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PRIVATE & CONFIDENTIAL
Pharmacy Template for NHS Health Checks

To be completed by patient:

Name: _____

Address: _____ Email: _____

DOB: _____ Ethnicity: _____

GP & Address:

(Only patients registered in the Mid Essex PCT area (Braintree District, Maldon District and Chelmsford are eligible)

Do you or have you had any of the below?	Yes	No
Coronary Heart Disease		
High blood pressure		
Stroke		
Transient Ischemic Attack		
Diabetes		
Heart Failure		
Arterial Fibrillation		
Peripheral Vascular Disease		
Chronic Kidney Disease Stage 3 or greater		
Been previously diagnosed CVD risk >20% & being reviewed annual		
On Lipid Lowering Therapy and issued a prescription in the last two months		
Had an NHS Health Check since 1 st April 2009		

(If your answer to any of the above is yes, you are not eligible for a free NHS Health Check – please speak to your pharmacist for information)

		Yes	No
Family History of Coronary Heart Disease			
Family History of Diabetes			
Current smoker			
Physical activity:	Type of activity:	Sessions per wk:	Mins per session:
*Alcohol: (Units/wk)	Beer pints/wk	Wine gls/ wk	Spirits msr/wk

*1 unit = ½ pint of beer, a glass of wine, one measure of spirit. Max/week: ♂=22 units, ♀=14 units.

I agree this information can be shared with my GP (signature): _____

To completed by the practitioner:

BP	Pulse	Height	Weight	BMI	TC	HDL	TC/HDL	Q Risk %
		(m)	(kg)					

Advice given/referral: _____

Pharmacist Signature..... Date.....