APPENDIX A

PROFORMA

Group No.

Serial No. Date : _____

Name : _____ Age : _____

Address : _____ Height : _____ cms

_____ Weight : _____ kgs

_____

Occupation : Activity:Mild/Moderate/Heavy

Family income :(Approx.) _____/month

Habbits : Alcohol Tobacco chewing

Smokings Cigarettes

Pipe

Beedi

Tea/Coffee (No. of cups/day) : _____

Veg./Non.Veg. If Non.Veg.days/week _____

Cooking fat : Ghee/lard/Hydrogenated/Veg.Oil _____

Name :

Family history : Diabetes _____ Obesity _____

Hypertension _____ Gout _____

Coronary Heart Disease _____

Etiology : Obesity _____ Heredity _____ Diet Excess___

Infections _____ Arteriosclerosis _____

Trauma _____ Endocrine _____ Liver G.P. _____

Present treatment (carried out for atleast 6 months)

Oral drug. Dose : Duration :

Sulfonylurea

Biguanide

Insulin

Hypocholesterolaemic or Hypolipemic drugs (if any):

Name Dose Duration

Other complications : (Mark at appropriate place)

A. Renal disease (Mention kind) _____

B. Coma _____

C. Ratinopathy _____

D. Gangrene _____

E. Coronary Heart Disease _____

Clinical Data (when examined last)

Haemoglobin (gm%)

Blood Pressure _____

Any abnormal laboratory tests _____

_____

Glucose tolerance test of blood :

GTT	Fasting mg%	½ hr. mg%	1 hr. mg%	1½ hrs mg%	2 hrs. mg%	2½ hrs mg%	3 hr mg%

Date :