



## New Patient Health Check

We encourage all of our new patients to make an appointment for a health check with our Healthcare Assistant to allow us to obtain basic information about your health.

This is particularly important if you suffer from a chronic disease such as asthma, COPD, heart, liver or kidney disease, diabetes, hypertension, hypothyroidism or have had a stroke/TIA (mini stroke) or if you are taking any regular medications for which you have a repeat prescription for.

We ask that you complete this form as fully as possible and bring it along with you to your appointment along with any medications, including their boxes, and inhalers that you are currently taking.

<b>Name</b>				<b>D.O.B</b>		
<b>Marital Status</b>				<b>Next of Kin - Name</b>		
				<b>Contact No.</b>		
<b>Phone No.</b>				<b>Mobile No.</b>		
<b>Email</b>						
<b>Height</b>			<b>Weight</b>			
<b>Smoking Status</b>	Never Smoked <input type="checkbox"/>		Ex-Smoker <input type="checkbox"/>	Current – No./day		
<b>If you are interested in getting help to stop smoking, please contact Fresh Air-shire on 0800 783 09132 or contact your local GP or Pharmacy for smoking cessation services.</b>						
<b>Alcohol</b> - How many units per week do you drink?						
<b>Physical Activity</b> How many days per week are you active for at least 30 minutes per day?						
<b>Family History</b> if known - Please ✓ the appropriate box						
<b>Heart Problems</b>	None		Over 60		Under 60	
<b>Stroke</b>	None		Over 60		Under 60	
<b>Diabetes</b>	None		Type 1 (On Insulin)		Type 2 Please ✓ appropriate therapy	Diet only
						Tablets
						Insulin
<b>Respiratory</b>	None		Asthma		COPD	
<b>Breast Ca</b>	None		Over 50		Under 50	

<b>Other relevant family history</b>			
<b>Your Medical Problems</b>			
<b>Have you ever served in HM Armed Forces?</b>		Yes	No

<b>Current Medication</b>	
Please list your current medications below – <b>Please bring all medications, boxes and inhalers to your new patient health check</b>	
<b>Allergies</b>	Please list below any known allergies you may have (This can be to drug allergies or non-drug allergies e.g. dogs/cats/eggs etc)

<b>For Woman Only</b>			
<b>Cervical Screening</b> – Date of your last smear test			
<b>Do you use Contraception?</b> If Yes, please tick the box below and give dates, if known			
<b>Contraceptive Pill</b>	<input type="checkbox"/>	<b>Depo Injection</b>	<input type="checkbox"/>
<b>Contraceptive Patch</b>	<input type="checkbox"/>	<b>Contraceptive Rod/Nexplanon</b>	<input type="checkbox"/>
<b>Coil</b>	<input type="checkbox"/>		<input type="checkbox"/>

<p><b>Carers - Do you fall under the definition of a carer?</b></p> <p>“A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 years carrying out significant caring tasks and assuming a level of responsibility for another person, which would be taken by an adult”</p> <p>We routinely refer all carers to The North Ayrshire Carers Centre for support and advice. We will write to you in order to obtain more details about your caring role and those for whom you care for. We would like to ask if you are a carer, to please give the details of the person whom you are a carer for below;</p> <p>Yes, I am a carer <input type="checkbox"/>                      No, I am not a carer <input type="checkbox"/></p>
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