

NHS HEALTH CHECK PROFORMA

Date: _____

Name: _____

DOB: _____

Mobile Number: _____

EMIS: _____

Email: _____

Please tick if you would **NOT** like to be contacted via text message or email.

Eligibility Criteria: If you answer **YES** to any of these questions, do not complete the form.

1. Are you less than 40 years of age or greater than 75 years of age?
2. Do you have any pre-existing health conditions/chronic diseases (Diabetes, Hypertension, CKD, Hyperlipidemia)?
3. Have you had a NHS Health Check in the past 5 years?

If you answered **No** to these questions you are eligible for a NHS Health Check. Please complete this questionnaire fully and speak to a member of the reception team who will book you an appointment with the Health Care Assistant.

Please answer **ALL** of the questions below.

1. Ethnic Origin:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Other _____ |

2. Do you smoke?

- No I have never smoked
- No I am an ex-smoker and stopped smoking _____ years ago
- Yes I smoke _____ cigarettes/cigars/tobacco a day

3. Blood Pressure: _____ Heart Rate: _____

(Using the Blood Pressure Machine in the waiting room, rest for **Five** minutes and take two readings a few minutes apart. Write down the best (lower) of the two readings and the heart rate).

4. Weight: _____ Height: _____ Waist circumference: _____

5. Physical activity level:

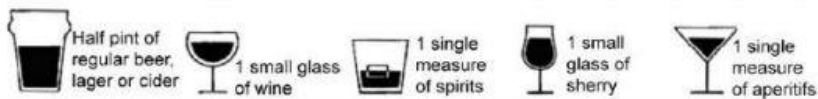
- Inactive Moderately Inactive Moderately active Active

** Active = Exercise/Gym 2-3 times a week & busy lifestyle

6. Family History:

Chronic Disease	Y/N	Family Member and Age
Ischaemic Heart Disease <60		
Ischaemic Heart Disease >60		
Angina in 1 st Degree Male Relative <55		
Myocardial Infarct in 1 st Degree Male Relative <55		
CVA/Stroke		
Hypertension		
Diabetes mellitus		
Kidney Disease		

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Total Score:

FOR OFFICE USE ONLY				
Date	Admin initials	Coded: 9mC	Task Sent to "NHS Health Check – Forms"	Scan and Archive
<input type="checkbox"/> Form FULLY completed <input type="checkbox"/> NHS Blood Tests (UE, LFT, Hba1c, Lipids- 'NHSHC') requested				