

Take to Every Appointment



Chronic Care PASSPORT



**Pan American
Health
Organization**



Regional Office of the
World Health Organization



paste your photo
here



**In Case of Emergency
please contact:**

Name

Phone number

Name:

Address:

E-mail: Phone:

Health Facility:

Health Provider:

E-mail: Phone:

Initial Registration Date (DD/MM/YY):

M.R. # ID/CCP #

Date of Birth (DD/MM/YY):

Height (cm/ins):

Weight (Kg/Lbs):

BMI at Registration (KG/M²):

Sex(M/F):

Allergies:

Please follow this healthy Lifestyle recommendations:

1 If you have diabetes, daily regimen of 3 meals and 3 snacks.



2 Moderate intake of carbohydrates, proteins, fats and salt.



3 Increase consumption of fish, fiber, fruits and vegetables.



4 Do not smoke and avoid excessive use of alcohol.



During your medical check up you should have the following

1 All the relevant blood tests taken and the results explained to you.

2 Your Blood Pressure recorded in every visit.

3 Your weight recorded in every visit.

4 Your urine tested for protein once per year.

5 If you have diabetes your feet checked in every visit and a dilated eye exam every year.
















6 Your nutrition and physical activity pattern reviewed.

7 Your medication reviewed.

8 If you are on insulin, your injection sites should be checked.









9 The opportunity to discuss any other health problems you have.

M.R.#

Diagnosis	Yes	Date
Diabetes 		
Gestational diabetes 		
Hypertension 		
Neuropathy 		
Myocardial Infarction 		
Nephropathy 		
High Cholesterol 		
Stroke 		
Diabetic Foot 		
Retinopathy 		
Amputation 		
Erectile Dysfunction 		
Depression 		
Cancer 		
Chronic Respiratory Disease 		

This is your Care Plan

M.R.#

		Date		Date	
		Goal	Results	Goal	Results
MEDICAL VISITS	Component	Frequency	Gold Standard		
	Blood Pressure 	Each visit	<140/90mmHg/or <130/80 with diabetes		
	Eye Exam 	Annual	Normal		
	Dental Exam 	Every 6 months	Teeth and gum exam		
	Brief Foot Exam 	Each visit	Normal. Remove shoes / socks		
	Complete Foot Exam 	Annual	Clinical exam		
	Weight /Waist Circumference 	Each Visit	BMI 20-25 /M<94 cm; F<80 cm		
	Immunizations 	Annual	If available (optional)		
	Cardiovascular Risk 	Each visit	<10%		
	Hemoglobin A1c	Every 3-6 months	<7%		
LABORATORY	Fasting/Postprandial Blood Glucose	Each visit	<130 mg/dl / <180 mg/dl		
	Triglycerides	Annual	<150 mg/ dl (1.7mmol/l)		
	Cholesterol total	Annual	<200 mg / dl (5.0mmol/l)		
	LDL Cholesterol	Annual	< 100 mg/ dl (<2.2mmol/l)		
	HDL Cholesterol	Annual	>40mg/dl (> 1.0mmol/l) men		
	HDL Cholesterol	Annual	>50mg/dl (1.1mmol/l) women		
	Urine	Each visit	Normal (dipstick if available)		
	Proteinuria/ albuminuria	Annual	<30 µg/mg		
	Blood Creatinine	Annual	<1.4 mg/dl		
	EKG	Annual	Normal pattern		
EDUCATION	Treatment Goals	Each visit	Discuss with patient		
	Blood Glucose Monitoring	Individualized	Recommend		
	Healthy Eating	Each visit	Recommend always		
	Smoking(+/-)/ Alcohol Use (+/-)	Each visit	Do not use		
Physical Activity	Each Visit	30 minutes most days if clinically recommended			

Food Exchange List



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1 Staples (70 Calories)= 1 Slice of bread, or 1 slice of toast bread, or ½ bun, or 3 crackers, or ½ cup rice/rice & peas /noodle /macaroni / spaghetti, 1 medium green banana, 1 thin slice yam , 1/2 medium sweet potato



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1 Food from Animal (100 Calories)= 1 small drumstick, or 2 slices of chicken breast, or 1 small 6 ½ X 7 ½ cm slice of fish / beef / lamb pork / 5 medium shrimps, ½ cup of 2% milk / whole milk, 60 g of yogurt



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1 Legumes (72 Calories)= 10 almonds, or 16 peanuts, or 7 cashew, or ¼ cup of chickpea /dried peas / green pigeon /stewed peas, or 2 tbsp baked beans



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1 Vegetable (36 Calories)= Green Raw Vegetable: baghi, or cabbage, or cauliflower, or celery, or cucumber, or lettuce, or spinach, or squash, or tomato: all you can eat. Yellow Vegetable: ½ cup beetroot / carrot / mix vegetables / pumpkin



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1 Fruit (40 Calories) = ½ grapefruit, 1 orange, 1 tangerine, ½ banana, 1 cashew, 20 cherries, 1 small mango, ½ cup papaya



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1 Fat and Oil (45 Calories): 1 tsp margarine/ butter / peanut butter, oil

M.R.#

Meal Plans						
	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Calories						
Staples						
Food from animal						
Legumes						
Vegetables						
Fruits						
Fat & Oil						

Preventive Measures			
	Date	Exam/Risk Evaluation	Test
Cervix			
Breast			
Prostate			



YOU ARE THE MOST IMPORTANT PERSON IN YOUR CARE TEAM, SO IT IS YOUR JOB TO TRY TO UNDERSTAND YOUR DISEASE. THIS KNOWLEDGE WILL HELP YOU SET YOUR OWN TARGETS AND MANAGEMENT PLAN WITH YOUR CARE TEAM.

You should make sure that you receive all of the care listed. If you don't get these, you should contact your care provider.

Developed for the Caribbean Quality of Diabetes Care Improvement Project with contributions from Jamaica, Barbados, Trinidad & Tobago, Antigua, Anguilla, Belize, Guyana, St. Lucia and Suriname

If found please return to the nearest health center