

E. Initial and follow-up visit

Date <small>Tick small box if scheduled</small>	Next Appointment Date	Blood pressure systolic	Blood pressure diastolic	Blood sugar fasting	Weight	Life style (ABCDE)	Current symptoms	Treatment dose and codes									
								Amlo	Vals	Losar	Rami	Enal	Chlor	Telm	HCTZ	Name of Clinician	Comment
								Dose	Dose	Dose	Dose	Dose	Dose	Dose	Dose		
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			
<input type="checkbox"/>								Dose	Dose	Dose	Dose	Dose	Dose	Dose			
<input type="checkbox"/>								# Days	# Days	# Days	# Days	# Days	# Days	# Days			
<input type="checkbox"/>								# Pills	# Pills	# Pills	# Pills	# Pills	# Pills	# Pills			

Treatment dose and code. Indicate dosage. Note when starting (**N** for new) and stopping (**D** for discontinued).

I. Additional investigations if available	J. New complications	CODES AND KEYS																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Visit date</td><td></td><td></td><td></td></tr> <tr><td>1. Serum potassium</td><td></td><td></td><td></td></tr> <tr><td>2. Serum creatinine</td><td></td><td></td><td></td></tr> <tr><td>3. Total cholesterol</td><td></td><td></td><td></td></tr> <tr><td>4. Urine protein</td><td></td><td></td><td></td></tr> <tr><td>5. Fundus examination</td><td></td><td></td><td></td></tr> <tr><td>6. Foot examination</td><td></td><td></td><td></td></tr> </table>	Visit date				1. Serum potassium				2. Serum creatinine				3. Total cholesterol				4. Urine protein				5. Fundus examination				6. Foot examination				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Visit date</td><td></td><td></td><td></td></tr> <tr><td>1. Serum potassium</td><td></td><td></td><td></td></tr> <tr><td>2. Serum creatinine</td><td></td><td></td><td></td></tr> <tr><td>3. Total cholesterol</td><td></td><td></td><td></td></tr> <tr><td>4. Urine protein</td><td></td><td></td><td></td></tr> <tr><td>5. Fundus examination</td><td></td><td></td><td></td></tr> <tr><td>6. Foot examination</td><td></td><td></td><td></td></tr> </table>	Visit date				1. Serum potassium				2. Serum creatinine				3. Total cholesterol				4. Urine protein				5. Fundus examination				6. Foot examination				<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Codes for medicines</p> <ul style="list-style-type: none"> • ARB <input type="checkbox"/> Valsartan - Vals <input type="checkbox"/> Losartan - Losar <input type="checkbox"/> Telmisartan - Telm • CCB <input type="checkbox"/> Amlodipine - Amlo • Thiazide <input type="checkbox"/> Hydrochlorothiazide - HCTZ <input type="checkbox"/> Chlorothalidone - Chlor • ACE-I <input type="checkbox"/> Ramipril - Rami <input type="checkbox"/> Enalapril - Enal </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Codes for Current patient symptoms</p> <p>CP - Chest pain LE - Bilateral LL edema DIB - Exertional dyspnea ORTHO - Orthopnea PND - Paroxysmal nocturnal dyspnea UBW - Unilateral body weakness OTHER</p> </div>
Visit date																																																										
1. Serum potassium																																																										
2. Serum creatinine																																																										
3. Total cholesterol																																																										
4. Urine protein																																																										
5. Fundus examination																																																										
6. Foot examination																																																										
Visit date																																																										
1. Serum potassium																																																										
2. Serum creatinine																																																										
3. Total cholesterol																																																										
4. Urine protein																																																										
5. Fundus examination																																																										
6. Foot examination																																																										
<p><i>N.B: Tick yes if you have counselled the client on all the following (acronym A, B, C, D, E) under lifestyle column.</i></p> <ul style="list-style-type: none"> ✓ Avoid Alcohol ✓ Be physically active ✓ Cut down on salt and sugar ✓ Don't use tobacco products ✓ Eat plenty of vegetables and fruits 																																																										