

PROFORMA
Department of Biochemistry
The Maharaja Sayajirao University of Baroda, Vadodara - 390 002

Dr. _____

Date: _____

Name: _____

Age: _____

Sex: _____

Address _____

Marital status: Married/Single

Religion: _____

Occupation: _____ Income: _____

Education: _____ Native place: _____

History of illness

1. Age of onset: _____

2. Height: _____

3. Weight: _____

4. B.P/Pulse: _____

5. Duration: _____

6. Vit D: _____

7. Any secondary complications ____ Retinopathy ____ Nephropathy ____ Neuropathy

8. Use of any drugs before onset of illness _____

9. Treatment: yes/ no Regular/ Irregular

10. Recovery: Some/ good/poor/no response

11. Family history

A. 1st degree relatives: Father/mother/sister/brother/daughter/son

B. 2nd degree relatives: parental grandmother/parental grandfather/ maternal grandmother/maternal grandfather/maternal or paternal uncles or aunts

C. 3rd degree relatives: Cousins/nephews/nieces

12. Personal history

Diet: Veg/ nonveg/ ovo-veg/ mixed

Routine food: _____

13. Habits: Smoking/ tobacco chewing/ alcoholism

I, _____ have understood the aim of this study and willing to donate 5 ml blood for this purpose.

Signature of the patient

Date: