Hypertension and Diabetes Treatment Card

One card for *every* patient given or prescribed medicines to treat hypertension &/or diabetes, regardless of regimen

Patient name

Registration date

DD MM YY

Patient ID number

00001, 00002, 00003...

Age	
Gender	◯ Male ◯ Female ◯ Transgender
Full address (s/o, d/o, w/o House Number, Name of Hamlet/Village/Colony/Nagar/ Town/Nearest landmark)	
Nearest subcenter	
Phone number	
Other phone no.	
Other ID number	

Health facility	
District	

Already on medication for hypertension?	◯ Yes	◯ No
Already on medication for diabetes?	◯ Yes	◯ No
Past history of heart attack?	◯ Yes	◯ No
Past history of stroke?	◯ Yes	◯ No
Past history of kidney disease?	◯ Yes	◯ No

Important: When BP is ≥140 or ≥90, escalate treatment as per IHCI protocol

	At registration							
Treatment date DD / MM / YY								
Blood pressure	/	/	/	/	/	/	/	/
Blood sugar								
Treatment dose	Please write dose							
Amlodipine								
Telmisartan								
Chlorthalidone								
Hydrochlorothiazide								
Enalapril								
Losartan								
Aspirin								
Statin								
Metformin								

If a patient misses a visit, please contact promptly to return to care

Date contact attempted	Date contact attempted	Date contact attempted	Date contact attempted	Date contact attempted
◯ No response	◯ No response	◯ No response	◯ No response	◯ No response
◯ House not found	◯ House not found	◯ House not found	◯ House not found	◯ House not found
◯ Agreed to return	◯ Agreed to return	◯ Agreed to return	◯ Agreed to return	◯ Agreed to return
◯	◯	◯	◯	◯

Copy name, registration date, and patient ID number from front of the card

Patient name

Registration date

DD MM YY

Patient ID number

00001, 00002, 00003...

Treatment date DD / MM / YY								
Blood pressure	/	/	/	/	/	/	/	/
Blood sugar								

Treatment dose Please write dose

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◯	◯	◯	◯	◯

Outcome of follow-up

◯ Transferred to another public health facility. Write facility name:

◯ Moved to a private practitioner. Write name of practitioner:

◯ Lost to follow up (No follow up for 12 months):

◯ Died. Write date:

Additional notes (Labs, previous medications, etc.)