



## 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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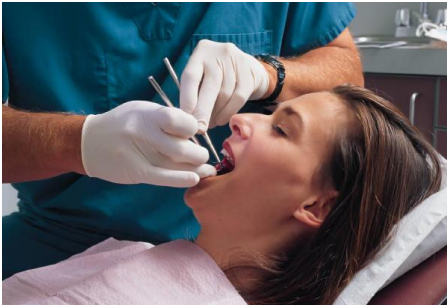


Is there any history of illness in your  
family?

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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?

\_\_\_\_\_



Who is your Epilepsy Doctor or Nurse?

\_\_\_\_\_  
\_\_\_\_\_



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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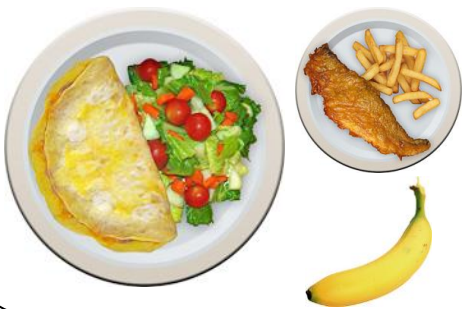


Have you spoken to anyone for help  
about this?

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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

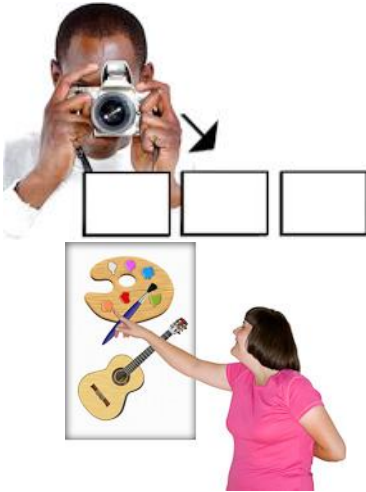
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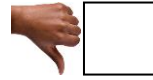
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Do you have any hobbies?




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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