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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:**  |