

DIABETES ANNUAL REVIEW CARD

| | | | |
|------------------|---------------------------------|-------------|-----------------------------|
| NAME: | SEX: | DOB: | Date of diagnosis: |
| Village: | Unique number: | | Treatment Supporter: |
| Ward: | Phone: | | Relationship: |
| District: | Nearest health facility: | | Telephone: |

| Date | Vision loss/change Y/N / | Visual acuity e.g. 6/6 | Fundus Normal? Y/N | Erectile problems Y/N | Planning pregnancy? | Feet examination Normal? Y/N | | | HBA1c <7% | Creatinine <160µmol/l | Total chol <5.2mol/l | Triglycerides <1.7mol/l | COMMENTS symptoms, examination, tests to do, advice given |
|------|--------------------------|------------------------|--------------------|-----------------------|---------------------|------------------------------|-----------|--------|-----------|-----------------------|----------------------|-------------------------|--|
| | | | | | | Touch | Vibration | Pulses | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |