

<b>Screening Type:</b>												<b>Screening Location:</b>											
<b>First Name:</b>												<b>Surname:</b>											
<b>Email:</b> (Print Block)																							
<b>Tel:</b> (Home / Mobile)						<b>D.O.B:</b> (Date of Birth)						<b>M / F</b> (Gender)											
<b>Your Lifestyle</b> Please answer the following with regard to <b>your current lifestyle</b> :																							
<b>Do you take regular exercise?</b> If 'YES', what kind and how often, please list:																						YES	NO
<b>Do you feel you get enough sleep?</b> How many hours average each night? Describe the quality of a typical night's sleep?																						YES	NO
<b>Do you feel awake &amp; alert during the day - Overall?</b> Not at all (1) - (2) - (3) - (4) - (5) All of the time (Circle)																						YES	NO
<b>Do you get tired at particular times of the day?</b>																						YES	NO
<b>How would you classify your current overall stress levels?</b> Not stressed at all (1) - (2) - (3) - (4) - (5) Very Stressed (Circle)																						YES	NO
<b>Would you consider yourself to be a healthy eater?</b>																						YES	NO
<b>How many portions of fruit and vegetables do you eat a day?</b> (None) - (1) - (2) - (3) - (4) - (5) - (5+) (Please Circle)																							
<b>Do you follow a specific diet?</b> (food intolerance, vegetarian, vegan, etc.) If 'YES', please list:																						YES	NO
<b>Do you consume caffeinated drinks on a regular basis?</b> (coffee, tea, energy drinks, caffeine supplements) If 'YES', how many per day?																						YES	NO
<b>Do you drink Alcohol?</b> If 'YES', how many units per week?																						YES	NO
<b>Do you smoke?</b> If 'YES', how many and how often?																						YES	NO
<b>Have you recently given up smoking?</b> (Never Smoked) - (<6m) - (6m-5y) - (5y+)																						YES	NO
<b>Which key area would you like to target over the next 12 months?</b> Please detail below: (i.e. <i>weight loss, fitness, improved diet, etc.</i> )																							
<b>Family Health History</b> Please answer the following <b>considering your blood relatives</b> (siblings, parents, grandparents):																							
<b>Do you have a family history of diabetes?</b> Type 1 / Type 2																						YES	NO
<b>Do you have a family history of high blood pressure</b> (hypertension)?																						YES	NO
<b>Do you have a family history of high cholesterol?</b>																						YES	NO
<b>Do you have a family history of heart disease?</b>																						YES	NO
<b>Do you have a family history of anaemia or iron overload</b> (hemochromatosis)?																						YES	NO
<b>Do you have a family history of osteoporosis?</b>																						YES	NO
<b>Do you have a family history of thyroid problems</b> (over-active / underactive)?																						YES	NO
<b>Do you have any other family illness history</b> or concerns not listed above? If 'YES', please explain:																						YES	NO

### Your Health History

Please answer the following with regard to your health:

Have you every had a <b>health screening</b> before? If 'YES' when and who with?	YES	NO
Do you know your own <b>blood group</b> ?	YES	NO
Do you have a history of <b>diabetes</b> ? Type 1 / Type 2	YES	NO
Do you have a history of <b>high blood pressure</b> (hypertension)?	YES	NO
Do you have a history of <b>high cholesterol</b> ?	YES	NO
Do you have a history of <b>heart disease</b> ?	YES	NO
Do you have a history of <b>anaemia</b> or <b>iron overload</b> (hemochromatosis)?	YES	NO
Do you have a history of <b>osteoporosis</b> ?	YES	NO
Do you have a history of <b>thyroid</b> problems (over-active / underactive)?	YES	NO
Have <b>you</b> ever been diagnosed with <b>stomach ulcers</b> (Peptic or Duodenal)?	YES	NO
Have <b>you</b> ever been diagnosed with <b>Helicobacter pylori</b> ( <i>H. pylori</i> )?	YES	NO
<b>Do you currently experience any of the following on a regular basis?</b> (please underline) Heartburn, indigestion, bloating, regurgitation, reflux, abdominal pain, constipation, diarrhea, nausea, vomiting, flatulence, irritable bowel syndrome (IBS)? If 'YES', how often?	YES	NO
Are you taking any <b>medication</b> ? If 'YES' please list:	YES	NO
Do you have any known <b>allergies</b> ? If 'YES' please list:	YES	NO
Do you have any other <b>illness</b> history or <b>concerns</b> not listed above? If 'YES', please explain:	YES	NO

### MEN ONLY

<b>Do you regularly experience any of the following symptoms?</b> Weak or reduced urine flow, frequent urination, poor emptying, Hesitancy in starting to urinate, urine dribble, painful urination, painful ejaculation, testicular pain, difficulty getting or maintaining an erection, new or unexplained pain in the lower back, hips or pelvis, blood in the urine or semen?	YES	NO
Do you have a history of <b>prostate problems</b> ?	YES	NO
Do you have a family history of <b>prostate problems</b> ?	YES	NO
Have you ever had a <b>PSA Test</b> (prostate blood test)?	YES	NO

### WOMEN ONLY

Are you or could you be <b>pregnant</b> ?	YES	NO
Have you started <b>Menopause</b> ? Age of Commencement?	YES	NO
Do you have family history of <b>breast cancer</b> ?	YES	NO

<b>First Name:</b>		<b>Surname:</b>	
<b>Location:</b>	<b>D.O.B:</b> (Date of Birth)	<b>M / F</b> (Gender)	
<b>Your Consent</b> Please read through and agree the following statements:			
<p style="text-align: center;"><b>CONSENT AND RELEASE FOR SCREENING</b></p> <p>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 Screenetics cannot be held liable for results following the supply of misinformation by me.</p> <p>I hereby consent to the drawing of a blood sample and agree to provide a urine sample (if requested) for the purpose of the health check to obtain medical data (as stated in the test package), the results of which shall be provided to me during my consultation. I hereby consent to a DEXA x-ray being conducted on my foot for the purpose of measuring my bone density (applicable screening only).</p> <p>In consideration of the above procedures and measurements, I hereby release Screenetics UK Ltd and any other organisation(s) associated with this screening, their affiliates, directors, officers, employees, successors, and assigns from any and all liability arising from or in any way connected with these procedures the associated measurements or from data derived there from.</p> <p><b>I understand that:</b></p> <p>The responsibility for initiating a follow up examination to confirm the results of this screening and obtain professional medical assistance is mine alone, and not that of any organisation(s) associated with this screening.</p> <p><b>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 doctor of this.</b></p> <p>The data derived from this test is to be considered <b>preliminary only</b> and <b>does not constitute a diagnosis</b> of any condition, but I understand that I should obtain further professional medical assistance.</p> <p>Client medical data remains <b>fully confidential between Screenetics and the client</b>. Clients consent to the anonymous use of their medical data for statistical purposes by Screenetics. 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.</p> <p><b>Your contact details are safe with us!</b> We will never pass them on to third parties, or share your details without your prior express consent.</p> <p>Screenetics may from time to time utilise non-medical client data to keep you informed on our latest offers and information. <b>If you do not wish to receive such information, please indicate by ticking here.</b> <input type="checkbox"/></p> <p>Screenetics is a trading style of Screenetics UK Limited.</p> <p style="text-align: right;"><b>Date:</b>     /     /     <b>Signed:</b> .....</p>			
<b>Office Use Only</b>			
<b>Reference:</b>			
<b>Screening Type:</b>			
<b>Extra Tests:</b>			
<b>Fasting:</b>			
<b>Conducted by:</b>			
<b>Stats:</b>	<b>Age:</b>	<b>Height:</b>	<b>Weight:</b>