

Hypertension treatment card

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

Patient name

Registration date

DD	MM	YY

Unique patient ID number

00001, 00002, 00003...									

Age		
Gender	<input type="radio"/> Male	<input type="radio"/> Female
	<input type="radio"/> Transgender	
Address		
Phone num.		
Other phone num.		optional
Other ID number		optional

Health facility		
District		
Heart attack in past 3 years?	<input type="radio"/> Yes	<input type="radio"/> No
Past history of stroke?	<input type="radio"/> Yes	<input type="radio"/> No
Past history of kidney disease?	<input type="radio"/> Yes	<input type="radio"/> No
Already on medication for hypertension?	<input type="radio"/> Yes	<input type="radio"/> No
Has diabetes?	<input type="radio"/> Yes	<input type="radio"/> No

When BP is ≥ 140 or ≥ 90 , escalate treatment as per IHMI protocol

At registration

Treatment date
DD / MM / YY

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Blood pressure

/	/	/	/	/	/	/	/	/	/
---	---	---	---	---	---	---	---	---	---

Treatment dose

Please write dose (example: 5 mg)

Amlodipine									
Telmisartan									
Chlorthalidone									
Losartan									
Hydrochlorothiazide									
Aspirin									
Statin									
Beta blocker									
Enalapril									

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

Date contact attempted

No response

House not found

Agreed to return

Date contact attempted

No response

House not found

Agreed to return

Date contact attempted

No response

House not found

Agreed to return

Date contact attempted

No response

House not found

Agreed to return

Date contact attempted

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House not found

Agreed to return

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

Patient name

Registration date

DD	MM	YY

Unique patient ID number

00001, 00002, 00003...

Treatment date

DD / MM / YY

Blood pressure

/	/	/	/	/	/	/	/	/
---	---	---	---	---	---	---	---	---

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Agreed to return

Other outcome of patient follow-up

Transferred to another public health facility. Write facility name:

Moved to a private practitioner. Write name of practitioner:

Died. Write date:

Additional notes (Labs, previous medications, etc)