

CHRONIC OBSTRUCTIVE LUNG DISEASE

CDC No _____

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year onset _____

CAUSES & TRIGGERS: tobacco _____ ET-smoke _____ occupation air _____ exercise _____ house dust _____ animals _____
 plants _____ food _____ cold _____ rain/wind _____ infection _____ stress _____ drugs _____

TYPES & COMPLICATIONS: asthma _____ bronchitis _____ emphysema _____ pneumonia _____ PTB _____ CCF _____

severity of COLD _____ height _____ BMI _____ IBM _____ PCV _____ expected peak flow _____ %PFV _____

visit number	past	when	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 sign/s														
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														
salbutamol oral														
beclamethasone inhaler														
tetracycline HCl														
contraception														
other drug/s														
date next visit														
OCCUPATION	past:				present:									
ACCOMODATION	type			rooms	occupants			water	fuel		toilet			
NEW CONTACT DATA														

CHRONIC OBSTRUCTIVE LUNG DISEASE

page number _____

CDC No _____

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year onset _____

CAUSES & TRIGGERS: tobacco _____ ET-smoke _____ occupation air _____ exercise _____ house dust _____

animals _____ plants _____ food _____ cold _____ rain _____ wind _____ infection _____ stress _____

TYPES & COMPLICATIONS: asthma _____ bronchitis acute/chronic _____ emphysema _____ PTB _____

severity of OLD _____ BMI _____ PCV _____ expected peak flow _____ %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													
salbutamol oral													
beclamethasone inhaler													
tetracycline HCl													
contraception													
other drug/s													
date next visit													
NEW OCCUPATION/S													
ACCOMODATION	type	occupants/room					water	fuel	toilet				
NEW CONTACT DATA													

DIABETES

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year of onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sloth _____ sugars _____ infection _____

COMPLICATIONS: hyper- _____ hypo- _____ ketosis _____ coma _____ retina _____ cataracts _____ UTI _____

other infection _____ neuropathy p _____ neuropathy a _____ PVD _____ IRF _____ CVA _____ IHD _____

OTHER FINDINGS: creatinine _____ potas- _____ total ch _____ HDL ch _____ SUA _____ PCV _____ caries _____

type of DM _____ height _____ BMI _____ IBM _____ waist _____ hip _____ W/H ratio _____ other _____

visit number	past	when	1	2	3	4	5	6	7	8	9	10	11	12
date														
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														
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														
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														
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														
glipizide/metformin														
other drug														
contraception														
other drug/s														
date next visit														
OCCUPATION	past:					present:								
ACCOMODATION	type			rooms		occupants			water		fuel		toilet	
NEW CONTACT DATA														

DIABETES

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year of onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sloth _____ sugars _____

COMPLICATIONS: hyper _____ hypo _____ IRF _____ retina _____ cataracts _____ UTI _____

other infection _____ neuropathy p _____ neuropathy a _____ PVD _____ CVA _____ IHD _____

OTHER FINDINGS: creatinine _____ potas- _____ total ch _____ HDL ch _____ SUA _____ PCV _____

type of DM _____ BMI _____ IBM _____ waist _____ hip _____ W/H ratio _____ caries _____

	1	2	3	4	5	6	7	8	9	10	11	12
visit number												
date												
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												
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												
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												
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												
glipizide/metformin												
other drug												
contraception												
other drug/s												
date next visit												
NEW OCCUPATION/S												
ACCOMODATION	type	occupants/room					water		fuel		toilet	
NEW CONTACT DATA												

EPILEPSY

CDC No _____

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year onset _____

TYPES OF SEIZURES PARTIAL: simple _____ complex _____ becoming generalised _____ other _____

GENERALISED: grand mal _____ petit mal _____ other _____ hysterical _____

CAUSE OF EPILEPSY familial _____ congenital _____ infections _____ injury _____ vascular _____ other _____

level of control _____ retarded _____ psychotic _____ disabled _____ stressed _____ height _____ BMI _____ IBM _____

	past	when	1	2	3	4	5	6	7	8	9	10	11	12
visit number														
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														
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														
OCCUPATION	past:			present:										
ACCOMODATION	type			rooms	occupants			water	fuel	toilet				
NEW CONTACT DATA														

page number _____

EPILEPSY

CDC No _____

NAME _____

sex _____ date of birth _____

Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____

mobile _____

ID _____ medicAid _____

medicAlert _____ year onset _____

TYPES OF SEIZURES PARTIAL: simple _____ complex _____ becoming generalised _____ other _____

