

NCD NO: facility number+year+serial number for patient that year

CHRONIC CONDITION MONITORING CARD

Name: _____

Sex: Male / Female

Phone: _____

Date of birth: _____

Clinic: _____

Diagnosis 1: _____

Date of diagnosis 1: ____/____/____

Diagnosis 2: _____

Date of diagnosis 2: ____/____/____

Diagnosis 3: _____

Date of diagnosis 3: ____/____/____

Diagnosis 4: _____

Date of diagnosis 4: ____/____/____

VISITS

Date	WtKg	Htcm	BMI	BP	RBS	FBS	A1C	CrCl	V/L	Other
Initiation visit										
Follow-up visit										
Follow-up visit										
Follow-up visit										
Follow-up visit										

MEDICATION

Date	Med1	Dosage1	Med2	Dosage2	Med3	Dosage3	Med4	Dosage4	Review date
Initiation visit									
Follow-up visit									
Follow-up visit									
Follow-up visit									
Follow-up visit									

CODE FOR MEDICATIONS

Medicine	Code	Medicine	Code
HCT	H1	Metformin	D1
Enalapril	H2	Glibenclamide	D2
Amlodipine	H3	Insulin	D3
Atenolol	H4	Aspirin	D4
Spiroglactone	H5		
Furosemide	H6		