



LIMPOPO
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 |

