

5b. If Current or Past Cigarette Use: **2069** # Sticks per day: _____ **2070** # Years of Use: _____

5c. **1684** Do you sometimes drink alcohol? Yes **1065** No **1066** Stopped **1679** How long ago? **1700** Wks **1701** mos **1702** yrs

5d. **5319** How often did you have a drink containing alcohol in the last year? Monthly or less **1091** Weekly **1099**
 Daily **1891**

5e. **5230** How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
 0 drinks **1101** 1 to 2 drinks **1102** 3 to 4 drinks **1103** 5 to 6 drinks **1104** 7 to 9 drinks **1105**
 10 or more drinks **1106**

6a. **1156** Were all medicines taken as prescribed in the last one month? Yes **1065** No **1066**, specify below:

Name of drug 7356 7353	Number of doses missed in last week 7355	Reason 7354
<input type="checkbox"/> Metformin 2261	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Glibenclamide 2257	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Glimepiride 2260	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Gliclazide 2258	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Pioglitazone 2270	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Insulin 70/30 2254	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Insulin NPH 2255	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Glargine Insulin (Lantus) 8015	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Humalog Insulin (Lispro) 2256	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Enalapril 1242	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Losartan 2265	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> HCTZ 1243	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Nifedipine 250	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Amlodipine 2272	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Metoprolol 2266	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Carvedilol 2268	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> J. ASA 7303	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Atorvastatin 2276	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160 <input type="checkbox"/> most 1162 <input type="checkbox"/> all 1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620 <input type="checkbox"/> other 5622
<input type="checkbox"/> Amitriptyline	<input type="checkbox"/> None 1107 <input type="checkbox"/> Few 1160	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot 1648 <input type="checkbox"/> Side effects 1664 <input type="checkbox"/> Don't like 1620

2273	<input type="checkbox"/> most1162 <input type="checkbox"/> all1163	<input type="checkbox"/> other5622
<input type="checkbox"/> Pregabalin8020	<input type="checkbox"/> None1107 <input type="checkbox"/> Few1160 <input type="checkbox"/> most1162 <input type="checkbox"/> all1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot1648 <input type="checkbox"/> Side effects1664 <input type="checkbox"/> Don't like1620 <input type="checkbox"/> other5622
<input type="checkbox"/> Gabapentin 2274	<input type="checkbox"/> None1107 <input type="checkbox"/> Few1160 <input type="checkbox"/> most1162 <input type="checkbox"/> all1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot1648 <input type="checkbox"/> Side effects1664 <input type="checkbox"/> Don't like1620 <input type="checkbox"/> other5622
<input type="checkbox"/> Carbamazepine 920	<input type="checkbox"/> None1107 <input type="checkbox"/> Few1160 <input type="checkbox"/> most1162 <input type="checkbox"/> all1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot1648 <input type="checkbox"/> Side effects1664 <input type="checkbox"/> Don't like1620 <input type="checkbox"/> other5622
<input type="checkbox"/> Sildenafil2278	<input type="checkbox"/> None1107 <input type="checkbox"/> Few1160 <input type="checkbox"/> most1162 <input type="checkbox"/> all1163	<input type="checkbox"/> Ran out of meds 6100 <input type="checkbox"/> Forgot1648 <input type="checkbox"/> Side effects1664 <input type="checkbox"/> Don't like1620 <input type="checkbox"/> other5622

6b. 1919 Other drugs:

7a. Do you have a cough 107? Yes6245 No 6246
5959 If Yes, duration of cough _1072_days_1073_wks_1074_Mths

58
7.b Have you ever had a diagnosis of Tuberculosis Yes6245 No6246 If yes,5965 Currently on treatment 1065
 Treatment completed1267 _____5966____ (year) Defaulted1595 _____2063____ (year)
7c.7444 Known exposure to household contact with TB Yes1065 No1066

Comments:

8. Hospitalizations

8a. 5703 Has the patient been hospitalized in the previous year? Yes1065 No 1066

8b. 5704 If yes, how many hospitalizations did the patient have in the past year? _

2084 Briefly describe the reason(s) for hospitalizations:

Physical examination

9. Vital Signs

5088 Temp: _____ °C	BP (reading) _____ / _____ mmHg 5085 / 5086	5087 PR _____ /min	Waist circ: _____ cm 7231	Ht _____ cm 5090	Wt _____ Kg 5089	BMI _____ 1342
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10. 1119 **General exam:** Normal 1115 Pallor5245 Jaundice215 Cyanosis589 Other:5622

11. 1124 **CVS:** Normal 1115 Abnormal1116, describe:

12. 1123 **RS:** Normal1115 Abnormal1116, describe:

13. 1125 **P/A:** Normal 1115 Abnormal1116, describe:

14. 1129 **CNS:** Normal 1115 Abnormal1116, describe:

15. 1128 **Muscular skeletal:** Normal 1115 Abnormal1116, describe:

16. 1122 **Eye:** Normal1115 Abnormal1116, Sclera icteric5192 Conjunctiva pale516 Fundal abnormality518 describe:

17. 1127 **Extremities:** Normal1115 Abnormal1116 → Ulcers7293 Callouses7294 Hardened Nails7297
 Fungus171 Cellulitis134 Edema460 Dry7298

18a. 8075 **Foot exam** Normal 1115 Abnormal,1116 describe:

18b. **Monofilament test** RF _____/5 LF _____/5

19. **Other:** 5622

20. Investigations

Test 1866	Results	Date	Tests	Result	Date
<input type="checkbox"/> RBS 887	_____ mmols/dL		<input type="checkbox"/> PDT 45	<input type="checkbox"/> Negative 664 <input type="checkbox"/> Positive703	
<input type="checkbox"/> FBS 6252	_____ mmols/dL		<input type="checkbox"/> ECG 1537	<input type="checkbox"/> Normal 1115 <input type="checkbox"/> Abnormal1116	
<input type="checkbox"/> Hb A ¹ C 6126	_____ %		<input type="checkbox"/> LDL1008	_____ mmol / L	
302 Urinalysis:	<input type="checkbox"/> Neg 664 <input type="checkbox"/> + 703 <input type="checkbox"/> ++ 2074		<input type="checkbox"/> HDL1007	_____ mmol / L	
<input type="checkbox"/> Protein2339	<input type="checkbox"/> +++ 2075		<input type="checkbox"/> TG1009	_____ mmol / L	
<input type="checkbox"/> Ketone7279	<input type="checkbox"/> Neg 664 <input type="checkbox"/> + 703 <input type="checkbox"/> ++ 2074		<input type="checkbox"/> Cholesterol	_____ mmol / L	
<input type="checkbox"/> Presence of pus cells1984	<input type="checkbox"/> +++ 2075		1006		
	<input type="checkbox"/> Neg 664 <input type="checkbox"/> + 703 <input type="checkbox"/> ++ 2074				

	<input type="checkbox"/> +++ 2075				
<input type="checkbox"/> Microalbumin 7302	_____ mmol / L		<input type="checkbox"/> Urea 857	_____ mmol / L	
<input type="checkbox"/> Potassium 1133 <input type="checkbox"/> Creatinine 790	_____ mmol / L _____ mmol / L				
RADIOLOGY		Date	Describe		
<input type="checkbox"/> CXR 012	<input type="checkbox"/> Normal 1115 <input type="checkbox"/> Abnormal 1116				
<input type="checkbox"/> Echo 1536	<input type="checkbox"/> Normal 1115 <input type="checkbox"/> Abnormal 1116				
OTHER TEST	Results	Date	Other Test	Result	Date

21. Problem list / Complications

No	Complications	ADD 6042	ONGOING 2034	REMOVE 6097	No	Complications	ADD 6042	ONGOING 2034	REMOVE 6097
1	Stroke 1878	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Peripheral Neuropathy 821	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	T.I.A 8076	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Diabetic Retinopathy 8084	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Heart failure 1456	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Gastropathy 8085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ischemic H.D 8077	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Autonomic Neuropathy 8086	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	DM Skin complication 79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Cataracts 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Erectile dysfunction 8613	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Dental complication 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8078 Chronic Kidney Disease 1 8079 2 8080 3 8081 4 8082 5 8083

2375 Infections (where) _____ 1233 8087 DM Foot Ulcer : Category 0 8088 1 8089 2 8090 3 8091 4 8092 5 8093 6 8094

22. Treatment

Anti diabetic drugs/OHA 7307	Plan 7306	Drug 7304	Dose 1899/7305	1896
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Metformin 2261	<input type="checkbox"/> 500mg(81) <input type="checkbox"/> 850m (246) <input type="checkbox"/> 1000mg(247)	<input type="checkbox"/> OD 1891 <input type="checkbox"/> BD 1888
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Glibenclamide 2257	<input type="checkbox"/> 2.5mg(250) <input type="checkbox"/> 5mg(82) <input type="checkbox"/> 7.5mg (248) <input type="checkbox"/> 10mg(249)	<input type="checkbox"/> Am 1639 <input type="checkbox"/> Pm 1641
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Glimepiride 2260	<input type="checkbox"/> 1mg(291) <input type="checkbox"/> 2mg(292) <input type="checkbox"/> 4mg(293)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Gliclazide 2258	<input type="checkbox"/> 30mg(288) <input type="checkbox"/> 60mg(289) <input type="checkbox"/> 80mg(290) <input type="checkbox"/> 120mg(287)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Pioglitazone 2270	<input type="checkbox"/> 15mg (251) <input type="checkbox"/> 30mg (252)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Insulin (179) 70/30 2254	Am _____ IU Pm _____ IU	
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Insulin NPH 2255	Am _____ IU Pm _____ IU	
	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Glargine Insulin (Lantus) 8015	Am ___ IU Pm ___ IU	
<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Humalog Insulin (Lispro) 2256	Am ___ IU Lunch ___ IU Pm ___ IU		
Anti hypertensiv	<input type="checkbox"/> Start 1256 <input type="checkbox"/> CT 1257 <input type="checkbox"/> Change 1259 <input type="checkbox"/> Stop 1260	<input type="checkbox"/> Enalapril 1242	<input type="checkbox"/> 2.5mg (253) <input type="checkbox"/> 5mg(85) <input type="checkbox"/> 10mg(53)	<input type="checkbox"/> OD <input type="checkbox"/> BD

