



TOOLKIT 15 · PRIMARY HEALTH CLINIC · TOOL 1 OF 6

Chronic Disease Register — Hypertension, Diabetes, COPD, Asthma

One line per patient, one page per condition: the last reading, the target, the next recall. The register is how a clinic stops losing people between visits

Clinic · condition (one register per condition) ·
month · responsible nurse

No.	Patient (name, ID)	Phone	Diagnosed	Last visit	Key measure (BP / HbA1c / control)	At target ☐	Medicines	Next recall	Recalled (date, how)	Attended ☐	Notes
1						☐				☐	
2						☐				☐	
3						☐				☐	
4						☐				☐	
5						☐				☐	
6						☐				☐	
7						☐				☐	
8						☐				☐	
9						☐				☐	
10						☐				☐	
Monthly summary						Hypertension	Diabetes	COPD	Asthma		
Patients on register											
Seen in the last 6 months (%)											
At target — BP < 140/90 · HbA1c < 7–8 % · symptom-controlled (%)											
Missed recalls followed up (%)											

Targets follow WHO HEARTS (hypertension) and WHO PEN (diabetes, chronic respiratory disease). A register on paper works; a spreadsheet with the same columns works better.

ASF standards: PHC Standard 4 — chronic-disease management (register, recall, control rates); Standard 7