for the patient for their next review or monitoring appointment.
- The algorithms and rules behind the Common Form reflect the 2019 update of the NZGG Primary Care Handbook for CVRA, diabetes screening and management.
- The Common Form CVRA is designed to collect only the minimum information needed to calculate risk, thereby avoiding unnecessary clicks. It then prompts with recommended management options allowing clinicians to focus on optimising best practice.

Guide

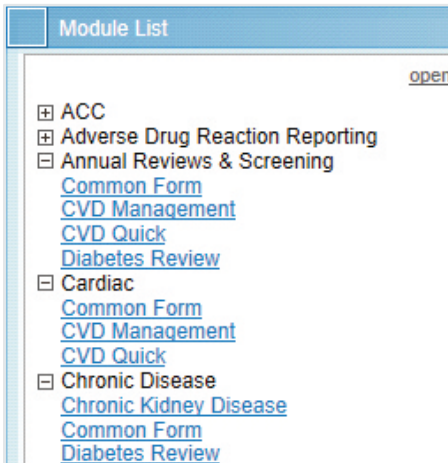
The Common Form has the following features:

- The form will display the information for the patient selected and change intuitively when data is entered.
- Clinical Management Advice is automatically displayed when the patient's CVRA is calculated.
- Fields will already be selected or self-populate if the correct coding is used within Medtech/Indici. Over time the Patient Prompt and Common Form tools will improve data quality because they are mapped to multiple codes but will write back the 'approved' standardised codes.

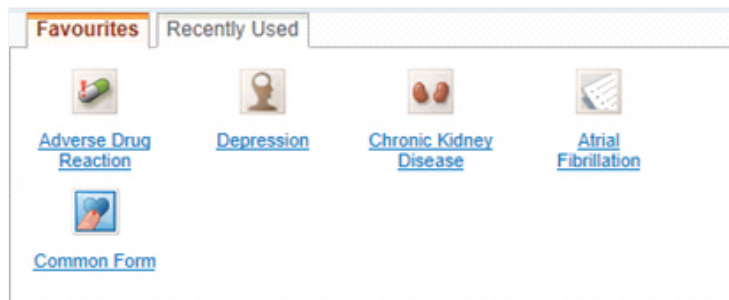
Accessing through Best Practice main menu

To access the Common Form through the BPAC main menu:

1. Click on the Best Practice icon in Dynamic Integrations.
2. The common form is available under several headings in the 'Module List':



NB: Adding the Common Form to your Favourites tab can be done by ticking the green box next to that module in the list:



