Chiawelo Community Practice Ongoing Care Record - CHW

DEMOGRAPHICS

Name | Surname | Gender M F

Address | Ref No.

DOB | Age | ID

ONGOING CARE ISSUES

DM | HT | HIV | TB | Asthma/COPD | Epilepsy | Mental Illness

OCP | Implant | Injection | IUCD | ANC | PMTCT | Menopause

Other: arthritis / ulcers / eczema etc.

CHECKLIST	Month:	Month:	Month:	Month:	Month:	Month:
Exercise						
Diet						
Smoking						
Alcohol						
Subst Abuse						
Sex ABC's						
HIV Test?						
Rx given						
Med Use						
Adherence						
Side effects						
Complications						

CHECKLIST	Month:	Month:	Month:	Month:	Month:	Month:
Function						
Mental State						
Self-harm						
Weight						
BMI						
Waist Circ						
Foot care						
Eyesight						
Hearing						
Breast						
Refer						
Signature						
Date						
TESTS?						
BP						
Urine						
HbA1C						
Pap						
Sputum						
Vaccinations						
Other						