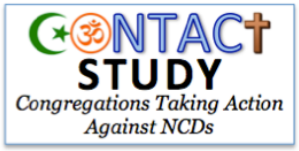

HEALTH ADVOCATE CLINIC

HEALTH RECORDS

PLACE OF WORSHIP_____

HEALTH ADVOCATE 1_____

HEALTH ADVOCATE 2_____

CONGREGANT HEALTH RECORD

Personal Information

Name _____ Address: _____

Gender: ☐ Male ☐ Female Age _____ years

DOB: __DD_/_MM_/ YYYY___ Occupation: _____

Member of POW: ☐ Yes ☐ No

Medical history (Only ask on first visit; on subsequent visits just ask if anything has changed)

Condition: Do you have…	Who diagnosed you with this condition?	Was medication prescribed?	Who prescribed your medication?	Are you taking the medication as prescribed?
☐ Diabetes (sugar)?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Hypertension (high blood pressure)?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Obesity/overweight?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Stroke?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Asthma?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Heart disease?	D / N / P / O	Y N	D / N / P / O	Y N
☐ High cholesterol?	D / N / P / O	Y N	D / N / P / O	Y N
☐ Cancer?	D / N / P / O	Y N	NA	NA

KEY: D – doctor N – nurse P – pharmacist O – other

Lifestyle History (Only ask on first visit; on subsequent visits just ask if anything has changed)

Do you smoke cigarettes? [ ] Never [ ] Used to, but quit [ ] Yes

Do you drink alcohol? [ ] Never [ ] Used to, but quit [ ] On special occasions only

[ ] Several times a day/week/month

Has anyone ever told you that you should	**Answer**	**If yes, have you been able to make the change?**	**If yes, what did you do? If no, why not?**
☐ Use less salt?	Y N	Y N	
☐ Use less sugar?	Y N	Y N	
☐ Eat less fatty/oily food?	Y N	Y N	
☐ Get more physical activity/exercise?	Y N	Y N	
☐ Quit smoking?	Y N	Y N	
☐ Drink less alcohol?	Y N	Y N	
☐ Eat more fruits and vegetables?	Y N	Y N	

KEY: D – doctor N – nurse P – pharmacist O – other

Measurements

Date (dd/mm/yyyy)	BP	Weight (lbs)	Height (cm)	BMI (chart)	Foot screen* (tick if present)	Left foot	Right foot	Notes (State if referral made, why and to where)
	_____/___				1. **Observation** Open wound e.g. cuts or sore Redness Swelling Rash on skin Toenails appear dirty, damaged or have unhealthy colour e.g. yellow or darkened Missing toes Deformity 2. **Touch** 8 or more sites present where monofilament is not felt	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
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* Refer to the health centre if the patient has one or more of the findings on the checklist, except for missing toes and deformities. For missing toes or deformities, advise the patient on using good footwear, keeping the foot clean and healthy. They should also try not to stand in one position for too long.

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