

INFORMATION TO TAKE TO THE NURSE for your ANNUAL HEALTH CHECK appointment

Name:			
Date of Birth:			
Address:			
Are you in a relationship?	Married to:	Have a husband/wife/boyfriend/girlfriend/partner whose name is:	
Carer	Do you have a Carer?	Yes/No	
Alcohol	Life Long Teetotaller	Yes/No	
	Current Drinker	Yes/No	If yes please state number of units per week
	Ex-Drinker		Please advise of the date you stopped
Smoking	Have you ever smoked	Yes/No	
	Are you a current smoker	Yes/No	If yes please advise how many cigarettes per day
	If you have given up smoking, please advise of date		
Dentist	When was the last time you visited the Dentist?		
Hearing	If you have Hearing Difficulties please advise of the date of your last hearing test?		
Sight	When was the last time you visited the Optician?		
Toileting Issues	Do you have any incontinence issues	Yes/No	If yes please provide details at your review

