



MEDICATION	DOSE	FREQUENCY
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A decorative graphic consisting of a grid of squares. The squares are arranged in a 4x4 pattern. The colors of the squares are blue and light blue, creating a striped effect. The blue squares are located at positions (row, column) where both row and column are odd (1,1), (1,3), (3,1), and (3,3), assuming the top-left square is (1,1). All other squares are light blue.

**IF FOUND PLEASE TAKE TO THE NEAREST HEALTH CENTRE**

# CHRONIC CARE PASSPORT



## IN CASE OF **EMERGENCY** PLEASE CONTACT

Name:  Tel:

Name:

Address:

Email:

Phone:

Health Facility:

Initial Registration Date (DD/MM/YY):

M.R. #:  ID/CCP #:

Date of Birth (DD/MM/YY):

Height (cm/ins):  Weight (Kg/Lbs):

BMI at Registration (KG/M):  Sex(M/F):

Allergies:

### During your medical checkup you should have the following:

- ✓ All the relevant blood tests taken and the results explained to you.
- ✓ Your blood pressure recorded every visit.
- ✓ Your weight recorded at every visit.
- ✓ Your urine tested for protein once a year.
- ✓ If you have diabetes your feet checked at every visit and a dilated eye exam every year.
- ✓ Your nutrition and physical activity pattern reviewed.
- ✓ Your medication reviewed.
- ✓ If you are on insulin, your injection sites should be checked.
- ✓ The opportunity to discuss any other health problems you have.

## PREVENTATIVE MEASURES

	Appointment Date DD/MM/YYYY	Date Screened DD/MM/YYYY	Type of Screening Test DD/MM/YYYY
Cervix	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breast	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prostate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Colorectal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>