

# Family clinic out-patient follow-up

Age:  
Consultant\_\_\_\_\_

Date:

Diagnosis knowledge

(Sticker)

Wt\_\_\_\_\_kg centile\_\_\_\_  
Ht\_\_\_\_\_cm centile\_\_\_\_  
SA\_\_\_\_\_m<sup>2</sup>  
OFC\_\_\_\_\_cm centile\_\_\_\_  
BP HR

Full:  
Partial:  
None:

Urinalysis

Blood:  
Protein:  
Glucose:  
Leukocytes:

Clinical review

## Current medication

| Drug       | Susp/tabs  | Dose(in mg) | Freq | Dose per kg / m <sup>2</sup> | Today's changes | Side effects of treatment |
|------------|--|-------------|------|------------------------------|-----------------|---------------------------|
|            |  |             |      |                              |                 |                           |
|            |  |             |      |                              |                 |                           |
|            |  |             |      |                              |                 |                           |
|            |  |             |      |                              |                 |                           |
|            |  |             |      |                              |                 |                           |
| Adherence  | Any missed doses in last 7days <input type="checkbox"/>  |             |      |                              |                 |                           |
|            | Any missed doses in last month <input type="checkbox"/>  |             |      |                              |                 |                           |
| Body Shape | Are you happy with the shape of your body?<br>Do you think any part of you is too fat or too thin? |             |      |                              |                 |                           |

