page 1		CHRC	NIC C	BSTR	UCTIV	E LUN	IG DIS	EASE				CDC No			
NAME		sexdate of birth										Clinic No.			
ADDRESS (e-mail/other)					_				phone			mobile			
ID	medicA	۸id					medicA	lert	_·			- year on	set		
CAUSES & TRIGGERS:			ET-smo	oke	occupa	tion air	_		exercis	е	house o	- 1	animals	3	
	plants		food		-		rain/win		- infectio		stress		drugs		
TYPES & COMPLICATIONS:	asthma		bronchi	tis	emphys			pneum	_	· <u>·</u>	PTB		CCF	1	
severity of COLD	height	`	BMI	110	_BM	Jonia	PCV	_priodiri		ed peak	-	%PFV			
					_		_						_		
visit number date	past	when	1	2	3	4	5	6	7	8	9	10	11	12	
attendant						. * . * . * . * . * . * . * . * . * . *	1.1.1.1.1.1.1.1		1						
no. asthma attacks/week														1	
night-time asthma															
early morning dip															
weakness or tiredness															
shortness of breath															
cough sputum												1		-	
headache														+	
impotence/date of LMP									 					+	
other															
weight															
systolic blood pressure															
diastolic blood pressure									1		ļ	<u> </u>	 	<u> </u>	
pulse rate			-									1			
pulse rhythm respiratory rate		1.1.1.1.1.1.1.1										1	 	+	
cyanosis tongue/hands			1											+	
swollen ankles															
other sign/s															
peak flow															
other tests														1	
other diagnosis	-1-1-1-1-1-			-1-1-1-1-1-1-		- <u> - - - - - - - - - </u>	1.1.1.1.1.1.1.1			1.1.1.1.1.1.1.1.1	1-1-1-1-1-1-1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
time last meal	1,1,1,1,1,1,1			1,1,1,1,1,1,1		1			1, 1, 1, 1, 1, 1, 1					1	
no. meals/day									1				1	†	
sugar/salt														1	
meat/tinned food															
legumes/vegetable oil												<u> </u>			
alcohol tobacco												1		-	
environmental T-smoke												1	 		
chest exercises														+	
general exercises														† 	
stress															
compliance attendance															
steam/warm drinks		1											<u> </u>		
S-inhaler use/day amount S-inhaler over									1				 	-	
time last S-inhaler used									 			1	 	+	
pill count theophyllin									1				1		
pill count salbutamol															
amount B-inhaler over															
time last B-inhaler used												<u> </u>			
pill count tetracycline pill count other drug/s												1			
steam/warm drinks												1	_	-	
salbutamol inhaler									1					 	
theophyllin SA												1		<u> </u>	
salbutamol oral															
beclamethasone inhaler															
tetracycline HCI												<u> </u>	↓	<u> </u>	
contraception other drug/s			1	<u> </u>					<u> </u>			1	_	 	
date next visit	[.]			[[.]								
OCCUPATION	past:	.I	I. · . · . · . · . · . ·	I'.'.'.'.'.'	<u></u>	presen		1	1	T	1		<u> </u>	1	
ACCOMODATION	type			rooms		occupa			water		fuel		toilet		
NEW CONTACT DATA	-7 -7			1. 2 00					1		1		1		

page number		CHRO	NIC OBS	STRUCT	ΓIVE LU	NG DIS	EASE			CDC No		
NAME					sex		date of b	irth		Clinic No		
ADDRESS (e-mail/other)					_		phone			- mobile		
ID	medicAic	I				medicAle	- '			-	year ons	et
CAUSES & TRIGGERS:	tobacco		ET-smok	· O	occupatio	-			ovorcico		•	
	food		_		_		wind					131
animalsplants			_		_		_wind		infection		stress	-
TYPES & COMPLICATIONS:				s acute/ch				emphyse			PTB	i .
severity of OLD	BMI		PCV		_expected	peak flov	V		%PFV		CCF	
visit number	1	2	3	4	5	6	7	8	9	10	11	12
date												
attendant												
no. asthma attacks/week												
night-time asthma												
early morning dip weakness or tiredness												
shortness of breath												
cough												
sputum												
headache												
impotence/date of LMP												
other												
weight												
systolic blood pressure												
diastolic blood pressure												
pulse rate												
pulse rhythm respiratory rate												
cyanosis tongue/hands												
swollen ankles												
other signs												
peak flow												
other tests												
other diagnosis												
time last meal no. meals/day		-										
sugar/salt												
meat/tinned food												
legumes/vegetable oil												
alcohol												
tobacco												
environmental T-smoke												
chest exercises												
general exercises												
stress												
compliance attendance steam/warm drinks												
S-inhaler use/day												
amount S-inhaler over												
time last S-inhaler used												
pill count theophyllin												
pill count salbutamol												
amount B-inhaler over												
time last B-inhaler used												
pill count tetracycline												
pill count other drug/s												
steam/warm drinks salbutamol inhaler												
theophyllin SA				1				1	1	1	1	
salbutamol oral		 										
beclamethasone inhaler									1			
tetracycline HCI		<u> </u>	1	1	1	<u> </u>	1	1	1	1	1	
contraception												
other drug/s												
date next visit												
NEW OCCUPATION/S												
ACCOMODATION	type			occupant	ts/room		water		fuel		toilet	
NEW CONTACT DATA												

page 1				DIAB	ETES							CDC N	0		
NAME					sex		date of	birth	Clin				c No.		
ADDRESS (e-mail/other)					=		=					- mobile			
ID	medicA	\id					modio/	Vlort	_						
RISK FACTORS:		<u> </u>	obooits	,	alaaha	1						onset			
														<u>/ </u>	
COMPLICATIONS:									_			cts			
other infection	_ neurop	athy p		neurop	athy a		PVD		IRF		CVA		IHD		
OTHER FINDINGS:	creatin	ine	potas-		total ch	1	HDL ch	1	SUA		PCV		caries		
type of DM	_ height		BMI		IBM		waist		hip		W/H ra	atio	other		
visit number		when		2	3	4	5	6	7	8	9	10	11	12	
date	past	WITCH		:::::::::::::::::::::::::::::::::::::::										12	
attendant															
headache/dizziness															
weakness or tiredness															
palpitations/sweating															
disturbed vision															
drowsiness/confusion													<u> </u>	<u> </u>	
thirst or dry mouth													<u> </u>	 	
nocturia/polyuria													 	 	
hunger or eating a lot impotence/date of LMP			1		1					1	1	1	 	+	
other													 	 	
weight														 	
systolic blood pressure													 		
diastolic blood pressure															
pulse rate/rhythm		:::::::::::::::::::::::::::::::::::::::													
respiratory rate															
teeth [DMF]															
skin/feet														ļ	
other signs															
urine protein		-1-1-1-1-1-1											├ ──	<u> </u>	
other urine test													 		
time blood sugar taken blood sugar result													 		
other tests													 		
other diagnosis			-:-:-:-:-	: : : : : : : : : :				:-:-:-:-:		-:-:-:-:-:			-:-:-:-:		
time last meal															
no. meals/day															
sugar/salt															
meat/tinned food													<u> </u>		
legumes/fish									ļ				<u> </u>	-	
vegetable oil/bran alcohol		100000000000000000000000000000000000000											 	 	
tobacco													\vdash	 	
exercise				1		 	 		 				\vdash	+	
stress														 	
compliance attendance															
K/Mg salts															
insulin dose															
time of last insulin dose														ļ	
pill count DM oral drug														<u> </u>	
time last DM dose taken		-1-1-1-1-1-1							ļ				<u> </u>	-	
pill count other drug pill count other drug/s															
K/Mg salts														+	
insulin													 	 	
glipizide/metformin														 	
other drug													 	 	
contraception															
other drug/s															
date next visit															
OCCUPATION	past:					presen	t:								
ACCOMODATION	type			rooms		occupa	ants		water		fuel		toilet		
NEW CONTACT DATA															

page no				DIABE	TES				CDC No				
NAME				sex		date of I	birth	Clinic No.					
ADDRESS (e-mail/other)				_		_				_			
ID	medicAi	d			medicAl	ert			year of				
RISK FACTORS:											sugars		
COMPLICATIONS:			•		-			1	-	is			
other infection				neuropa			_		-				
OTHER FINDINGS:				_			_HDL ch				PCV		
		<u></u>	-				_		W/H rat		-	-	
type of DM	_		-				hip				caries		
visit number date	1	2	3	4	5	6	7	8	9	10	11	12	
attendant													
headache/dizziness													
weakness or tiredness													
palpitations/sweating													
disturbed vision													
drowsiness/confusion thirst or dry mouth													
nocturia/polyuria													
hunger or eating a lot													
impotence/date of LMP													
other													
weight													
systolic blood pressure												<u> </u>	
diastolic blood pressure pulse rate/rhythm													
respiratory rate												-	
teeth [DMF]													
skin/feet													
other signs													
urine protein													
other urine test													
time blood sugar taken blood sugar result												1	
other tests													
other diagnosis													
time last meal													
no. meals/day													
sugar/salt meat/tinned food													
legumes/fish													
vegetable oil/bran													
alcohol													
tobacco													
exercise													
stress compliance attendance		· . · . · . · . · . · . · . · .											
K/Mg salts	1,1,1,1,1,1,1,1	1.1.1.1.1.1.1.1.1.		<u> </u>	1.1.1.1.1.1.1.1.1.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1,1,1,1,1,1,1,1,1	1.1.1.1.1.1.1.1.1.1		1,1,1,1,1,1,1,1,1	<u> </u>	<u> </u>	
insulin dose													
time of last insulin dose													
pill count DM oral drug													
time last DM dose taken													
pill count other drug pill count other drug/s													
K/Mg salts													
insulin								1	1				
glipizide/metformin													
other drug													
contraception													
other drug/s date next visit	1	<u> </u>											
NEW OCCUPATION/S	1414141414141	promonininin	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	parararinini		paranarahin T	pararararinini	promoninini.	promonininin	(rununununinini	pararararinini		
ACCOMODATION	type			Occupa	nts/roon	<u>. </u>	water		fuel		toilet		
NEW CONTACT DATA	.,,,,,			госара		-	1		1.40.				

page 1		EPILEPSY									CDC No				
NAME			date of	birth		Clinic No.									
ADDRESS (e-mail/other)					_		_					mobile			
ID	medicAi	id					medicA	lert				year on			
TYPES OF SEIZURES	- PARTIA		simple		comple	x	- becomi	ng gene	ralised			other			
	GENER	ALISED:			• •		-	other							
CAUSE OF EPILEPSY			-			- '	ns	-		hysterical vascular other					
level of control														IBM	
visit number		when	1	2	3	4	5	6	7	8	9	10	_	40	
date	past	WHEH	1.000000	<u> </u>	<u>ه</u>	4	5			• !::::::::::::::::::::::::::::::::::::	9	10	11	12	
attendant															
number of seizures															
aura															
incontinence			1												
tongue-biting post-ictal state			<u> </u>										<u> </u>	-	
burns															
other injury			:										1	1	
impotence/date of LMP			:												
other															
weight	<u> </u>		<u> </u>										<u> </u>		
systolic blood pressure diastolic blood pressure	-		1											 	
injury			•										-	-	
teeth [DMF]			:										1	1	
other sign/s															
tests			:												
ather diagnosis															
other diagnosis													<u> </u>		
time last meal	[.].].								.[[
no. meals/day			•												
sugar/salt]												
meat/tinned food			1												
legumes/vegetable oil			:												
alcohol tobacco		1.1.1.1.1.1.1.1.1	-										 	 	
exercise			1												
stress			:												
dangerous activity															
anxiety or worry			:												
lack of sleep or tiredness during sleep or dosing															
hunger or hypoglycaemia			<u> </u>												
after alcohol															
