

**Patient Profile** Please provide as much information as possible

Patient Name:			
Address:			
	Suburb:		Postcode:
Telephone:		Date Visited:	

**Doctor Profile** Please provide as much information as possible

Doctor's Name:			
Practice Name:			
Practice Address:			
	Suburb:		Postcode:
Telephone:		Date Visited:	

**Clinical Features at Initial Presentation**

Age:		Ethnicity:		BMI:	
<input type="checkbox"/> Asymptomatic			<input type="checkbox"/> Polyuria and Polydypsia		
<input type="checkbox"/> Acanthosis Nigricans					

**Initial Biochemical Profile**

Serum glucose:	
HbA1c:	
Urinary Ketones:	
pH:	
HC03:	
Serum C-peptide:	
Serum Insulin:	
GAD:	
IA2:	
Coeliac screen:	
TFT's:	

**Family History** Please provide details for each family member with history (continue on page 2 if necessary)

Number of generations:		Relationship to proband:	
Age at diagnosis:		BMI at diagnosis:	
Antibody status:			<input type="checkbox"/> History of DKA
Treatment:			

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**Family History (Continued)**

Number of generations:		Relationship to proband:	
Age at diagnosis:		BMI at diagnosis:	
Antibody status:			<input type="checkbox"/> History of DKA
Treatment:			

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