

CONTROL CLINICAL PROFORMA

Department of Pharmacy

Faculty of Technology and Engineering

The Maharaja Sayajirao University of Baroda, Vadodara, Gujarat- 390002

Date: _____

Name: _____

Age: _____ Sex: _____

Address: _____

Education: _____ Area of residence: Urban/ Rural

Blood Group: _____

Marital Status: Married/Single Religion: _____

Occupation: _____ Income: _____

Height; _____ Weight: _____

1. Any Disease (Including Hypothyroidism, Type 1 Diabetes, Vitiligo, Multiple Sclerosis or any other): _____
2. Personal History:
Diet: Veg/ Nonveg/ Ovoveg/ Mixed Routine
3. Habits: Smoking/ Tobacco chewing/ Alcoholism/ Any Other
4. Treatment Ongoing (If Any): _____

HYPOTHYROIDISM CLINICAL PROFORMA

Department of Pharmacy
Faculty of Technology and Engineering
The Maharaja Sayajirao University of Baroda, Vadodara, Gujarat- 390 002

Dr. _____

Date: _____

Registration No.: _____

A) Personal Information:

Name: _____

Age: _____

Sex: _____

Education: _____

Area of residence: Rural/Urban

Blood Group: _____

Height _____ Weight _____

Marital Status: Married/Single

Religion: _____

Occupation: _____

Income: _____

Habits: Smoking/ Tobacco chewing/ Alcoholism/ Any Other

Diet: Veg/ Nonveg/ Ovoveg/ Mixed

Routine Food: _____

B) Type of Hypothyroidism: (with/without symptom) _____

Total T₃ level: _____ Total T₄ level: _____ TSH level: _____

TPO antibody: _____ Lipid profile: _____

Treatment: _____

C) History of illness:

1. Age of onset:

2. Duration:

4. Treatment: Yes/ No Regular/Irregular

5. Associated Disease(s): Type 1 Diabetes, Vitiligo, Multiple Sclerosis or any other

D) Family History:

1. 1st degree relatives: father/ mother/ sister/ brother/ daughter / son

2. 2nd degree relatives: paternal grandmother/ paternal grandfather/ maternal grandmother/
maternal grandfather/ maternal or paternal uncles or aunts

3. 3rd degree relatives: cousins/ nephews/ nieces

E) Female Patients

1. Are you pregnant? : Yes/No/Not Sure

If yes month of pregnancy: _____

2. Have you ever been pregnant before? Yes/No

Number of Live Births

Number of Multiple Births

Number of Ectopic Pregnancies

Number of Other Miscarriages

Number of Abortions

CONSENT FORM

I undersigned, _____, have understood the aim of this research study. I have been given the information on the research study concerning its nature, purpose and duration as well as the procedures involved in the study and I have understood it. I have had a chance to ask questions and all my questions have been answered to my satisfaction. It has been explained to me that this study doesn't involve any potential risk to me and my identity is strictly confidential. I authorize consultation and publication of my medical data only to persons involved in the research.

By signing this form, I voluntarily give my informed consent to take part in the study and am willing to donate 3-5ml of blood sample for this purpose.

Signature/ Thumb impression of Patient

Date:

Place:

સંમતિ પત્રક

હું _____ નીચે સહી કરનાર આ સંશોધન અભ્યાસના હેતુ સમજ્યાં છે. મને તેની પ્રકૃતિ, હેતુ, સમયગાળો અને કાર્યપદ્ધતિ સંબંધિત જાણકારી આપવામાં આવી છે અને મને તે સમજાય છે. મને પ્રશ્નો પૂછવા માટે તક આપવામાં આવી હતી અને મારા બધા પ્રશ્નોનો સંતોષકારક જવાબ આપવામાં આવ્યો છે. મને સમજાવવામાં આવ્યું છે કે આ અભ્યાસમાં મને કોઈપણ સંભવિત જોખમ નથી અને મારી ઓળખાણ ગુપ્ત રાખવામાં આવશે. હું માત્ર સંશોધકને મારી તબીબી માહિતી પ્રકાશિત કરવા માટે અધિકૃત કરી રહ્યો છું.

આ ફોર્મ સહી કરીને, હું સ્વેચ્છાએ અભ્યાસ માં ભાગ લેવા માટે મારી જાણકાર સંમતિ આપી રહ્યો છું અને આ હેતુ માટે 3-5 મિ.લી. રક્ત નમૂનો આપવા માટે તૈયાર છું.

સહી/અંગૂઠાની છાપ

તારીખ:

સ્થળ: