



**COMMUNITY OUTREACH PROGRAM
DATA SHEET**

CAMP VENUE :
REGN. NO. :
DATE :

in association with INMAS

Name in full : Male Female
Father's/Husband's Name.....Date of Birth...../...../..... Age.....
Marital Status : Married Single
Residential Address :
..... State.....Country.....
Contact No.: (Residence)..... (Mob).....Email :
Education : 10th 12th Graduation Post Graduation Doctorate Professional Uneducated
Occupation : Central Govt. Govt. Housewife Self Employed
 Retired Business Unemployed Farmer Private
How do you know about Global Health Pvt. Ltd. : Referred by Doctor GLOBAL Information Centre
 Friends Camps
Socio Economic Status : Rural Urban

I hereby declare that the facts stated above are true to the best of my knowledge and belief.

Signature of the Patient

FOR DOCTORS

Patients Profile : Weight.....Kg; Height.....cm; BMI.....; Waist.....cm; Hip.....cm
Waist/Hip Ratio.....; Pulse.....; B.P.

RISK FACTORS (Please tick all)

- Hypertension
- Smoking
- Diabetes Mellitus
- Obesity
- Dyslipidemia
- Family History
- Stress

INVESTIGATIONS

ECG Normal / Abnormal :
X-RAY Normal / Abnormal :
ECHO Normal / Abnormal :

NYHA Class I II III IV

DIAGNOSIS

- CONGENITAL HEART DISEASE
- IHD
- ARRHYTHMIAS
- VALVULAR HEART DISEASE
- CARDIOMYOPATHY
- PERICARDIAL DISEASE
- TUMOUR
- OTHERS

DIAGNOSIS

SIGN. OF DOCTOR

Remarks : Cardiac / Non Cardiac