**PLEASE COMPLETE, PRINT AND BRING THIS FORM WITH YOU TO YOUR HEALTH CHECK**

**General health questionnaire**

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| --- | --- |
| Name:  | Date of Birth:  |
| Email address:  |  |
| **Please circle your answers**  |  |
| Gender | Male / Female |
| Do you suffer from Asthma?  | Yes / No  |
| Are you diabetic?  | Yes / No  |
| Do you have a history of coronary heart disease?  | Yes / No  |
| Do you have a history of high cholesterol?  | Yes / No  |
| Do you have a history of high blood pressure?  | Yes / No  |
| Do you have any blood disorders?  | Yes / No  |
| Do you or anyone in your family have a history of a liver disorder? If answered yes please state -  | Yes / No  |
| Are you currently taking medication? If answered yes please state -  | Yes / No   |
| Do you take any blood thinning drugs such as **Warfarin**? If answered **YES** please note we are unable to carry out the Lifestyle Health Check and would advise you to consult your GP  | Yes / No  |
| How active are you in your work?  | (1 inactive and 5 extremely active) 1 2 3 4 5  |
| How active are you in your leisure time?  | (1 inactive and 5 extremely active) 1 2 3 4 5  |
| Do you smoke?  | Yes / No  |
|   | If Yes, how many per day? For how many years?  |
| Do you drink alcohol?  | Yes / No  |
|   | If Yes, number of days per week: Number of units per day:  |
| How stressed have you been feeling in the last week?  | (1 not at all, 10 extremely stressed) 1 2 3 4 5 6 7 8 9 10  |
| Do you ever worry that you may have poor eating habits that could adversely affect your health?  | (1 never, 10 often) 1 2 3 4 5 6 7 8 9 10  |

I agree to provide a finger stick blood sample for the purposes of monitoring my cholesterol, blood glucose or Liver function at my own risk. A drop of blood is required for the test and is taken from a finger stick sample, fasting is not required, however not eating or drinking (including caffeinated products/alcohol) for 1-2 hours before the test helps to get a more accurate blood glucose reading.

This Health Check provides general information and not personalised medical advice. I accept that Healthoutfit Ltd and its employees or representatives are not liable for any loss, injury, illness or accident, no matter how caused, resulting in my participation in the Health Check. Healthoutfit Ltd is registered under the Data Protection Act 2018 and has systems and procedures in place to maintain data security and confidentiality. Healthoutfit Ltd may publish aggregate statistics from the Health Check to use in reports, research and media articles, but any statistical data will not include personally identifying information.

 Signature: Date:

BP: RHR: TC: HDL: Ratio: Waist/Hip: Ratio: