

**CHRONIC CARE: CVD/Hypertension/Diabetes/ Epilepsy/ Mental H – depression etc. NCD TREATMENT CARD**

<b>NAME:</b>	<b>SEX:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Date first visit:</b>
<b>Village:</b>	<b>Unique number:</b>			<b>Treatment Supporter:</b>
<b>Ward/ Street:</b>	<b>Phone:</b>			<b>Relationship:</b>
<b>District:</b>	<b>Nearest health facility:</b>			<b>Telephone:</b>
<b>Treatment contract:</b> <i>I understand that I have ..... I agree to attend all appointments, take my medications, be active, eat healthily and stop smoking.</i>				
Patient's signature:		Health worker's signature:		Date:                      Height in metres:

<b>Date; appointment &amp; attended</b>	<b>SYMPTOMS</b> Complications	<b>Weight:</b> <102cm (M) <88cm (W)	<b>Waist:</b> <88cm (W)	<b>Blood Pressure</b> <130/80 mmHg	<b>Urine Dipstix</b> (proteins/ketones/glucose)	<b>Random blood Glucose</b> <11mmol/l	<b>Fasting blood Glucose</b> <6mmol/l	<b>Other tests &amp; investigations</b>	<b>HCT status/ on medication</b>	<b>Referred to health educator?</b>	<b>Family planning/ method</b>	<b>TREATMENT</b> New drugs started, drugs stopped, side effects, advice	<b>Other related conditions</b>	<b>LIFESTYLE ADVICE</b> Lifestyle to be addressed. Notes on progress.



**DIABETES ANNUAL REVIEW CARD**

<b>NAME:</b>	<b>SEX:</b>	<b>DOB:</b>	<b>Date of diagnosis:</b>
<b>Village:</b>	<b>Unique number:</b>		<b>Treatment Supporter:</b>
<b>Ward/ Street:</b>	<b>Phone:</b>		<b>Relationship:</b>
<b>District:</b>	<b>Nearest health facility:</b>		<b>Telephone:</b>

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
						Ulcers, lesions Sensation Touch Vibration Pulses					