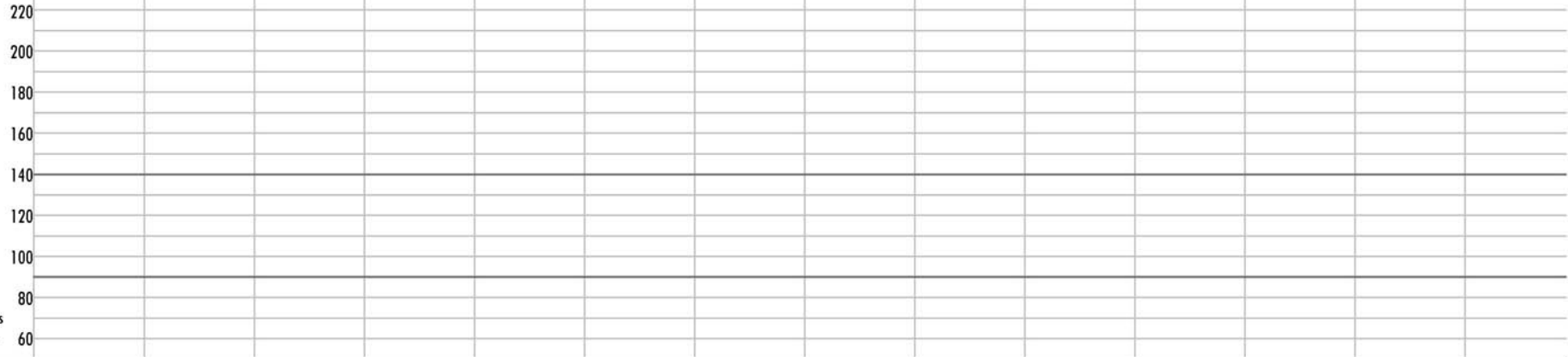


E F 3 CVD Risk Flow-Chart

Name

File no.

This chart to be summarized annually in EF-4 (CVD Annual Chart) during month



⁴Average of proper BP readings to be plotted here →

Date	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20	/ / /20
⁴ B.P.1	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Pulse															
⁴ B.P.2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Weight															
¹ Urine	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S	K P S
¹ FBS / ² H-PPBS	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
¹ S.Cr															
¹ T.Chole / ¹ S.Tg	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
¹ S. Potassium															
¹ Other inv.															

Drug 1	²														
Drug															
Drug															
Drug															
Drug															
Drug 6															

³ Compliance	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O
³ H.Education	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O	D E M O
Referral to															
Notes (such as reason for change of regimen)															
Next visit															
Doctor's Initials															

¹ Mark right side of the column with ✓, once the test requested, in order to follow next visit. These tests are not mandatory in each visit. Their request is judged by degree of compliance and control and likelihood of adverse events.
² Fill in dose and frequency. Use ✓ = same as before; or D/C = Discontinue. ³ D=Diet E=Exercise M=Medications O=Others (smoking, hygiene,...). Mark with X = Non-compliant, / = Semi-compliant, ○ = Compliant or ○ = Education given