

**NHS Health Check template form**

<b>Patient Name</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Date of Birth</b>	

Provision Date			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	
GP Practice			
Pre-existing condition (exclusion criteria)		<input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Stroke <input type="checkbox"/> Hypercholestromia <input type="checkbox"/> Hypertension <input type="checkbox"/> <b>None</b>	
<b>Patient Consent</b>			
Consent to Healthcheck		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	
Share Record with GP		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	
Had a health check in the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>	
<b>Measurements</b>			
Total Cholesterol		HDL	
Weight		Height	
BMI			
BP Systolic		BP Diastolic	
Pulse Rate			
Diabetes Risk Assessed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Random Glucose		Fasting Glucose	
<b>Other Risk Factors</b>			
Familial History of CHD		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoker status		<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Light smoker (< 10) <input type="checkbox"/> Moderate smoker (10 to 19) <input type="checkbox"/> Heavy smoker (>20)	
Physical Activity level		<input type="checkbox"/> Inactive <input type="checkbox"/> Moderately inactive <input type="checkbox"/> Moderately Active <input type="checkbox"/> Active	

Audit-C Score	
Audit-C Part 2	
Audit-C Total	
Calculation of Cardiovascular Risk – please see <a href="http://QRisk.org">QRisk.org</a> for calculator	
QRisk Score	%
Interventions and Referrals	
Advice Given	<input type="checkbox"/> General Lifestyle Advice <input type="checkbox"/> Brief Advice on Smoking <input type="checkbox"/> Brief Advice on Physical Activity <input type="checkbox"/> Brief Advice on Weight Management <input type="checkbox"/> Brief Advice on Alcohol
Dementia information given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referrals	<input type="checkbox"/> Smoke Free Norfolk <input type="checkbox"/> Pharmacy Smoking Cessation <input type="checkbox"/> Physical Activity Programme <input type="checkbox"/> Weight Management Programme <input type="checkbox"/> NHS Health Trainer Service <input type="checkbox"/> Alcohol Services
GP Referrals	<input type="checkbox"/> GP - Risk Score >20% <input type="checkbox"/> GP - Diabetes assessment <input type="checkbox"/> GP - Hypertension Assessment <input type="checkbox"/> GP - Other reason (state in notes)
Notes	
Check performed outside of Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location (if outside pharmacy)	

All checks performed outside of the pharmacy must be approved by contacting public health before commencing delivery.

**This form may be used for your convenience - the information on this form must be entered onto PharmOutcomes reporting platform in order to received payment for the service**