

Entry Form
[Action A: for Population E]

Name: _____ **Age:** _____
Marital Status: Married / Unmarried / Separated

Social / National / Passport No: _____

Risk Assessment and Test:

Factor	value	RF (Y/N)
Age (Yrs).		
Height (cm)		
Weight (kg)		
BMI		
DM in family		
Previous GDM		
BOH		
FBG		
AG		
A1C		

Code element

Risk Factor	Test Abnormal	Test Normal	Population	Next Action
Positive				
Negative				

Entry made by: _____

ID: _____ **Signature (with date):** _____