



# Pre Health Check Questionnaire



My Name \_\_\_\_\_



We would like to share information about you with other health care professionals,

Is this OK?



or



Are you getting help to complete this form?



or



If you are helped to complete this form who is helping you?

Name: \_\_\_\_\_



Diagnosis (if known)

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Any known health problems,  
(E.g. epilepsy or diabetes)

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Have you ever had an operation?

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Is there any history of illness in your  
family?

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Do you go to the dentist?



or



Last appointment: \_\_\_\_\_



Do you go to the optician?



or



Last appointment: \_\_\_\_\_



Do you go to the chiropodist?



or



Last appointment: \_\_\_\_\_



Have you had your hearing checked?



or



Last appointment: \_\_\_\_\_



Do you have Epilepsy?



or



If yes, how many seizures do you have a month?

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Who is your Epilepsy Doctor or Nurse?

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Anything else you want to tell us?  
(e.g. do you have any regular aches or pain)?

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Do you have any problems going to the toilet?



or



If yes:

Do you have problems going for a wee (passing urine)?



or



Do you have problems going for a poo (passing a stool)?



or





## Your Feelings



How are you feeling?

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Do you have any worries?

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Have you spoken to anyone for help about this?

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## Diet



Do you have problems with chewing or swallowing?



or



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Do you have special dietary needs?



or



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Have you seen a Speech & Language Therapist / Dietician?



or



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Can you choose what you eat?



or



What food do you like to eat?



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## My Lifestyle



Do you smoke? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_

Do you want any information about this?



or



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Do you exercise?



or



Do you have opportunities to exercise?



or

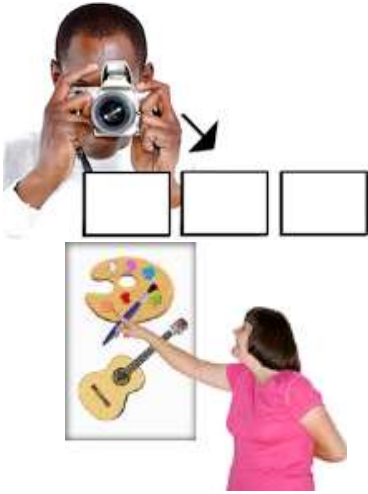


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Do you have any hobbies?



or



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Can you choose what you want to do?



or



Do you have a job?



or



Are you training for a job?



or





Do you live in your own house?



or



Are you getting support to do the things you want to?



or





Things you need to bring  
with you to your health  
check



Urine sample



Your Medication

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