e agents 7334	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Losartan2265	<input type="checkbox"/> 15mg(254) <input type="checkbox"/> 20mg(255) <input type="checkbox"/> 25mg (278) <input type="checkbox"/> 50mg(279) <input type="checkbox"/> 100mg (280)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> HCTZ1243	<input type="checkbox"/> 12.5mg (256) <input type="checkbox"/> 25mg (257) <input type="checkbox"/> 50mg (1243)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Nifedipine250	<input type="checkbox"/> 20mg (112) <input type="checkbox"/> 40mg (258)	<input type="checkbox"/> BD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Amlodipine2272	<input type="checkbox"/> 2.5mg (265) <input type="checkbox"/> 5mg(266) <input type="checkbox"/> 10mg (267)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Metoprolol2266	<input type="checkbox"/> 25mg(294) <input type="checkbox"/> 50mg(295) <input type="checkbox"/> 100mg(296)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Carvedilol 2268	<input type="checkbox"/> 3.125mg (261) <input type="checkbox"/> 6.25mg(262) <input type="checkbox"/> 12.5mg(263) 25mg(264)	<input type="checkbox"/> OD <input type="checkbox"/> BD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> J. ASA7303	<input type="checkbox"/> 75mg (297) <input type="checkbox"/> 150mg	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Atorvastatin 2276	<input type="checkbox"/> 10mg(268) <input type="checkbox"/> 20mg(269) <input type="checkbox"/> 40mg (270) <input type="checkbox"/> 80mg (271)	<input type="checkbox"/> OD
Peripheral neuropathy drugs 7337 1895	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Amitriptylline 2273	<input type="checkbox"/> 25mg (88) <input type="checkbox"/> 50mg (101)	<input type="checkbox"/> Nocte2176
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Pregabalin8020	<input type="checkbox"/> 75mg(272) <input type="checkbox"/> 100mg(273) <input type="checkbox"/> 150mg(274) <input type="checkbox"/> 300mg(275)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Gabapentin 2274	<input type="checkbox"/> 150mg(276) <input type="checkbox"/> 300mg(277)	<input type="checkbox"/> OD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Carbamazepine 920	<input type="checkbox"/> 100mg (281) <input type="checkbox"/> 200mg (89)	<input type="checkbox"/> OD <input type="checkbox"/> BD
	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/> Sildenafil2278	<input type="checkbox"/> 25mg (298) <input type="checkbox"/> 50mg (299) <input type="checkbox"/> 75mg(300)	<input type="checkbox"/> PRN7772
Anti-fungals 8033	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/>		
Anti-bacterials 8036	<input type="checkbox"/> Start1256 <input type="checkbox"/> CT1257 <input type="checkbox"/> Change1259 <input type="checkbox"/> Stop1260	<input type="checkbox"/>		
Others 1901				
Others				
Comments				
<p>23.1271 Tests ordered: <input type="checkbox"/> None1107 <input type="checkbox"/> Urinalysis302 <input type="checkbox"/> HbA1c 6126 <input type="checkbox"/> Microalbumin 7302 <input type="checkbox"/> Creatinine790 <input type="checkbox"/> Potassium1133 <input type="checkbox"/> ECG 1537 <input type="checkbox"/> Echo1536 <input type="checkbox"/> Lipid profile 1010 <input type="checkbox"/> Electrolytes 5473 <input type="checkbox"/> Other5622 (specify):</p>				
Follow up plan				
1922 24. When is the patient's next appointment? 1893 weeks 1894 Months		Next appointment date: ____/____/____ 5096		
2035 1285 25. <input type="checkbox"/> Transfer care to H/C or District Hospital, specify _____				
1272 26. <input type="checkbox"/> Admit to hospital6419				
7347 27. Referrals: <input type="checkbox"/> Eye review 7343 <input type="checkbox"/> Surgical review7344 <input type="checkbox"/> Renal review7345 <input type="checkbox"/> CVD review7346 <input type="checkbox"/> Nutrition 5484 <input type="checkbox"/> Physiotherapy 1905 <input type="checkbox"/> Psychiatry1914 <input type="checkbox"/> Dental 1902 <input type="checkbox"/> Dermatology 6758 <input type="checkbox"/> Other5622 _____				
Provider: ID _____ Designation _____ Signature _____ encounter.provider_id				