UK HEALTH SCREENING®
LIVE HEALTHY LIVE WELL

CONSENT AND RELEASE FOR SCREENING
This form must be completed before your screening

Screening Type: Mini Health Check / Well Person Health Check **(Circle)**			
First Name:		**Surname:**	
Screening Location:			
Email: (Print Block)			
Tel: (Home / Mobile)	**D.O.B:** (Date of Birth)	**M / F** (Gender)	
Role / Occupation:			

Lifestyle Questionnaire
Please answer the following with regard to your current lifestyle:

Do you feel you get enough sleep?	**YES**	**NO**
Do you mainly feel awake & alert during your waking hours? Not at all (1) - (2) - (3) - (4) - (5) All of the time **(Circle)**		
Would you consider yourself to be a healthy eater? Not at all (1) - (2) - (3) - (4) - (5) All of the time **(Circle)**		
How many portions of fruit and vegetables do you consume per day? (None) (1) – (2) - (3) - (4) - (5 or more) **(Circle)**		
Do you take regular exercise? If **yes**, does this involve:	**YES**	**NO**
• On average, how many days per week do you do 30+ minutes exercise?	**(**Amount)	
• Strength work	**YES**	**NO**
Considering both home & work, how would you rate your stress levels on a scale of 1-5 Not at all (1) - (2) - (3) - (4) - (5) Very Stressed **(Circle)**		

Family Health History Questionnaire
Please complete the following **with regards to yourself and your blood relatives** (siblings, parents, grandparents)

Do you have any **pre-existing conditions** or **health concerns**, relevant to the screening? If yes, please list:	**YES**	**NO**
Do **you** have a history of **Coronary Heart Disease**?	**YES**	**NO**
Do **you** have a history of **Diabetes?** **Type 1 / Type 2:**	**YES**	**NO**
Family History of **Diabetes**? Type 1 / Type 2:	**YES**	**NO**
Family History of **high blood pressure** (hypertension)?	**YES**	**NO**
Family history of **high cholesterol**?	**YES**	**NO**
Family history of **Heart Disease** ? (in a parent or sibling; only in men aged under 55 yrs at time of diagnosis or women aged under 65 yrs)	**YES**	**NO**
Family history of **Stroke**?	**YES**	**NO**

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Are you taking ANY medication to reduce your blood pressure?	**YES**	**NO**
Are you taking ANY medication to reduce your cholesterol?	**YES**	**NO**
Are you taking ANY medication to thin your blood?	**YES**	**NO**
WOMEN ONLY – Are you or could you be pregnant?	**YES**	**NO**
Do you have ANY known allergies? If **YES**, please list:	**YES**	**NO**
Do you consume caffeine on a regular basis? (coffee, tea, energy drinks, caffeine supplements) If **YES**, please specify how many cups, cans, bottles etc. Per day?	**YES**	**NO** **(**Amount)
Do you drink alcohol? If **YES**, How many **Units** per week? (None) - (1-2) - (3-5) - (6-14) - (15 -21) - (21+) **(Circle)** **1 Unit equals one 25ml single measure of whisky (ABV 40%), or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of wine (ABV 12%)**	**YES**	**NO** **(**Units)
Do you smoke? If **YES**, How many and How Often?	**YES**	**NO** **(**Amount)
Have you given up smoking in the past 6 months? **When did you give up?**	**YES**	**NO** **(**Date)
Have you given up smoking in the past 5 years? **When did you give up?**	**YES**	**NO** **(**Date)

Is there an area of lifestyle that you would like to target in the next 12 months? Please detail: (i.e. *weight loss, fitness, improved diet, etc.*)	

Please answer the following

Physical Activity	**(PLEASE TICK)**
I am happy with my current activity levels	☐
I intend to become more active in the next 3-6 months	☐
Nutrition	
I am happy with the amount of fruit and vegetables I currently eat on a daily basis	☐
I Intend to increase my daily fruit and vegetable consumption in the next 3-6 months	☐
Weight Management	
I am happy with my current weight	☐
I intend to reduce my weight in the next 3-6 months	☐
Smoking (current smokers only)	
I do not intend to alter my current smoking habit	☐
I intend to stop smoking in the next 3-6 months	☐

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First Name:	**Surname:**
D.O.B: (Date of Birth)	**M / F** (Gender)

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Your health screening is provided by UK Health Screening.

I have correctly answered the above questions to the best of my knowledge. I understand that failure to do so may adversely affect the screening process and UK Health Screening cannot be held liable for results following the supply of incorrect information from me.

I hereby consent to the drawing of a finger prick blood sample, for the purpose of measuring my blood glucose and cholesterol levels and the measurement of other biometrics including; blood pressure, and body measurements.

I understand that I am free to stop part or the entire health check at any time.

In consideration of the above procedures and measurements, I hereby release UK Health Screening and any other organisation(s) associated with this screening, their affiliates, directors, and associates from any and all liability arising from or connected with these procedures, the associated measurements or from data derived there from.

I understand that:

I will be provided with a summary report giving results of the tests, and highlighting where a follow-up is recommended based on any of the results. The responsibility for initiating a follow up consultation with my G.P. following the results of this screening and obtaining professional medical assistance is mine alone, and not that of any organisation(s) associated with this screening.

If any of the results suggest that I may be at an increased risk according to the guidelines I agree it is my responsibility to inform my GP of this.

The data derived from this test is to be considered **preliminary only** and **does not constitute a diagnosis** of;
diabetes, hypertension, hypercholesterolemia or any other condition.

I understand that medical data remains **fully confidential between UK Health Screening and myself as the client.**

I consent to UK Health Screening using anonymised collated data arising out of the health checks for statistical reporting purposes.

I understand that all client data is protected under the Data Protection Act 1998 and as such will be securely stored and destroyed in accordance with the law.

UK Health Screening is a trading style of Health Assessments (UK) Ltd.

Date: / / Signed: ……