CCP Ongoing Care Name _____ Surname _____ Gender M F ID _____

Address _____ DM ☐ HT ☐ HIV ☐ TB ☐ Epilepsy ☐ Asthma/COPD ☐ Other_____

!!!		Dates -->												
Ht:	General	Urine												
		Waist circ												
		Weight												
		BMI												
		Flu immun												
		Pneumo												
Do NOT forget to examine care over the past year using these as guide	Kidneys	Urea												
		Creatinine												
		eGFR												
	Lipids	Chole												
		Trigs												
	HT	BP												
		PR												
	Diabetes	BS												
		HbA1c												
		Foot												
		Eye												
	HIV	on ARTs												
		TB Screen												
		CD4 0												
		IPT/CoT												
		VL 12												
		HepBsAg												
		Pap												
	Ast	PEFR												
	Epileps	Fits												
		Drug level												

CCP Ongoing Care (contd)

!!!		Dates -->												
Ht:	General	Urine												
		Waist circ												
		Weight												
		BMI												
		Flu immun												
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	Epileps	Fits												
		Drug level												