NORTHERN CAPE 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