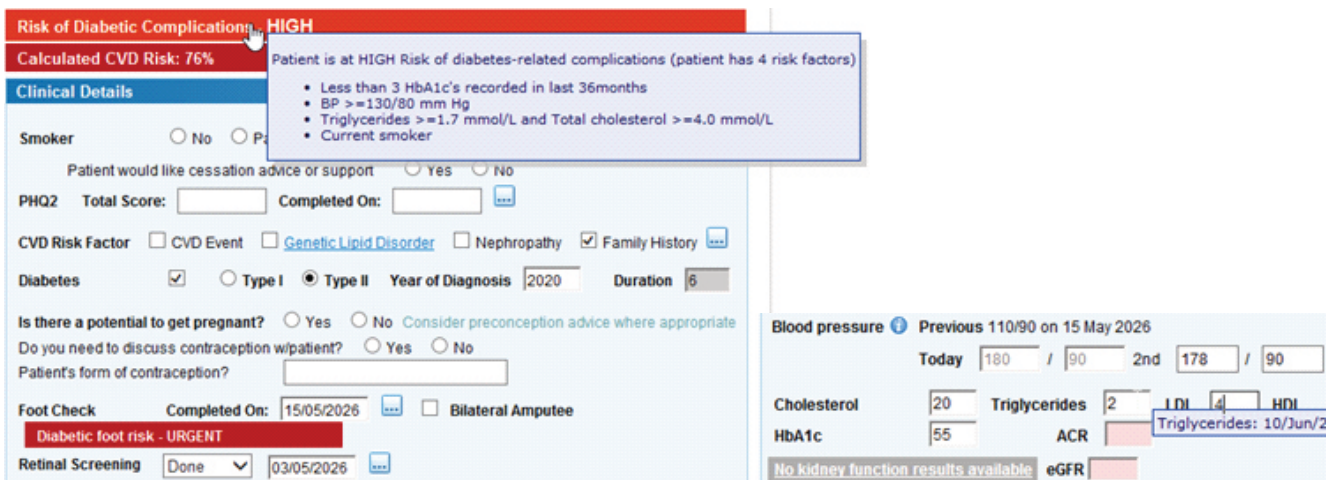
Accessing through the common form icon

To access the Common Form through the common form icon:

1. Click the Common Form icon. 

Information hovers

More information is available within the form by hovering the mouse over the label or field, e.g. Risk definition or date of data.



Overview of form functions

Risk of Diabetic Complications - SEVERE
Calculated CVD Risk: 79%

Clinical Details

Smoker No Past Recently quit Yes **1**

Patient would like cessation advice or support Yes No

Brief advice to quit smoking given Provided cessation behavioural support

Prescribed cessation medication Referral to cessation support

PHQ2 Total Score: Completed On: **2**

CVD Risk Factor Current Genetic Lipid Disorder Nephropathy Family History **3**

Diabetes Type I Type II Year of Diagnosis 2020 Duration 6

Is there a potential to get pregnant? Yes No Consider preconception advice where appropriate

Do you need to discuss contraception w/patient? Yes No

Patient's form of contraception?

Foot Check Completed On: 15/05/2026 Bilateral Amputee

Diabetic foot risk - URGENT

Retinal Screening Done 03/05/2026

DDS2 Total Score: Completed On: **4**

Height 152 Weight 65 BMI 28.1

Blood pressure Previous 110/90 on 15 May 2026

Today 180 / 90 2nd 178 / 90

Cholesterol 20 Triglycerides 2 LDL 4 HDL 2 TC:HDL 10

HbA1c 55 ACR 1 **5**

No kidney function results available eGFR 33

Graphs HbA1c Cholesterol Triglycerides LDL HDL eGFR BP

Clinical Management Advice **6** KEY C Clinical R Medication L Lifestyle

C Active foot disease
Urgent referral to Multi-disciplinary or Hospital Foot Clinic for active ulceration and suspected Charcot foot. Urgent Hospital admission for severe or spreading infection or critical limb ischaemia. Provide written and verbal education with emergency contact numbers.

R Statins and blood pressure lowering
Strong evidence supports using statins and blood pressure lowering to prevent CVD events and deaths. Review annually. Repeat risk assessment annually.

L Lifestyle changes
Lifestyle advice (diet, weight management, physical activity smoking cessation).

R Recommend lipid-lowering (unless contraindicated)
Recommend lipid-lowering drug treatment
Statins are the preferred choice of lipid-lowering drugs as they consistently reduce morbidity and mortality across a wide range of population subgroups regardless of cholesterol levels.

C Lipid monitoring
Monitor non-fasting lipids every 6 to 12 months until the agreed management target has been achieved. Annual monitoring is appropriate once agreed target achieved.

R Drug therapy and lifestyle to control bp
Consider drug treatment and lifestyle changes for blood pressure control

R Blood pressure control and renal disease
ACE inhibitor or ARB should be the first line of therapy. Measure eGFR, albumin:creatinine ratio and serum potassium 5 to 10 days after starting treatment and regularly during treatment. Also consider thiazide diuretics and calcium channel blockers

R Aspirin not recommended
Aspirin not recommended for primary CVD prevention for patient over 70 years of age.

