

Person Initials		Date of Birth	Day	Month	Year	Person ID	
-----------------	--	---------------	-----	-------	------	-----------	--

To be completed from medical records
Please ensure all 3 pages of this form are fully completed

Health Details

Please answer all questions	Yes	No
1. Learning problems acquired from disease in adult life (defined as 16 years or over, e.g. learning difficulty due to adult-onset dementia or stroke)	<input type="checkbox"/>	<input type="checkbox"/>
2. Secondary diabetes (e.g. steroids, pancreatitis, endocrine disorders) or rare cause of diabetes (e.g. Maturity Onset Diabetes of the Young)	<input type="checkbox"/>	<input type="checkbox"/>
3. Will require insulin in the next 3 months	<input type="checkbox"/>	<input type="checkbox"/>
4. Type 2 diabetic	<input type="checkbox"/>	<input type="checkbox"/>

Most Recent Test Results

Date of most recent diabetes review Day Month Year

Please answer all questions

Test	Value	Date assessed	Or tick if not available	Notes
HbA1c	<input type="text"/> mmols/mol	Day Month Year	<input type="checkbox"/>	
BP	<input type="text"/> / <input type="text"/> mmHg	Day Month Year	<input type="checkbox"/>	
BMI	<input type="text"/>	Day Month Year	<input type="checkbox"/>	
Thyroid function (TSH)	<input type="text"/> mU/L	Day Month Year	<input type="checkbox"/>	
QRISK2	<input type="text"/> %	Day Month Year	<input type="checkbox"/>	
Please only use results calculated by QRISK2				
Total cholesterol	<input type="text"/> mmol/L	Day Month Year	<input type="checkbox"/>	
Triglycerides	<input type="text"/> mmol/L	Day Month Year	<input type="checkbox"/>	
Date of most recent retinal screen		Day Month Year	<input type="checkbox"/>	
urinary albumin: creatin ratio	<input type="text"/> mg/mmol	Day Month Year	<input type="checkbox"/>	

Completed by Date Day Month Year Form continues on next page ▶

Prior to returning this form to CTRU you must make a copy of the form and any amendments for retention at site. CTRU, University of Leeds (please see Investigator Site File for full contact details).

For office use only	Computerised	Verified/Checked	
Date	Initials	Date	Initials