Completed by:	Date:

❖ Not Engaging : Declined dates (1) _____ (2) _____

Physical Health	Result	Action	Refusals
Smoking Status	☐ Non-Smoker ☐ Ex-Smoker Date stopped: _/_ /__ ☐ Smoker. No daily: _____	☐ Refused Intervention ☐ Motivational Interviewing ☐ Advised stop smoking ☐ Referral to Smoking Cessation ☐ NRT ☐ Medication	1. ____ /____ /____ 2. ____ /____ /____
Bloods	Glucose: _____ (< 11.1mmol/l random /5.5 fasting) **OR** HbA1C: ___(<42mmol/mol) Raised ? No / Yes (circle) → Diabetes T1 / T2 pre-existing (circle) Cholesterol:HDL Ratio _____ Raised ratio>5.1? No / Yes (circle) Cholesterol >9: _____ mmol/L HDL Cholesterol : _____ mmol / L	☐ Already engaged with Primary Care or Diabetes Nurse ☐ Needs additional help from MHservice ☐ Declines Help ☐ Other Action ☐ Education about diet & exercise ☐ Referral to GP re possible Statin ☐ Needs Repeating ☐ Other Action ☐ No Action Required(glucose/lipids normal)	1. ____ /____ /____ 2. ____ /____ /____
Blood Pressure Pulse: _____(<100bpm)	Result: _____ / _____ ☐ <140/90 (Normal) ☐ > [illegible] (High) ☐ >180/110 (urgent action)	☐ Repeat on another occasion ☐ Education about diet & exercise ☐ Education about alcohol ☐ Referral to Physical Wellbeing Service ☐ Referral to Primary Care ☐ No Action Required ☐ Already engaged with Primary Care	1. ____ /____ /____ 2. ____ /____ /____
Height _____ cm Weight _____ kg	Your BMI is _____ This result is (please circle) Low18.5/Average 19-25/ [illegible]/very high>30	☐ Dietary Advice ☐ Exercise Advice ☐ Referral to Physical Wellbeing Service ☐ Intervention within SPfT ☐ Referral to Primary Care if BMI>30 ☐ Other Action	1. ____ /____ /____ 2. ____ /____ /____
Diet	☐ Poor (Needs improving) → ☐ Good (Healthy & Balanced)	☐ Advice on calorie intake ☐ Advice on '5-a-Day' Fruit and Veg ☐ Referral to Physical Wellbeing Service ☐ Intervention within SPfT ☐ Referral to Online Resource	1. ____ /____ /____ 2. ____ /____ /____
Exercise	☐ <2.5hrs per week → ☐ >2.5hrs per week	☐ Advice on exercise ☐ Referral to Physical Wellbeing Service ☐ Intervention within SPfT ☐ Referral to Online Resource	1. ____ /____ /____ 2. ____ /____ /____
Alcohol ☐ Non-Drinker ☐ Ex-Drinker: Stopped: ___ /____ /____	☐ Current Drinker : state Units p\w ---- ☐ Low <14 Units + >2 alcohol free days ☐ Mod >14 Units but no w/d or depend. ☐ High Alcohol dependent / significant withdrawal symptom →	☐ Advice on Alcohol ☐ Motivational Interviewing ☐ Intervention within SPfT ☐ Referral to Physical Wellbeing Service ☐ Referral to Primary Care ☐ Referral to D&A Services ☐ Referral to Online Resource	1. ____ /____ /____ 2. ____ /____ /____
Substance Misuse ☐ Non-Drug User ☐ Ex-User: Stopped: ___ /____ /____	☐ Current Drug User → Substance(s): _____ _____ Any IV use? Yes / No (circle)	☐ Advice on substances ☐ Motivational Interviewing ☐ Referral to Online Resource ☐ Referral to Substance Misuse Services ☐ Intervention within SPfT ☐ Referral to Primary Care ☐ Other Action	1. ____ /____ /____ 2. ____ /____ /____
Allergies - tick one box	☐ Allergies ☐ No known Allergies	Allergic to: _____	
Sexual Function	Any concerns? Yes/No if yes → ?Sexually Active Yes/No ?Using Contraception Yes/No - if no refer to GP Worry re: STI Yes/No - Signpost	☐ Advice on alcohol/smoking ☐ Advice re: diet/exercise ☐ Arrange meds review ☐ Arrange prolactin bloods	
Routine Screening	Breast/Cerv /Bowel ☐ N\A ☐ Up todate	☐ Encourage to attend for screening	
Dental Health	☐ Registered ☐ Regular Attendance	☐ Any problems with Oral Health	☐ Help reg/attend

QRISK-3 2018 (If aged 25yrs or over) *Please circle Yes or No as appropriate below If >10% : Follow up Plan : Email Medic with result who will inform GP Ethnicity _____ Angina or heart attack in 1st deg. Rel <60 Y/N Chronic kidney disease Y/N Atrial Fibrillation Y/N On BP meds Y/N Migraines Y/N Rheumatoid Arthritis Y/N Systemic Lupus Erythematosis Y/N (SMI Always Y) On atypical antipsychotic Y/N On regular Steroids Y/N Diagnosis of or on meds for Erectile Dysfunction Y/N. QRISK SCORE _____ *recorded upon completion of Carenotes form*