

# NHS Health Checks Eligibility Questionnaire



## Are you eligible for a NHS Health Check?

Gender ..... Age ..... Postcode .....

Name of GP or Practice Name .....

Tick as appropriate

**Q1. Have you had a NHS Health Check in the past 5 years?** Yes  No

If **NO** proceed to Q2. If **YES** client is not eligible this time.

Tick as appropriate

**Q2. Have you been diagnosed with the following?**

Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hypertension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chronic Kidney Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Angina	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Familial Hyperlipidaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Atrial Fibrillation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peripheral Arterial Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Or had ...		
A Stroke or Transient Ischemic Attack (TIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Failure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Attack (MI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **NO** to any of the above, proceed to Q3. If **YES** to any of the above, client is not eligible.

Tick as appropriate

**Q3. Do you take any of the following medication?**

Blood thinning medication, anticoagulants (that are not for DVT)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anti platelets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hypertensive drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication for cholesterol/statins/diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **YES** to any of the above, resident is not eligible. If **NO** to all of the above please proceed to book resident in for Health Check.



Completed by ..... Organisation .....