



DIABETES NOTIFICATION

Health Centre/Hospital: _____

Medical Record No : _____

Name: _____ f/n: _____

Age: _____ Sex: _____ Race: _____

Address

Home: _____ Work: _____

Tel No.: _____ Tel. No: _____

Symptoms: _____

Family History: _____

Blood Sugar: FBS: _____ RBS: _____

GTT: _____

Treatment Diet: _____

Tablet: _____

Insulin: _____

Followed up at: _____

Any additional comments:

Notified by: _____ Signature: _____

Address: _____ Date: _____

Stamp: _____

Note: This notification form needs to be filled in detail mentioning all the symptoms, family members affected and details of treatment.