dagga and other drugs			:												
television/other triggers			:												
compliance attendance															
time last phenobarb pill count phenobarb			:											_	
time last phenytoin taken			1											1	
pill count phenytoin			:										1	1	
time last other drug			:												
pill count other drug															
pill count other drug/s			<u> </u>												
phenobarb phenytoin	-		1			1	1			1	1	1	 	<u> </u>	
other drug	—		†			1	1			1	1	1	 	1	
contraception															
other drug/s															
date next visit															
OCCUPATION	past:					present	t:								
ACCOMODATION	type			rooms		occupa	nts		water		fuel		toilet		
NEW CONTACT DATA															

page number				EPILE	PSY		CDC No					
NAME				sex	date of b		birth			Clinic N		
ADDRESS (e-mail/other)				•						mobile		
ID	medicAi	id				medicA	_			year on:	set	
TYPES OF SEIZURES	PARTIA		simnle			-	becomi	na dener	alised	-	other	
111 20 01 021201120		ALISED:			-		_				hysteric	l
CAUSE OF EPILEPSY							_				other	<u> </u>
					•	· · · · · · · · · · · · · · · · · · ·			_vascular		-	
level of control			• •	IC	•	<u> </u>	stressed		BMI		IBM	
visit number	1	2	3	4	5	6	7	8	9	10	11	12
date attendant							[]]]]]]]]]					
number of seizures												
aura												
incontinence												
tongue-biting												
post-ictal state												
burns other injury												
impotence/date of LMP												
other												
weight												
systolic blood pressure												
diastolic blood pressure												
injury teeth [DMF]												
other sign/s												
tests												
other diagnosis	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						1-1-1-1-1-1-1-1-1-1 -1-1-1-1-1-1-1-1-1		1-1-1-1-1-1-1			
time last meal												
no. meals/day												
sugar/salt												
meat/tinned food												
legumes/vegetable oil												
alcohol												
tobacco exercise												
stress												
dangerous activity												
anxiety or worry												
lack of sleep or tiredness												
during sleep or dosing hunger or hypoglycaemia												
after alcohol												
dagga and other drugs												
television/other triggers												
compliance attendance												
time last phenobarb pill count phenobarb												
time last phenytoin taken												
pill count phenytoin												
time last other drug												
pill count other drug												
pill count other drug/s												
phenobarb phenytoin												
other drug												
contraception												
other drug/s												
date next visit												
NEW OCCUPATION				I							1	
NEW ACCOMODATION	type			occupar	nts/room		water		fuel		toilet	
NEW CONTACT DETAILS												

HYPERTENSION CDC No page 1 NAME sex date of birth Clinic No. phone _____mobile ____ ADDRESS (e-mail/other) year onset medicAid medicAlert ID ___ family _____obesity____alcohol____drugs ____sodium___sugars ____sloth RISK FACTORS: IRF _____ retina ____ CVA ____ CCF ____ LVH ____ IHD _____ PVD COMPLICATIONS: PCV OTHER FINDINGS: creatin-____ potas- ____ total ch____ HDL ch___ bld sugar___ IGT severity of HT _____ BMI IBM W/H ratio SUA height waist hip history visit number 9 10 6 12 level + onset date attendant rate date headache dizziness weakness or tiredness shortness of breath cough chest pain palpitations poor vision nocturia/polyuria impotence/date of LMP other weight time BP measured systolic blood pressure diastolic blood pressure pulse rate pulse rhythm respiratory rate swollen ankles other signs urine protein other tests other diagnosis time last meal no. meals/day usual salt intake usual sugar intake other carbohydrates/day packaged drinks/day other packaged food/week meat/fish per week legumes per week vegetable per day alcohol per week tobacco per day exercise per day stress compliance attendance K/Mg salts pill count HCT time last HCT taken pill count reserpine time last reserpine taken pill count other drug pill count other drug/s K/Mg salts HCT 12.5mg reserpine 0.125mg contraception other drug contraception other drug/s date next visit OCCUPATION past: present: **ACCOMODATION** type fuel toilet rooms occupants water NEW CONTACT DATA

