

Medical Data Supplemental Form

Tejas Global Limited

Household ID:

Serial #:

**Section A: Gynaecology**

1. Practicing Birth Control (Yes/No)	2. From (Year)	3. To (Year) or Current	7. Periods (Regular/Irregular Etc.)	8. Vaginal Discharge (Normal, Heavy, Light Etc.)
4. Breast Lump			9. Gynaecology Problems	10. If Birth Control Yes, Current Contraception Method
5. Period Start Year	6. Pap Smear Test		11. Physical Examination Result	

**Section B: Cardiovascular History**

12. Heart Disease	13. Heart Beat	14. Diagnosed with	15. Signs of Heart Attack	16. # Heart Attacks Suffered	17. Last Occurrence			
CHOLESTEROL REPORTS (begin from the latest and not more than two years old)								
18. Report Date	19. Total Cholesterol	20. TGL	21. HDL	22. LDL	23. VLDL	24. CLDL	25. C-Reactive Protein	26. Notes
THYROID PROFILE (begin from the latest and not more than two years old)								
27. Report Date	28. TSH	29. T3 (Free)	30. T4 (Free)	31. T3 (Total)	32. T4 (Total)	33. Anti-TG	34. Anti-TPO	35. Notes

**Section C: Diabetes History**

36. Signs of Diabetes	37. Type of Diabetes (I or II)	38. Insulin Usage (Y/N)	42. Feet with Wounds	43. Pregnancy Complications (Y/N)	44. Side Effects			
39. Blood Glucose	40. Kidney Problems	41. Liver Problems	45. # Meals/Day	46. Sweets Consumption (High/Low/Normal)	47. Notes			
BLOOD GLUCOSE REPORTS (begin from the latest and not more than two years old)								
48. Report Date	49. Fasting	50. Post-prandial	51. Random	52. HbA1C	53. Before/After?	54. Micro-albumin in Urine	55. Glucose in Urine	56. Notes

**Section D: Children Extra Info**

57. Birth Place (Village/Town/City)	58. Respiratory Rate	59. (a) BPSystolic (if age >5 Years)	59. (b) Diastolic BP (if age >5 Years)	60. Pulse Oxygen	61. Baby Born			
62. Delivery Mode	63. Temperature (Degrees in Celsius)	64. Pulse Rate (per Minute)	65. Congenital Problems	66. Birth Defects, if any	Remarks			
GROWTH CHART (begin from the latest and not more than two years old)								
67. Date of Record	68. Age (Completed Years)	69. Height (cm)	70. Weight (kg)	71. Waist (cm)	72. Chest (cm)	73. Hip (cm)	74. Head Circumference (cm)	75. Notes
IMMUNIZATION DETAILS								
76. Type	77. Date (Y/M)	78. From (Y/M)	79. To (Y/M) or Current	76. Type	77. Date (Y/M)	78. From (Y/M)	79. To (Y/M) or Current	