

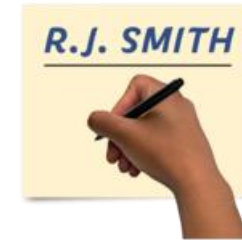
Checks the GP may want to do



Other Health Checks



Pre Health Check Questionnaire



My Name _____



Jabs that keep you healthy

Screen 1

Have you had a flu jab in the last 12 months?

✓ ☐ or ✗ ☐



Have you ever had a jab for pneumonia and bronchitis?

✓ ☐ or ✗ ☐

Do you have a fear of jabs?

✓ ☐ or ✗ ☐



Allergies

Screen 1

Do you suffer from any allergies?

✓ ☐ or ✗ ☐



✓ ☐



✓ ☐



✓ ☐

Other _____



Communication

How should we keep in touch with you?



☐



☐



Do you use easy read words and pictures?

✓ ☐ or ✗ ☐



How do you tell someone you are in pain?

Walking

Screen 1

Do you use any of these?



✓ ☐



✓ ☐



✓ ☐



✓ ☐



✓ ☐

Mental Health

Screen 4

Have there been any big changes in your life?
Example, moving house, a death.



✓ ☐ or ✗ ☐



Do you self-harm?

✓ ☐ or ✗ ☐



Have there been any other changes?

✓ ☐ or ✗ ☐

Dementia

Screen 4



Do you think you have forgotten more things?

✓ ☐ or ✗ ☐



Have you started to have mood swings?

✓ ☐ or ✗ ☐

Muscle and Skeletal

Screen 3



Do you find it hard to bend?

✓ ☐ or ✗ ☐



Do you find it hard to hold things?

✓ ☐ or ✗ ☐



Do you find it hard to walk?

✓ ☐ or ✗ ☐

Feet

Screen 3



Have you had your feet checked?

✓ ☐ or ✗ ☐

When was your last appointment ?

Skin

Screen 3



Have you noticed any unusual bruises or sores?

✓ ☐ or ✗ ☐



Have you noticed changes in any moles?

✓ ☐ or ✗ ☐

Body and Lifestyle

Screen 2



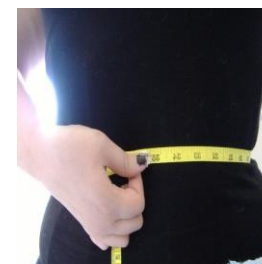
How tall are you?



What do you weigh?

Has your weight changed?

✓ ☐ or ✗ ☐



What is your waist measurement?



Do you know your blood pressure?



Can you choose what you eat?

Screen 1

✓ ☐ or ✗ ☐

What food do you eat?

Screen 1







Do you exercise?

✓ ☐ or ✗ ☐

What exercise do you do?

Screen 1



Do you have epilepsy?

Screen 3

✓ ☐ or ✗ ☐

If yes how many seizures do you have a month?



Who is your epilepsy doctor or nurse?



Do you have diabetes?

Screen 3

✓ ☐ or ✗ ☐

Who is your diabetes doctor or nurse?



60 - 74

Bowels

Screen 2

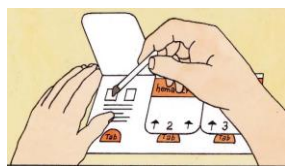
Are you between 60 and 74 years old?

✓ ☐ or ✗ ☐

If Yes ✓

Have you been offered bowel screening?

✓ ☐ or ✗ ☐



Do you have problems going to the toilet?

✓ ☐ or ✗ ☐

If yes,
do you have problems going for a wee?

✓ ☐ or ✗ ☐

Do you have problems going for a poo?

✓ ☐ or ✗ ☐

Screen 1

For women

Screen 2



Have you had breast screening?

✓ ☐ or ✗ ☐



Have you had cervical screening (Smear Test)?

✓ ☐ or ✗ ☐



Have there been changes in your menstrual cycle (period)?

✓ ☐ or ✗ ☐

For men

Screen 2



Have you had your testicles (balls) checked?

✓ ☐ or ✗ ☐

Are you between 65 and 74 years old?

✓ ☐ or ✗ ☐

65 - 74



Have you had AAA screening? (Abdominal Aortic Aneurysm) – to check there's a bulge or swelling in the main blood vessel that runs from your heart down through your tummy.

✓ ☐ or ✗ ☐