NUMARK

DIABETES SCREENING SERVICE

PHARMACY AUDIT REPORT

Date of Test	Patient ID Number	Random (non-fasting) blood glucose mmol/L	Fasting blood glucose mmol/L	BP average reading mmHg	Referral to GP Y or N (indicate if fast tracked)	What advice and/or leaflets were provided?				Referral to other service (please state)
						Diet	Exercise	Alcohol	Other	