## Diabetes Clinical Trial Initial Screening

## Participant Information

ull Name	_
ate of Birth	
ender	<b>~</b>
ontact Number	_
mail Address	
Medical History	
ype of Diabetes	1
ate of Diagnosis	<u>•</u>
urrent Medications	
llergies	
hronic Conditions	
Eligibility Criteria	
ecent HbA1c (%)	
MI	
lood Pressure (mmHg)	

**Additional Notes**