**Chilwell Valley and Meadows Practice**

**Annual Health review questionnaire**

We would be very grateful if you could take the time to complete the following questions for us. This will help us identify who requires a face-to-face review by the nursing team and prioritise your needs. We will contact you by text to let you know the outcome within two weeks of receiving this questionnaire and you will continue to be reviewed annually.

Any medication you are taking will also be reviewed by our clinical team, usually by your own doctor or nurse and we may contact you separately about this.

If you feel for any reason that you would like to have a face-to-face review with one of the nurses because of your long-term condition, please contact reception to arrange this. **All new symptoms require a doctor telephone call appointment, after which the doctor may bring you in for a face-to-face consultation.**

Name:

Address:

Date of Birth:

1. Have you experienced any new or increasing chest pain or shortness of breath on exertion?

 Yes / No

Chest pain possibly caused by a heart problem;

* feels tight, dull or heavy (not sharp) – and may spread to your arms, neck, jaw or back.
* is triggered by exercise or exertion
* Gets better when stopping the activity.

2. Have you developed any new or increasing episodes of

Yes/ No

* fluttering or thumping in your heart (palpitations)
* cough, new or increasing
* swelling in your ankles, new or increasing
* Light headedness when standing up too quickly
* New or increasing pains in your calf muscles ( lower legs) when walking which stop you walking.
1. Smoking status: Never smoked / ex-smoker / Smoker

For those who would like support to help them stop smoking we have a free NHS service you can refer yourself to Your Health Notts.

Call 0115 7722515 or complete an online form <https://yourhealthnotts.co.uk/stop-smoking/>

1. How much alcohol do you drink per week? ………. units

If you are unsure, please follow the link to help you work out how many units you drink per week <https://alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator>

If you would like help with reducing your alcohol please refer yourself to our local service Your Health Your Way <https://yourhealthnotts.co.uk/drink-less-alcohol-nottinghamshire-residents/>

1. How often do you do any exercise? ……………../week
2. Please can we have your current height and weight

Height ……..

Weight ……..

BMI …. (You can calculate this by clicking on this link: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/> )

If your BMI is over 30, or you would like help with alcohol, exercise or stopping smoking you can self refer to <https://yourhealthnotts.co.uk/> or if you would like us to refer you please indicate below:

Yes / No

1. Blood pressure.

If you have a home blood pressure monitor, you can provide us with a week of home readings

Here is the link to the form <https://tinyurl.com/2mxnz4z5> or you can pick up a form from Reception.

Please return the form or email it to nnccg.cvamp@nhs.net . You can calculate your average blood pressure using our handy calculator here: <https://tinyurl.com/m2h4hv9t>.

If you do not have your own blood pressure monitor, you can

* Borrow one from the surgery for a week by speaking to reception
* Go to a pharmacist. Most pharmacists are now able to check your blood pressure if you go at a quiet time or give them a ring to book a time to come.

If you would struggle to do any of these things, please speak to reception to book a review with a nurse.

1. Would you like help with integrating more into the community? We can refer you to our social prescribers who can help with this. <https://picsnhs.org.uk/social-prescribers/>Yes/No

**Thank you very much indeed for taking the time to complete the questionnaire.**

**PLEASE DROP THIS FORM INTO THE LETTERBOX AT THE SIDE OF THE SURGERY OR EMAIL IT TO US AT:** nnccg.cvamp@nhs.net Thank you