L Lifestyle **7**
Change **8** d/nutrition, p **9** and activity **10**

Refresh Save View Care Plan Patient Overview Ext

1. Pink fields are mandatory and need updating regularly.
2. Click on the blue *Details* icon to enter/view further information.
3. When patient has diabetes coded, the relevant fields become available on the form.
4. Grey fields are calculated by the form.
5. See *Common Form Clinical Rationale* section on page 11.
6. Clinical Management Advice will appear according to CVD risk.
7. Clicking *Refresh* will pull through any changes in Medtech/Indici since the form was opened, i.e. medication changes.
8. Clicking *Save* writes information to Medtech/Indici in the patient's record and also submits the completed form.
9. Clicking *Patient Overview* gives a summary of demographics, labs, and classifications for this patient.
10. Clicking *Exit* will cancel any unsaved changes made.

NZPP

The NZPP CVD risk is based on the PREDICT cohort study, which is an open cohort that will continue to grow. The NZPP risk has changed weightings that effect 5 year CVD risk based on factors such as ethnicity, gender, quintile, smoking status, lipid and BP medications used, and conditions such as Diabetes and Atrial Fibrillation.

[Cardiovascular Disease Risk Assessment Data Standard HISO 10071:2025](#)

[Cardiovascular Disease Risk Assessment and Management for Primary Care](#)

Calculating CVD risk

The following contribute to calculating the CVD risk:

- Age
- Biological sex
- Ethnicity
- NZ Deprivation Index
- Atrial fibrillation
- Diabetes
- Duration of diabetes
- Family history of premature ischaemic CVD
- Smoking status
- Blood pressure
- Body mass index
- Non-fasting total cholesterol
- High-density lipoprotein cholesterol
- Non-fasting total cholesterol to high-density lipoprotein cholesterol ratio
- Serum creatinine
- Estimated glomerular filtration rate
- HbA1c
- Urinary albumin to creatinine ratio (ACR) (for people with diabetes)
- On lipid lowering medication
- On blood pressure lowering medication (OBPLM)
- On antithrombotic medication
- On diabetes medications

Demographics	Labs	Classifications	Medications	Diabetic Therapy
NHI	SVL2987			Review Date 10/06/2026
First Name	NORTH	Last Name	GLENE DEN	
Date of Birth	01/04/1956	Age	70	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female			
Quintile	5	Meshblock	1090100	
Ethnicity	European - NZ			
Ethnicity	Not Stated			
Ethnicity	Not Stated			

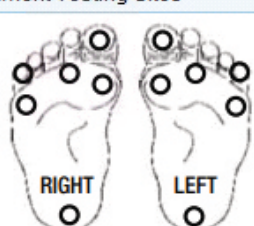
The patient's quintile is required to determine their CVD risk.

Diabetic checks/Foot check/Retinopathy/Risk factors

No fields are mandatory in the foot check section, however, every diabetic patient is required to have a foot check.

Each section's results are combined to calculate the risk score, this can be low, moderate, high or active foot disease. Advice related to the risk will be displayed on the main form once the foot check is complete.

LOPS will auto-populate depending on the number of sites.

Diabetes Foot Screening					
NEUROLOGICAL TESTING	10g Monofilament Testing Sites		Loss of protective sensation (LOPS) if < 11 sites detected from both feet		
			12 /12 sites	LOPS	Yes No
VASCULAR	RIGHT FOOT		LEFT FOOT		
	Palpable Dorsalis Pedis	Yes No	Palpable Dorsalis Pedis	Yes No	
	Palpable Posterior Tibial	Yes No	Palpable Posterior Tibial	Yes No	
	Previous Vascular Surgery	Yes No	When?	n/a	
	Intermittant Claudication	Yes No	Night or Rest Pain	Yes No	
	If yes (describe)		n/a		
RISK FACTORS	Previous diabetes amputation	Yes No	Previous ulceration	Yes No	
	Significant structural foot deformity	Yes No	End stage renal failure	Yes No	
	Significant callous / pre-ulcerative lesion	Yes No	Maori Ethnicity	Yes No	
	Foot care: patient is capable or has help to self-manage foot care		Yes No		
ACTIVE FOOT	Others (specify)		n/a		
	Active Ulceration	Yes No	Suspected Charcot Foot (see desc.)	Yes No	
<p style="text-align: center;">If yes, urgent referral to Multi-disciplinary or Hospital Foot Clinic. Urgent hospital admission for severe or spreading infection or critical limb ischaemia.</p>					
<input type="button" value="Save Foot Check"/>					

Click a previously selected item to clear the selection.

