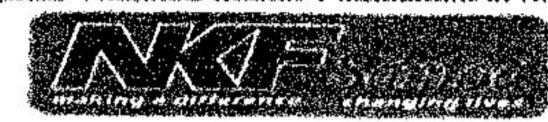
NATIONAL KIDNEY FOUNDATION OF SAMOA

(Established: National Kidnev Foundation of Samoa Act 2005)

PO Box 611 Motootua Samoa



NKFS EDP1
Screening Date: 17 / 6 / 25 Screening Location: Muli www. NKFS EDP1
Please complete and circle appropriately: First Name: Levil 9:01: Gender: M F DOB: 7/1/ 1983 Age: 42 Village Tommung Occupation: Latholic Telephone: 779496 Email: Leutelleuleung Social History:
First Name: Last Name: Toward
Gender: M/F DOB: 1714 1918 Age: 42 Village Village Village
Occupation:
Religion: Landa C.C. Telephone: 17.49.44.9.15 Email: Land Carlo fine /
Smoking: Y N Ex: if Y Amount:cigarettes/day. Years smokedyrs
Sugar intake per day:teaspoons of sugar from meals and-fluid consumption;
Alcohol consumption (Y) N/Ex: if Y Frequency: daily/weekly/occasionally Amount:SD/day Physical Activity (light /mod /strenuous Type: C. Garge: How often?times/week
Physical Activity (ugat / mod / strenuous Type: C. WAY W:
Past Medical History:
Diabetes Mellitus (PM). Hypertension (HTN). Ischemic Heart Disease (IHD). Kidney Disease (KD). DM(Y(N) HTN: Y/N) IHD: Y/N) Stroke: Y/N KD: Y/N Other:
DIVICAN MARINE Y/N STROKE: Y/N KD: Y/N Other:
Current Medications Y (N.) List
TT a mar \$ to a MT \$ color news a
Family History:
DIM: Y/N HTN(Y)N IHD: Y/N Stroke: Y/N KD: Y/N Other:
Early deaths (30 years old) from Diabetes / Hypertension / 1700 / Stroke / Other 1/N
The his representation I have the a Discount of the Common in a 12 th Same
To be completed by the Physician / Health Screening Officer:
Height: 165 cm Weight: 94 kg Waist: cm BMI: 34
rieight:
BLOOD PRESSURE (sitting):
1st reading: Systolic
2 nd reading: Systolic/12Diastolic76mmHg Pulse6.9
BLOOD=FESTS:
Blood Sugar Level (SSL). Total Cholesterol (TC). Triglycerides (TG). High Density Lipid (HDL). Low Density Lipid (LDL).
HBA1c: 8.8% Creatinine: 79 umol/L eGFR: 83 mls/min
17 1
BSL: beznutec 4,9 TG: 31/ HDL/OW LDL NA
URINALYSIS:
Protein; NEG / POS Glucose: NEG / POS Blood NEG / POS
URINALYSIS: Protein: NEG / POS Glucose: NEG / POS Blood NEG POS If female, is the participant menstruatingY / N or has / expecting menstruation within 10 daysY / N
RECOMMENDATIONS:
• DM is diagnosed if HBA1c is ≥ 6.5%
• Suspect DM if RBSL > 11 or FBSL > 7 or Glycosuria (positive urine glucose)
 If participant is being diagnosed or suspect with DM, is this the first time participant is hearing about this diagnosis? Y/N
• Suspect CKD if Proteinuria (positive urine protein)
Follow Up Advice & Health Promotion (HP) Counseling:
1. Verbal advice: HP: Y/N see doctor: Y/N attend health facility: Y/N
2. Written advice: HP: Y/N see doctor: Y/N attend health facility: Y/N
3. Referral letter given: Y/N copy of screening form given: Y/N
4. Attend NKFS Pre-dialysis Clinic: Y/N