DETAILS

Name:

Surname:

Date of Birth:

Gender:

Height

Membership Number:

Suffix:

Contact Number(s):

Residential Location (City/Town):

Email Address:

Name of Doctor/ Health Facility:

HEALTH AND LIFESTYLE MANAGEMENT

VITALS & TESTS	DATE											
	/	/	/	/	/	/	/	/	/	/	/	/
YEAR ..... Monthly test	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Blood Sugar												
Blood Pressure												
Pulse												
Weight												

QUARTERLY TESTS

BMI												

BI-ANNUAL TESTS

HbA1c		
Visual Acuity	Right	
	Left	
Dental Exam		

ANNUAL TEST

Foot Exam	
Cholesteral	
U & E	
Body Fat	

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For more information email us on
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