

Chronic Disease Management Plan

Patient Information

Name: [Patient Name]

Date of Birth: [Patient DOB]

Address: [Patient Address]

Contact Number: [Patient Contact Number]

Health Care Provider Information

Provider Name: [Provider Name]

Practice Name: [Practice Name]

Contact Number: [Provider Contact Number]

Diagnosis

Chronic Kidney Disease (CKD) Stage: [Stage]

Goals of Management

- Control blood pressure and blood sugar levels.
- Prevent progression of kidney disease.
- Reduce complications related to CKD.

Management Strategies

Medications

Prescribed medications include:

- [Medication Name 1] - [Dosage]
- [Medication Name 2] - [Dosage]

Dietary Recommendations

Follow a renal diet as advised by a dietitian:

- Limit sodium intake.
- Control protein consumption.
- Avoid high potassium foods.

Monitoring Plan

Regular monitoring of:

- Blood pressure
- Blood tests (creatinine, electrolytes)
- Urinalysis

Follow-Up Appointments

Next appointment scheduled for: [Date]

Patient Acknowledgment

I acknowledge that I have received this Chronic Disease Management Plan and understand the recommendations.

Patient Signature: _____

Date: _____