



EASTERN CAPE
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

