



**SURVEY ON CARDIOVASCULAR DISEASE RISK FACTORS AND RISK PERCEPTION**

**REFERRAL FORM 2**

**NAME:** \_\_\_\_\_

**SEX:** \_\_\_\_\_

**DATE OF BIRTH:**

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**VILLAGE/LOCATION:** \_\_\_\_\_

**REFERRED TO:** \_\_\_\_\_

**MEASUREMENTS TAKEN AND RESULTS:**

<b>BLOOD PRESSURE</b>	<u>MEAN SBP:</u>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
	<u>MEAN DBP:</u>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>RANDOM BLOOD GLUCOSE:</b>		<div style="border-bottom: 1px solid black; width: 80%;"></div> mmol/l
<b>TOTAL BLOOD CHOLESTEROL:</b>		<div style="border-bottom: 1px solid black; width: 80%;"></div> mmol/l

**HISTORY OF SMOKING/TOBACCO USE:**

**HISTORY OF ALCOHOL CONSUMPTION:**

**REASON FOR REFERRAL:**

**REFERRED BY:** \_\_\_\_\_

**CHECKED BY (TL):** \_\_\_\_\_