



## Data Capture Form for Diabetic Research

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### Medical history and Curriculum vitae of Patient

Full Name :

Date of Birth : Time(AM/PM):

City : Country:

Please mention Birth time, City, and country if possible.

Age :

Sex : Male/Female.

Nationality :

Religion : Buddhist / Catholic/ Muslim/..... Etc.

Marital Status :

Permanent Address :

Official Address :

Financial Condition : Rich ☐ Middle ☐ Fair ☐ Poor ☐  
Depend on Others ☐

Telephone Numbers : Home Office

E-mail Address :

Present Post :

Primary Education :

Secondary Education :

Sports Experience :

Smoking / Alcohol: Daily -☐ Weekly -☐ Occasionally -☐ Addicted - ☐

Clinical Records :

Date of attend:

### Drugs used

Name of drug(Trade)& result	Date of Start	Date of Stop

Generic names of the drugs are not necessary

Period of medicine (Period of Clinical treatments) :

Any hospitalization and reason for hospitalization

### Recently obtained Sugar Levels (At least 5)

	Date	Urine	Blood
1			
2			
3			
4			
5			
		FB levels after initiation of Hela medicine	
6			
7			
8			
9			
10			

Please Mention Lab/Yourself

Type of diabetic : Type 1 / Type 2

Any other Chronic Illness:

Indigenous categories of diabetic or 'Visiekpremeha' (21 types of diabetics)

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Color of urine

Any smell of urine

Frequency of passing urine

## Comments

I do realise research value of above mentioned accurate data for preventing diabetes. I assure regularise of given exercises, herbals and in writing result feedback will be forward to the researcher as soon as possible without any hesitation.

Referees (Name, Address, Occupation, Tel. No. , Signature)

1.

2.

Date of forwarding :

Date of Initiate :

Signature: .....

Please be kind enough to fill above potential questions with accurate answers.

Maintaining of proper clinical records is helpful to do accurate diagnosis.

Please mention all other drugs you are presently taking including eye drops, skin applications, indigestion polls etc.

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Following data are essential

1. Date of birth....
2. .Age
3. .Race
4. Date of detection of Diabetes
5. Treatment started on..
6. If known drugs taken
7. Sequential Sugar level while on drugs
8. Pre treatment
9. Date of commencement of drugs
10. Sugar levels while on treatment.
11. Commencement of native treatment
12. Sugar levels after commencement of native treatment
13. Date of stoppage of native treatment,
14. Reason for stoppage of native treatment
15. Other relevant observations.
16. Color of urine
17. Frequency of passing urine
18. Any smell of urine
19. Turbidity of urine yes/no
20. Any difficulty of passing urine
21. Other illnesses
22. Any hospitalization and reason for hospitalization