Maori ethnicity is the only field that is pre-populated for a new patient.

Visual Screening

Date of Retinal Screen

Visual Acuity (corrected)
 Left Eye
 Right Eye

Not in Retinal Screening because:
 In Treatment Program
 Cataract Present
 Referral for Treatment Made

Diabetic macular disease - Worst Eye
 M0 - No macular disease M1 - Minimal M2 - Mild M3 - Mild
 M4 - Moderate M5 - Severe MT - Stable, treated macular disease


Clinical Signs:
 No microaneurysms, haemorrhages or exudates within 2DD of center of the macula.

Outcome:
 Biennial photoscreen.

Diabetic retinopathy - Worst Eye
 R0 - No retinopathy R1 - Minimal R2 - Mild R3 - Moderate
 R4 - Severe R5 - Proliferative RT - Stable, treated diabetic retinopathy

Clinical Signs:
 < 5 microaneurysms or dot haemorrhages.

Outcome:
 18 months Photoscreen



Date of retinal screening is mandatory if a screen has been completed.

Graphs **HbA1c** Cholesterol Triglycerides LDL HDL eGFR BP

Foot Check Completed On: 10/06/2026 Bilateral Amputee

Diabetic foot risk - Moderate

Retinal Screening 10/06/2026

If a retinal screen has not been completed and the patient has been referred - Referred can be selected on the main form. This option can also be used when awaiting a result after a referral has been made.

Clinical Details

Smoker No Past Recently quit Yes

PHQ2 Total Score: Completed On:

CVD Risk Factor CVD Event Genetic Lipid Disorder Nephropathy Family History

Clicking *CVD Event*, *Nephropathy*, *Family History*, or the blue ellipsis will open the Family History details.

Classifications

Cardiac History - Family Diabetic nephropathy/other renal disease

FH: Having a first-degree relative (parent or sibling) who was hospitalised or died from a heart attack or stroke before the age of 50 years. Nephropathy/renal disease

Ischaemic heart disease Diabetes with neuropathy

Angina Atrial fibrillation confirmed on ECG

Myocardial infarction Genetic Lipid Disorder

Percutaneous coronary intervention Congestive heart failure

Coronary artery bypass graft Patients with chronic kidney disease

Transient ischaemic attack

Ischaemic stroke

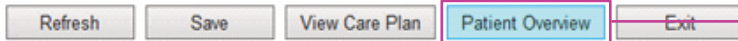
Peripheral vascular disease

Some classifications may display more relevant information on hover.

Click *Update Classifications* to write back to Medtech.

Medication

The **Medications** page is available from the **Patient Overview** tab or the **View Medications** link in the Clinical Management Advice. Regular medication review is required for all patients with diabetes (mandatory) or with high CVD risk.



Medications are accessed through the patient overview.

Ace Inhibitor	No
Angiotensin-II Receptor Antagonist	No
Beta Blocker	No
Calcium Antagonist	No
Thiazide Diuretic	No
Potassium Sparing Diuretics	No
Loop Diuretics	No
Statin	No
Fibrate	No
Other for Lipid Lowering	No
Antithrombotic Agent	No
Aspirin	No

The currently selected tab will be highlighted in white.

In order for medication to be recognised to self-populate this section, they must be marked Long Term and prescribed in the last 6 months.

Diet Only	Yes
Metformin	No
Insulin	Not tolerated/Contraindicated
Glitazone	Patient Declined
Acarbose	No
Sulphonylurea	No
Other Anti-Diabetes Agent	No

Diabetic Therapy will appear and is mandatory to review information for all patients with diabetes.

Progressive data collection

Save DIAP review

Missing Data:

- Cholesterol
- Triglycerides
- HDL
- HbA1c
- eGFR
- AlbuminCRatio

Your current review is INCOMPLETE

Would you like to save data entered and exit the form?

Save and Exit Continue

- If you exit the form before all mandatory fields are completed a Missing Data message will appear displaying the fields required to complete an assessment today.
- Exiting will save data already entered in the form but a DAR or CVRA review will not be completed today.

Patient Overview

Refresh Save View Care Plan Patient Overview Exit

The *Patient Overview* button in the button bar of the main page provides access to the Patient Overview modal. This allows access to:

- Demographics
- Labs
- Classifications
- Medications
- For patients with diabetes, Diabetic Therapy.

Demographics	Labs	Classifications	Medications	Diabetic Therapy
Diet Only				No
Metformin				No
Insulin				No
Glitazone				No
Arcabose				No
Sulphonylurea				No
Other Anti-Diabetes Agent				No

Writeback

bestpractice - live (Best Practice (BPAC))														
Screening History														
Screenings ManageMyHealth														
Tick	Date	Code	Description	O/c	Prov	Value1	Value2	Value3	Value4	Value5	Value6	Value7	Value8	Note
<input type="checkbox"/>	11 Jun 2026	CVDRS	CVD Risk 2		GWT	18								
<input type="checkbox"/>	11 Jun 2026	CVD	CVD Risk 1		GWT			18				No		
<input type="checkbox"/>	11 Jun 2026	BP	Blood Pressure		GWT	120	89							
<input type="checkbox"/>	11 Jun 2026	DIAP	Diabetes Project	A	GWT	Type 2	2021	152	65	2026	120	89	55	
<input type="checkbox"/>	10 Jun 2026	DS:RE	Retinopathy		GWT	10/06/20								
<input type="checkbox"/>	10 Jun 2026	DS:FS	Diabetes Foot Scr		ADM	10/06/20	12	No	No	n/a	No	No	No	
<input type="checkbox"/>	10 Jun 2026	DDS2	DDS2		ADM	3	3	6	09/06/20					
<input type="checkbox"/>	10 Jun 2026	PHQ2	PHQ2		ADM	1	2	3	10/06/20					
<input type="checkbox"/>	15 May 2026	DS:ME	Medications		GWT	No			No	No	No	No	No	
<input type="checkbox"/>	15 May 2026	BP	Blood Pressure		GWT	110	90							
<input type="checkbox"/>	15 May 2026	DS:RE	Retinopathy		GWT	03/05/20	6/12	6/24	R1	M0				
<input type="checkbox"/>	12 May 2026	BP	Blood Pressure		GWT	120	90							
<input type="checkbox"/>	12 May 2026	BMI	Body mass index		GWT	28.1								
<input type="checkbox"/>	12 May 2026	WT	Weight		GWT	65								
<input type="checkbox"/>	10 Dec 2024	WT	Weight		ADM	46								
<input type="checkbox"/>	10 Dec 2024	BP	Blood Pressure		ADM	120	80							
<input type="checkbox"/>	08 Mar 2024	BP	Blood Pressure		ADM	110	90							
<input type="checkbox"/>	04 Jul 2023	CVD	CVD Risk 1		ADM	2		2				No		
<input type="checkbox"/>	04 Jul 2023	BP	Blood Pressure		ADM	125	85							
<input type="checkbox"/>	16 Jun 2023	SH	Smoking History		ADM		Recently							

All completed forms and any appropriate data entered into the form will be saved back into the patient's record.

Screening History							
Classifications View Consultation [11 Jun 2026] bestpractice - live (Best Practice (BPAC))							
Ti	Date	Read Code Term	Onset	Prov	Severity	Risk	Note
<input type="checkbox"/>	11 Jun 2026	Non-insulin-dependent diabetes mellitus (C109.00)	Jun 2021	GWT		0.00	bestpractice
<input type="checkbox"/>	11 Jun 2026	Ex smoker (137S.00)	Jun 2026	GWT		0.00	bestpractice
<input type="checkbox"/>	04 Dec 2025	Faecal occult blood: positive (4794.00)	Oct 2023	ADM		0.00	bestpractice

View Screening

Main Audit

Screening Details

Provider: DR Tester (DRTST)

Date: 11/06/2026

Code: CVD Risk 1 (CVD)

Do Not Display Externally Confidential

Observations Chart

Risk (%):

Framingham (%):

NZPP (%): 8

FH CVD:

FH Diabetes:

Severe Mental:

PCI: No

View Screening

Main Audit

Screening Details

Provider: DR Tester (DRTST)

Date: 11/06/2026

Code: CVD Risk 2 (CVDRSK)

Do Not Display Externally Confidential

Observations Chart

Risk (%): 8

Framingham (%):

The CVD Risk Assessment writes back the risk.

Recalls

The Recall date is based on the CVD risk calculated. You can consider an earlier recall if clinically appropriate by changing the recall date in the date box.

If you want to replace an existing recall with the one created by the form, tick the overwrite box.

To overwrite any existing recalls in Medtech/Indici, check the *Overwrite* box.

All CVD reviews and Diabetic Annual Reviews are mandatory.

Dates can also be changed on recalls.

Generate Recall

Overwrite	Recall	Date
<input type="checkbox"/>	Diabetic Annual Review	11/06/2027
<input type="checkbox"/>	Other Diabetic Review	09/09/2026

Insert Recall

Due	Description	Out	Cycle	Note	#	Prov
09 Sep 2026			3 months	bestpractice		GWT
11 Jun 2027	Diabetes Project		1 year	bestpractice		GWT

Clinical rationale

<p>Management advice</p>	<p>This will provide simple lifestyle advice according to the Guidelines.</p> <p>Unless the risk is very high (e.g. prior CVD event) 3 months of individualised risk modifying lifestyle adjustments should be trialled before committing to medication.</p> <p>To prescribe medications, go to “Medications” in Medtech.</p> <p>The medication tab in the ‘Patient Overview’ link will give an overview of possible medication options and what the patient is (or is not) currently taking (marked as Long Term and prescribed in the last 120 days). This needs to be reviewed for all patients with diabetes and all those with high CVR.</p> <p>For patients with Diabetes coded (or if the box is ticked today if newly diagnosed) then a Diabetic Therapy tab will also appear to review the diabetes treatment.</p>
<p>Diabetes type 1 or 2</p>	<p>This must be recorded to allow a CVRA. It will pre-populate if the appropriate read code is already in Medtech/Indici or write the correct read code back to Medtech if it is entered at this time.</p>
<p>Diabetes - Year of diagnosis</p>	<p>This is taken from the ‘Date Onset’ field within the Classification code in Medtech/Indici. If it is blank, the date needs to be entered and that field will be recorded in the Medtech/Indici Classification for when the form is opened in future.</p> <p>The number of years the person has had diabetes drives management advice and whether the person is ‘high risk’ of disease progression or not.</p>
<p>Diabetes - Foot check</p>	<p>Test foot sensation with monofilament and check peripheral pulses. Tick the relevant fields for each foot to calculate the foot risk score. Advice lines will appear on the main form.</p> <p>The patient’s Maori Ethnicity will auto populate.</p> <p>NZPP form requires a new diabetes foot screening term, this is DS:FS.</p>
<p>Diabetes - Retinal screening</p>	<p>On this line, to the left of the date field, there is the ability to record whether this has already been done and the patient is in a screening programme, or if a referral has been made. (If a referral is to be made, a direct link to the appropriate referral form is being developed although this function is not yet available).</p> <p>If the person is already in the screening programme, it is mandatory to enter the date of the screen and at this time the outcome codes (macular disease and retinopathy) including visual acuity can be entered. These will then self-populate next time the form is opened – including the date of the last screen.</p> <p>It is suggested that when practices receive notification of retinal screening results staff enter a “DS-RET” code into screening terms. Then there will be no need to hunt through the notes to complete this at the time of the annual review, as it will auto-populate from the screening terms.</p> <p>The level of retinopathy drives risk stratification and determines whether the person is classified as low, moderate, or high risk of diabetes-related complications.</p>
<p>Chronic Kidney Disease</p>	<p>This is a calculated field based on the renal lab results. The e-GFR (estimated glomerular filtration rate) will be calculated based on serum creatinine and age/sex of the patient.</p>