page no	HYPERTENSION CDC No											
NAME					sex		date of b	irth				
ADDRESS (e-mail/other)					•		phone			mobile	-	
ID	medicAid	t				medicAle	• ·			year of o	nset	
RISK FACTORS:		<u> </u>			alcohol	•	drugs			_	sodium	-
			_		-				='			-
COMPLICATIONS:	IRF		-				CCF		•		IHD	-
OTHER FINDINGS:	creatinin	<u> </u>	potas-		total ch		HDL ch		IGT	-	PCV	-
severity of HT	BMI		_IBM		waist		hip		W/H ratio		SUA	
visit number	1	2	3	4	5	6	7	8	9	10	11	12
date												
attendant headache												
dizziness												
weakness or tiredness												
shortness of breath												
cough												
chest pain	-											ļ
palpitations poor vision												
nocturia/polyuria												
impotence/date of LMP												
other												
weight												
time BP measured												
systolic blood pressure diastolic blood pressure												
pulse rate												
pulse rhythm												
respiratory rate												
swollen ankles												
other signs												
urine protein other tests												
other diagnosis												
time last meal												
no. meals/day												
usual salt intake usual sugar intake												
other carbohydrates/day												
packaged drinks/day												
other packaged food/week												
meat/fish per week												
legumes per week												
vegetable per day alcohol per week												
tobacco per day												
exercise per day												
stress												
compliance attendance												
K/Mg salts		ļ	ļ									ļ
pill count HCT time last HCT taken		+	+			<u> </u>						1
pill count reserpine												
time last reserpine taken												
pill count other drug												
pill count other drug/s												
K/Mg salts		<u> </u>	<u> </u>									<u> </u>
HCT 12.5mg	-	1	1	<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>	1
reserpine 0.125mg contraception		1	1	-				 	-	-	-	1
other drug		 	 	 				 	 	 	 	1
contraception				1				1	1	1	1	1
other drug/s												
date next visit												
OCCUPATION	past:				- /		present:		[£a.]		4-11-4	
ACCOMODATION NEW CONTACT DATA	type			occupant	s/room		water		fuel		toilet	
III VV LANIALI DATA	•											

page 1	DIABETES-HYPERTENSION								CDC No						
NAME							sex		date of b	irth		Clinic No.			
ADDRESS (e-mail/other)							•		phone			mobile			
ID	medicAic	<u> </u>					medicAle	ert	• •		year of o	•			
RISK FACTORS:			obesity		alcohol		drugs		sodium				infection		
COMPLICATIONS:	coma		hyper-		hypo-		retina		cataracts		UTI		caries		
other infection		hy n	• • •	neuropat	•		PVD		IRF		CVA		IHD		
	creatinine			-	total ch		•		•		PCV		-		
type DMseverity HT		<u> </u>	potas-		•		HDL ch		SUA		•		ketosis		
			IBM		IBM		waist		hip		W/H ratio		other		
visit number		tory	1	2	3	4	5	6	7	8	9	10	11	12	
date attendant	type + level	onset date													
headache/dizziness	icvei	date													
weakness or tiredness															
cough															
dyspnoea/chest pain															
palpitations/sweating															
disturbed vision drowsiness/confusion													 	 	
thirst or dry mouth															
nocturia/polyuria															
hunger or eating a lot															
impotence/date of LMP															
other		<u> </u>		<u> </u>		<u> </u>								 	
weight time BP measured				 		 							 	 	
systolic blood pressure														<u> </u>	
diastolic blood pressure															
pulse rate															
pulse rhythm															
respiratory rate teeth [DMF]													 	 	
swollen ankles														 	
skin/feet															