GENERALISED: grand mal _____ petit mal _____ other _____ hysterical _____

CAUSE OF EPILEPSY familial _____ congenital _____ infections _____ injury _____ vascular _____ other _____

level of control retarded _____ psychotic _____ disabled _____ 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													
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													
NEW ACCOMODATION	type			occupants/room				water		fuel		toilet	
NEW CONTACT DETAILS													

HYPERTENSION

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sodium _____ sugars _____ sloth _____

COMPLICATIONS: IRF _____ retina _____ CVA _____ CCF _____ LVH _____ IHD _____ PVD _____

OTHER FINDINGS: creatin- _____ potas- _____ total ch _____ HDL ch _____ bld sugar _____ IGT _____ PCV _____

severity of HT _____ height _____ BMI _____ IBM _____ waist _____ hip _____ W/H ratio _____ SUA _____

visit number	history		1	2	3	4	5	6	7	8	9	10	11	12
	level +	onset												
date	rate	date												
attendant														
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		rooms	occupants			water	fuel		toilet				
NEW CONTACT DATA														

HYPERTENSION

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year of onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sloth _____ sodium _____

COMPLICATIONS: IRF _____ retina _____ CVA _____ CCF _____ LVH _____ IHD _____

OTHER FINDINGS: creatinine _____ 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												
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			occupants/room			water			fuel		
NEW CONTACT DATA										toilet		

DIABETES-HYPERTENSION

CDC No _____

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year of onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sodium _____ sugars _____ infection _____

COMPLICATIONS: coma _____ hyper- _____ hypo- _____ retina _____ cataracts _____ UTI _____ caries _____

other infection _____ neuropathy p _____ neuropathy a _____ PVD _____ IRF _____ CVA _____ IHD _____

OTHER FINDINGS: creatinine _____ potas- _____ total ch _____ HDL ch _____ SUA _____ PCV _____ ketosis _____

type DM _____ severity HT _____ height _____ IBM _____ IBM _____ waist _____ hip _____ W/H ratio _____ other _____

visit number	history	1	2	3	4	5	6	7	8	9	10	11	12
date	type + onset												
attendant	level date												
headache/dizziness													
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													
weight													
time BP measured													
systolic blood pressure													
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													
time of last insulin dose													
pill count DM oral drug													
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													
insulin													
glipizide/metformin													
reserpine 0.125mg													
HCT 12.5mg													
other drug													
contraception													
other drug/s													
date next visit													
OCCUPATION	past:					present:							
ACCOMODATION	type	rooms			occupants			water		fuel		toilet	
NEW CONTACT DATA													

DIABETES-HYPERTENSION

NAME _____ sex _____ date of birth _____ Clinic No. _____

ADDRESS (e-mail/other) _____ phone _____ mobile _____

ID _____ medicAid _____ medicAlert _____ year of onset _____

RISK FACTORS: family _____ obesity _____ alcohol _____ drugs _____ sodium _____ sugars _____

COMPLICATIONS: coma _____ hyper- _____ hypo- _____ retina _____ cataracts _____ UTI _____

other infection _____ neuropathy p _____ neuropathy a _____ PVD _____ IRF _____ CVA _____

OTHER FINDINGS: creatinine _____ potas- _____ total ch _____ HDL ch _____ SUA _____ IHD _____

type DM ___ severity HT _____ IBM _____ IBM _____ waist _____ hip _____ W/H ratio _____ ketosis _____

	1	2	3	4	5	6	7	8	9	10	11	12	
visit number													
date													
attendant													
headache/dizziness													
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													
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													
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													
time of last insulin dose													
pill count DM oral drug													
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													
insulin													
glipizide/metformin													
reserpine 0.125mg													
HCT 12.5mg													
other drug													
contraception													
other drug/s													
date next visit													
NEW OCCUPATION													
NEW ACCOMODATION	type			occupants/room			water			fuel		toilet	
NEW CONTACT DETAILS													