Save button	<p>On saving the form, if a message appears regarding duplicate codes, choose 'Yes' if you want to repeat the most recent code (that already exists within the PMS classifications list) or 'No' if you want to add a further classification for today's visit e.g. repeat provision of brief advice.</p> <p>If you do not want the code written back, either because you have already refreshed the form (or because you have completed fictional 'what if' scenarios) then you can exit without saving coding by clicking the cross at the top right hand corner of the comment box. In this case, nothing you have entered since the last save will be written back to Medtech/Indici.</p>
Statin advice	<p>Symptomatic muscle pain is a possible symptom of rhabdomyolysis. For symptomatic muscle pain, tenderness or weakness it is advised to check CK levels:</p> <ul style="list-style-type: none"> • For muscle pain without CK rise, consider reducing the dose or discontinuing the statin but also consider rechallenging once symptoms subside. • With a CK rise 3–10 times above normal with symptoms, reduce the dose or discontinue it, and monitor symptoms and CK regularly – every week. <p>With a CK rise more than 10 times above normal with symptoms, discontinue the statin immediately.</p>
Recall screen	<p>Please see the table in Appendix 1 for full recall criteria for DCIP and DIAP.</p> <p>The CVD recall criteria is as follows:</p> <ul style="list-style-type: none"> • Risk \geq 15% recall annually • Risk: 10 -14.99% recall is in 2 years • Risk: 5-9% recall in 5 years • Risk: 3-5% recall in 5 years • Risk < 3% recall every 10 years

Appendix 1: Recall criteria

Diabetics at low risk of complications

At Risk Foot: Low risk 12 monthly review				Active schedule time frame, in months, from current point in time						
Screening term	Duration in months from last ADR	Recall code	When due	Recall code	When due	0	3	6	9	12
DIAP	Infin. -11	DIAP	Now	DCIP	6 months	Full ADR		BP, HbA1c		Full ADR
DIAP	8 to 10	DIAP	3 months				Full ADR		BP, HbA1c	
DIAP	5 to 7	DIAP	6 months	DCIP	Due			Full ADR		BP, HbA1c
DIAP	2 to 4	DIAP	9 months	DCIP	3 months				Full ADR	
DIAP	0 - 1	DIAP	12 months	DCIP	6 months				BP, HbA1c	Full ADR

Diabetics at moderate to high risk of complications

At Risk Foot: Low risk 12 monthly review				Active schedule time frame, in months, from current point in time						
Screening term	Duration in months from last ADR	Recall code	When due	Recall code	When due	0	3	6	9	12
DIAP	Infin. -11	DIAP	Now	DCIP	3 months	Full ADR		BP, HbA1c, eGFR	BP, HbA1c, eGFR	Full ADR
DIAP	8 to 10	DIAP	3 months	DCIP	Due	BP, HbA1c, eGFR	Full ADR		BP, HbA1c, ACR, eGFR	BP, HbA1c, eGFR
DIAP	5 to 7	DIAP	6 months	DCIP	Due & 3 months	BP, HbA1c, ACR, eGFR		Full ADR	BP, HbA1c, eGFR	BP, HbA1c, ACR, eGFR
DIAP	2 to 4	DIAP	9 months	DCIP	Due & 3 months	BP, HbA1c, eGFR			Full ADR	BP, HbA1c, eGFR
DIAP	0 - 1	DIAP	12 months	DCIP	Due & 3 months	BP, HbA1c, eGFR			BP, HbA1c, eGFR	Full ADR

Appendix 2: Acronyms

Acronym	Description
ACR	Urinary albumin to creatinine ratio
ADR	Annual Diabetes Review
CK	Creatine kinase
CVD	Cardiovascular disease
CVRA	Cardiovascular Risk Assessment
DCIP	Diabetes Care Improvement Programme
DIAP	Diabetes Annual Project/Review. Diabetes project screening term.
eGFR	Estimated glomerular filtration rate
LOPS	Loss of protective sensation
NZPP	New Zealand Primary Prevention (equations)
OBPLM	On blood pressure lowering medication
PMS	Practice/patient management system