



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:

BLOOD PRESSURE	MEAN SBP: _____
	MEAN DBP: _____
RANDOM BLOOD GLUCOSE:	_____ mmol/l
TOTAL BLOOD CHOLESTEROL:	_____ mmol/l

HISTORY OF SMOKING/TOBACCO USE:

HISTORY OF ALCOHOL CONSUMPTION:

REASON FOR REFERRAL:

REFERRED BY: _____

CHECKED BY (TL): _____