Chiawelo Community Practice Ongoing Care Record - Clinician

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:
BP						
PR						
BS						
Urine						
Waist circ						
Weight						
BMI						
HbA1c						
Foot						
Eye						
PEFR						
Fits						
Drug levels						
HIV test1						
HIV test2						
HIV Elisa						
HIV Stage						
on ARTs						
DiagSputum1						
DiagSputum2						
Xpert TB						
CXR						
MonSputum2						
MonSputum6						

CHECKLIST	Month:	Month:	Month:	Month:	Month:	Month:
Flu immun						
Pneumo						
CD4 0						
IPT/CoT						
VL 6						
VL 12						
Hb/Diff						
U&E						
Creatinine						
eGFR						
Cholesterol						
Triglycerides						
ALT						
HepBsAg						
Lactate						
TSH						
Preg?						
ANC						
PMTCT						
OCP						
Implant						
Injection						
IUCD/T-L						
Menopause?						
Pap						
Breast exam						
Sign						
Date						
Comments						