 

**Are you eligible for a free NHS Health Check?**

**Name** …………………………………………………………….......... **Date of Birth** …………………………………………………………….......... **Post Code** …………………………………………………………….......... **GP Practice** ..............................................................................................

Are you between the ages of 40 to 74? Do you live or work in Gateshead?

|  |  |
| --- | --- |
| **Y** |  |
| **Y** |  |

|  |  |
| --- | --- |
| **N** |  |
| **N** |  |

**Have you ever been diagnosed with the following:**

* Any sort of heart problem e.g. angina, heart attack, heart failure?

|  |  |
| --- | --- |
| **Y** |  |
| **Y** |  |
| **Y** |  |
| **Y** |  |
| **Y** |  |
| **Y** |  |
| **Y** |  |
| **Y** |  |

|  |  |
| --- | --- |
| **N** |  |
| **N** |  |
| **N** |  |
| **N** |  |
| **N** |  |
| **N** |  |
| **N** |  |
| **N** |  |

* Chronic Kidney Disease (stage 3-5)?
* Diabetes (high blood glucose)?
* Hypertension (high blood pressure)?
* Atrial Fibrillation (irregular heart beat)?
* Stroke/Transient Ischaemic Attack (TIA -mini stroke)?
* Familial Hypercholesterolaemia? (high cholesterol)
* Peripheral Arterial Disease or Peripheral Vascular Disease?

Are you currently taking any statin medication?

|  |  |
| --- | --- |
| **Y** |  |
| **Y** |  |

|  |  |
| --- | --- |
| **N** |  |
| **N** |  |

Have you had a NHS Health Check in the past 5 years?

**To be completed by the Health Advisor**

**This patient is eligible for a free NHS Health Check (please circle) Yes No**

Signature

……………………………………………………………..........

Print Name ……………………………………………………………..........

Date

……………………………………………………………..........