KWAZULU NATAL PROVINCIAL GOVERNMENT

*IN PARTNERSHIP WITH*

PROMED TECHNOLOGIES
Professional Progressive Products

# 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? | YES / NO |
| Does your family have any history of diabetes? | YES / NO |