

LIFE STYLE

SMOKING STATUS:	AMOUNT PER DAY:	WOULD YOU LIKE HELP STOPPING?
IF YOU ARE A SMOKER AND YOU WANT HELP TO STOP, YOU CAN ASK THE HEALTH CARE ASSISTANT, PRACTICE NURSE OR DOCTOR FOR ADVICE ON SMOKING CESSATION CLINICS. YOU CAN ALSO CONTACT FRESH AIR-SHIRE 08007 839132 OR SPEAK TO THE LOCAL PHARMACIST		

EXERCISE:	DAILY	WEEKLY	MONTHLY	NEVER
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ALCOHOL SCREENING

PLEASE TAKE YOUR TIME TO ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR ALCOHOL CONSUMPTION. (PLEASE CIRCLE YOUR ANSWER)

1/2 PINT OF BEER, 1 GLASS OF WINE, 1 SINGLE SPIRIT = 1 UNIT

1. HOW OFTEN DO YOU HAVE EIGHT (SIX IF FEMALE) OR MORE DRINKS IN ONE OCCASION?

NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3
DAILY OR ALMOST DAILY 4

2. HOW OFTEN DURING THE LAST YEAR HAVE YOU BEEN UNABLE TO REMEMBER WHAT HAPPENED THE NIGHT BEFORE BECAUSE YOU HAD A DRINK

NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3
DAILY OR ALMOST DAILY 4

3. HOW OFTEN DURING LAST YEAR HAVE YOU FAILED TO DO WHAT WAS NORMALLY EXPECTED OF YOU BECAUSE OF DRINK

NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3
DAILY OR ALMOST DAILY 4

4. IN THE LAST YEAR HAS A RELATIVE OR FRIEND OR FAMILY OR DOCTOR OR HEALTH WORKER BEEN CONCERNED ABOUT YOUR DRINKING OR SUGGEST YOU CUT DOWN?

NO YES ON ONE OCCASION YES ON MORE THAN ONE OCCASION 4

YOUR CUMULATIVE SCORE _____

IF YOUR CUMULATIVE SCORE IS 3 OR MORE, YOU MAY BE DRINKING ALCOHOL OUTWITH HEALTHY LIMITS, IF THIS IS THE CASE WE WOULD RECOMMEND YOU MAKE A GP APPOINT TO DISCUSS YOUR ALCOHOL CONSUMPTION IN MORE DETAILS TO UNABLE US TO OFFER YOU GUIDANCE AND SUPPORT

<u>TO BE COMPLETED BY HEALTH CARE ASSISTANT/PRACTICE NURSE</u>	
EVIDENCE OF RESIDENCY PROVIDED YES/NO	
NAME OF CLINICIAN	DATE COMPLETED

HEIGHT:	WEIGHT:
BLOOD PRESSURE:	URINE TEST:
DATE OF LAST SMEAR:	CONTRACEPTION: