PROFORMA
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
<th>Religion</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Income</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Tel</th>
<th>Mob</th>
<th>Email</th>
<th>Ref: OP</th>
<th>IP</th>
<th>DOA</th>
<th>DOD</th>
<th>Date of interview</th>
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<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Rural/Peri urban/Urban</th>
<th>Years of Residence</th>
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<table>
<thead>
<tr>
<th>Age of onset</th>
<th>Duration of Diabetes</th>
<th>Weight</th>
<th>Kg.</th>
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<table>
<thead>
<tr>
<th>Height</th>
<th>Cm</th>
<th>BMI</th>
<th>kg/m²</th>
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<thead>
<tr>
<th>Abdomen</th>
<th>Waist</th>
<th>Hip</th>
<th>Pulse</th>
<th>Bp</th>
<th>mm/Hg.</th>
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### Presenting complaints
- Polyuria □
- Polydipsia □
- Nocturia □
- Tiredness □
- Abdominal pain □
- Headache □
- Loss of weight □

### Other presenting complaints

### History of presenting complaints

### Occupation
- Duration of occupation : 
- Any recent change in occupation : 

### Physical activity
- Duration of working hours and pattern : 
- Distance from work place to home/mode of transportation : 
- Time spent on desk work : 
- Degree of out door activity : 
- Leisure time work : 
- Exercises and nature of exercise : 
- Hobby and recreation : 
- Natures of house hold work : 
- Whether hard /Moderate /Sedentary worker : 

### Dietary history
- Vegetarian □ / Non vegetarian □
- Seasonal vegetarian : Yes/No
- Over eating : Yes/No
- Pattern of food intake regular / Irregular : 
- Recent change in the food habit : Yes/No
- Excess sweet or sugar intake : Yes/No
- Number of coffee/ tea /soft drinks : 

**Tobacco Use**
Smoker/Non smoker/tobacco chewing/tobacco use in other forms
Duration of smoking : Beedi / Cigarette:
Number of beedi/cigarette :

**Family history of Diabetes mellitus**

<table>
<thead>
<tr>
<th></th>
<th>Father</th>
<th>Mother</th>
<th>Brother</th>
<th>Sister</th>
<th>Other relatives</th>
<th>Other genetic disease</th>
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</thead>
<tbody>
<tr>
<td>Age onset</td>
<td></td>
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<tr>
<td>Duration</td>
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**Stress**
Self perceived mental Stress : Yes/No
Duration of exercise/rest/sleep :
Working environment :Happy/Unhappy
Interpersonal relations :Satisfactory/unsatisfactory
Financial Problems : Yes/No

**Physical Examination**

**General Examination**

<table>
<thead>
<tr>
<th>Pallor</th>
<th>Icterus</th>
<th>Cyanosis</th>
<th>Clubbing</th>
<th>Lymph node</th>
<th>Thyroid</th>
<th>Edema</th>
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**System examination**
Cardiovascular
Respiratory
Gastrointestinal
Neurological
Musculoskeletal
Genitourinary
Other findings.

**INVESTIGATIONS**

**URINE.** Albumin/sugar/Microscopy/Ketone bodies/24 hour protein/Bence jones protein/culture

**Blood sugar**
Fasting Blood Sugar---------------mg%
Random Blood Sugar (1)----------mg% (2)----------mg%
Post Prandial Blood Sugar-------mg%
OGTT--------------------------------
HbA1C--------------------------------
C-peptide
CRP
Serum Insulin
Islet cell antibody
GAD antibody
Total Serum Cholesterol
Fasting Lipid Profile
Blood: Hb/TC/DC/ESR/Platelet/Reticulocyte count/urea/creatinine/Na⁺/K⁺/Ca⁺/LFT/CPK/
Xray
ECG
Ultrasonogram

Treatment
OHA
Insulin
OHA plus Insulin
Follow up date
Remarks

Any other relevant information