

NYU School of Medicine
Columbia University

Counseling African Americans to Control Hypertension

Feedback Memo Re:
BP Emergency Referral Letter

To: _____

From: _____, Recruitment Coordinator

Re: Participant Chart ID # _____

Date: ____/____/____

Your patient (chart ID #) _____, was found to have high blood pressure; _____ / _____, during a voluntary screening/study visit for the CAATCH study. The study is designed to test the effect of patient education, home blood pressure monitoring and behavior modification counseling in blood pressure control. Before your patient can continue with the remainder of the study we need your consent. If you consent, he/she would be required to attend six study sessions in order to complete questionnaires about their health and have their blood pressure assessed at each visit. In addition, the patient is also required to attend four Lifestyle Behavior Modification groups and two individual group session with the nutritionist.

Please check the box that applies to your decision, sign and then fax this reply to the fax number below or give your patient a hard copy to bring with them to their next appointment with us.

I consent

I do not consent

Clinician's Signature: _____

Date: ____/____/____

*If you have any questions concerning the above information, please feel free to call
Marleny Diaz-Gloster, MPH, Project Manager, at CDN (212) 382-0699, ext. 240*

NYU School of Medicine
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Feedback Memo Re:
Emergency Response

To: _____

From: Marleny Diaz-Gloster, MPH
Project Manager

Re: Participant Chart # _____

Date: ____ / ____ / ____

As we discussed, during a phone follow up, your patient, chart ID number _____, initial _____ who is enrolled in the CAATCH study indicated experiencing suicidal ideation/medical emergency at the time of the call. At that time, 911 was contacted by Clinical Director Network staff and she remained on the phone until emergency assistance arrived. Given that the patient indicated experiencing suicidal ideation/medical emergency, we recommend that the patient be contacted for a follow up visit with his/her Primary Care Provider or mental health professional.

If you have any questions concerning the above information, please feel free to call Marleny Diaz-Gloster, MPH, Project Manager, at CDN (212) 382-0699, ext. 240

**Clinical Directors Network, Inc.
Columbia University**

Counseling African Americans to Control Hypertension

**Feedback Memo Re:
Patient Hospitalization**

To: _____

From: _____, Recruitment Coordinator

Re: Participant Chart # _____

Date: ____ / ____ / ____

During a follow up study visit, your patient, chart ID number _____, initial _____ who is enrolled in the CAATCH study reported being hospitalized on or about ____ / ____ / ____ for _____.

The patient reported that he/she was treated and sent home. Given that the patient has uncontrolled hypertension, we recommend that the patient be contacted for a follow up visit with his/her Primary Care Provider.

If you have any questions concerning the above information, please feel free to call Marleny Diaz-Gloster, MPH, Project Manager, at CDN (212) 382-0699, ext. 240

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Feedback Memo Re:
PHQ 9 Reporting

To: _____

From: Marleny Diaz-Gloster, MPH
Project Manager

Re: Participant Chart # _____

Date: ____ / ____ / ____

As we discussed, during a follow up study visit, your patient, chart ID number _____, initial _____ who is enrolled in the CAATCH study was found to have a high score on the Patient Health Questionnaire Depression Module. (PHQ 9). The PHQ9 is a 9-item instrument used to assess and diagnose depressive symptoms. Items assessed include anhedonia, impairments in sleep, appetite, and concentration, psychomotor retardation, suicidality, low energy, and depressed mood. Responses range from 0 (not at all) to 3 (nearly every day), with total scores ranging from 0 to 27. When used as a screening tool, higher scores indicate greater severity of depression. Your patient scored _____ on ____ / ____ / _____. Given that the patient scored in the severity range, we recommend that the patient be contacted for a follow up visit with his/her Primary Care Provider or mental health professional.

*If you have any questions concerning the above information, please feel free to call
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