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| **CHRONIC CARE:** CVD/Hypertension/Diabetes/ Epilepsy/ Mental H – depression etc. **NCD TREATMENT CARD** | | | | |
| **NAME:** | **SEX:** | **DOB:** | **Age:** | **Date first visit:** |
| **Village:** | **Unique number:** | | | **Treatment Supporter:** |
| **Ward/ Street:** | **Phone:** | | | **Relationship:** |
| **District:** | **Nearest health facility:** | | | **Telephone:** |
| **Treatment contract***: I understand that I have ………………………*  *I agree to attend all appointments, take my medications, be active, eat healthily and stop smoking.* | | | | |
| Patient’s signature: | Health worker’s signature: | | | Date: Height in metres**:** |

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| **Date; appointment & attended** | **SYMPTOMS**  Complications | **Weight: Waist:**  <102cm(M)<88cm (W) | **Blood Pressure**  <130/80 mmHg | **Urine Dipstix** (proteins/ketones/glucose) | **Random blood Glucose** <11mmol/**l** | **Fasting blood Glucose**  <6mmol/l | **Other tests & investigations** | **HCT status/ on medication** | **Referred to health educator?** | **Family planning/ method** | **TREATMENT**  New drugs started,  drugs stopped,  side effects,  advice | **Other related conditions** | **LIFESTYLE ADVICE**  Lifestyle to be addressed.  Notes on progress. |
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| **Date:** appointment/ attended | **Vision loss/ change Y/N** | **Visual acuity**  e.g. 6/6 | **Fundus** Normal? Y/N | **Erectile problems Y/N** | **Planning pregnancy?** | **Feet examination**  Normal? Y/N | **HBA1c <7%** | **Creatinine** <160μmol/l | **Total chol/**  <5.2mol/l | **Triglycerides/ LDL** <1.7mol/l | **COMMENTS**  symptoms, examination, tests to do,  advice given,  other |
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| **Ulcers, lesions**  **Sensation**  **Touch**  **Vibration**  **Pulses** |
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| **DIABETES ANNUAL REVIEW CARD** | | | |
| **NAME:** | **SEX:** | **DOB:** | **Date of diagnosis:** |
| **Village:** | **Unique number:** | | **Treatment Supporter:** |
| **Ward/ Street:** | **Phone:** | | **Relationship:** |
| **District:** | **Nearest health facility:** | | **Telephone:** |