other signs															
urine protein															
other urine test time blood sugar taken	-														
blood sugar result														 	
other tests															
other diagnosis															
time last meal no. meals/day	-														
sugar/salt															
meat/tinned food															
legumes/fish															
vegetable oil/bran															
alcohol															
tobacco exercise															
stress															
compliance attendance															
K/Mg salts															
insulin dose				ļ		ļ							<u> </u>	<u> </u>	
time of last insulin dose pill count DM oral drug		1											 	 	
time last DM dose taken													 	 	
pill count reserpine															
time last reserpine taken															
pill count HCT															
time last HCT taken pill count other drug/s															
K/Mg salts		<u> </u>	1	<u> </u>		<u> </u>							 	 	
insulin															
glipizide/metformin															
reserpine 0.125mg															
HCT 12.5mg															
other drug				<u> </u>		<u> </u>							<u> </u>	 	
contraception			 	<u> </u>		<u> </u>	ļ	ļ			ļ		 	 	
other drug/s	<u> </u>												<u> </u>	<u> </u>	
date next visit		1	1	1	l	1	l	<u> </u>	<u> </u>	<u> </u>	1	l	<u> </u>	<u> </u>	
OCCUPATION	past:			roc ===		present:			wota.		fuel		toilet		
ACCOMODATION	type			rooms		occupant	.5		water		fuel		toilet		
NEW CONTACT DATA															

page number			DIAB	ETES-HY	PERTE	NSION				CDC No		
NAME					sex		date of bir	th		Clinic No.		
ADDRESS (e-mail/other)							•	-	phone			mobile
ID	madia Aid					medicAler	4		prioric	year of on		
	medicAid					_ medicalei				year or on		
RISK FACTORS:	family		obesity		alcohol		drugs		sodium		sugars	
COMPLICATIONS:	coma		hyper-		hypo-		retina		cataracts		UTI	
other infection	neuropath	у р		neuropath	y a		PVD		IRF		CVA	
OTHER FINDINGS:	creatinine		potas-	=	total ch		HDL ch		SUA		IHD	
type DMseverity HT			IBM		waist		hip		W/H ratio		ketosis	
			_		-						-	
visit number	1	2	3	4	5	6	7	8	9	10	11	12
date attendant												
headache/dizziness												
weakness or tiredness												
cough	-					1						+
dyspnoea/chest pain												+
palpitations/sweating												
disturbed vision												
drowsiness/confusion			1			†						†
thirst or dry mouth			1			†						†
nocturia/polyuria												
hunger or eating a lot												
impotence/date of LMP												
other												
weight												
time BP measured												
systolic blood pressure												
diastolic blood pressure												
pulse rate												
pulse rhythm												
respiratory rate												
swollen ankles												
skin/feet												
other signs												
urine protein												
other urine test												
time blood sugar taken blood sugar result						+						+
other tests	-		+			 			-			+
other diagnosis												
other diagnosis												
time last meal												
no. meals/day												<u> </u>
sugar/salt												<u> </u>
meat/tinned food												
legumes/fish												
vegetable oil/bran												
alcohol												
tobacco												
exercise												
stress												
compliance attendance												
K/Mg salts insulin dose												
time of last insulin dose												
pill count DM oral drug	-		+			 			-			+
time last DM dose taken	-					1						+
pill count reserpine												+
time last reserpine taken												
pill count HCT												—
time last HCT taken						1						†
pill count other drug/s												
K/Mg salts												
insulin						L						
glipizide/metformin						L						<u>I</u>
reserpine 0.125mg												
HCT 12.5mg												
other drug												
contraception												
other drug/s												
date next visit							<u> </u>					
NEW OCCUPATION												
NEW ACCOMODATION	type			occupants	/room		water		fuel		toilet	
NEW CONTACT DETAILS												