



FREE STATE  
PROVINCIAL  
GOVERNMENT

IN PARTNERSHIP WITH



## NCD SCREENING TOOL

### PATIENT DETAILS

PATIENT NUMBER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

### GENDER

Male ☐

Female ☐

Pregnant ☐

### TESTS

Glucose : \_\_\_\_\_

Ketone : \_\_\_\_\_

Blood Pressure : \_\_\_\_\_

Uric Acid: \_\_\_\_\_

Total Cholesterol : \_\_\_\_\_

Lactate : \_\_\_\_\_

### Questions

Have you ever been diagnosed with diabetes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your family have any history of diabetes?	<input type="checkbox"/> YES <input type="checkbox"/> NO

