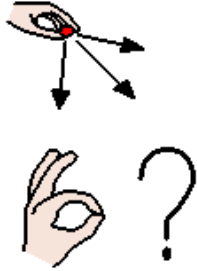




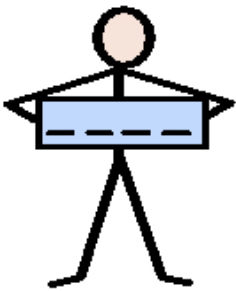
Pre Health Check Questionnaire



we would like to share this
information with other professionals.
Is this OK?

yes

no



name _____



are you getting help with
completing this questionnaire?

yes

no



if yes, who by



diagnosis (if known)



**any known health problems
(e.g. epilepsy or diabetes)**





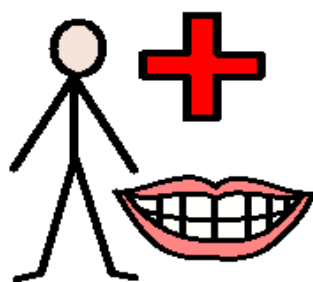
have you ever had an operation?



any allergies?



history of illness in the family?



are you registered with a dentist?

yes ✓ no ✗

last appointment?



are you registered with an optician?

yes ✓ no ✗

last appointment?



are you registered with a
chiroprapist?

yes ✓ no ✗

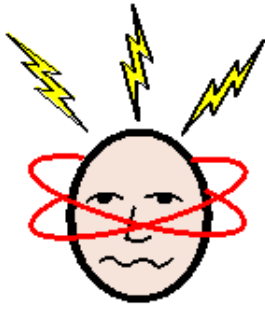
last appointment?



are you registered with an
audiologist?

yes ✓ no ✗

last appointment?



do you have epilepsy?

yes ✓

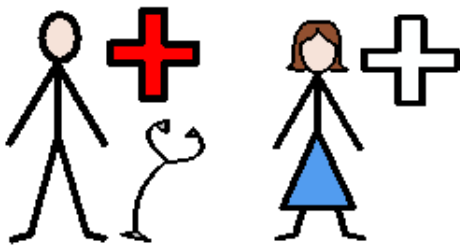
no ✗

? 1 2 3 4

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

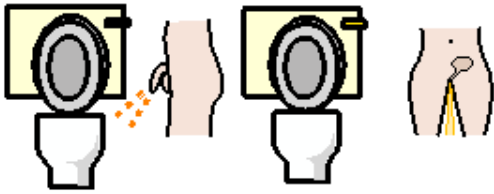


who is your epilepsy doctor or nurse?





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



do you have any problems going to the toilet?

yes ✓

no ✗



going more or less



not able to go?

yes ✓

no ✗

your feelings



how are you feeling?



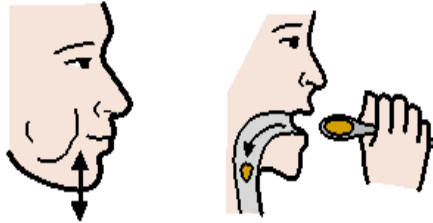
do you have any worries?



have you spoken to anyone for help about this?



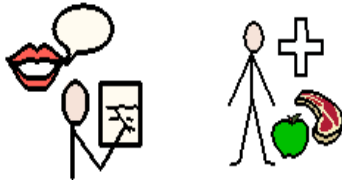
diet



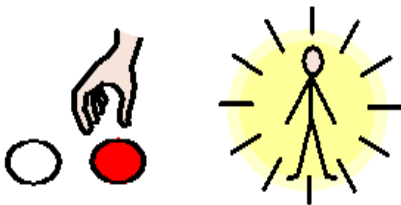
do you have problems with chewing or swallowing?



do you have special dietary needs?



have you seen a Speech and Language therapist / dietician?



food - choices and lifestyle
 can you choose what you eat
 can you choose what you want to do?





lifestyle



do you smoke? _____



do you drink? _____

do you want any information about this? _____

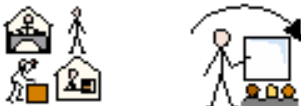
i



exercise - opportunity to do some



hobbies - can you access them?



jobs / training / housing / carer
are you getting enough help to do
what you want to do?







things you need to bring with you



e.g. specimen bottle
