Name: **Department:**

Age: **Date of Birth:**

Height: **Weight:**

Do you, or have you ever suffered from any of the following?
Please circle those that apply

Heart Attack | Angina | Recurrent Chest Pain | Palpitations | High Blood Pressure

Heart Murmur | Irregular Pulse | High Cholesterol | Diabetes Type 1 | Diabetes Type 2

Do you currently take any medication? If yes, please state the name of the drug(s) you take, dosage (if known) and how often.

Name of Drug	Dosage	Times a day

Do you currently take any dietary supplements? If yes, please state the name of the supplement(s) you take, dosage (if known) and how often.

Name of Supplement	Dosage	Times a day

Do you have a regular exercise routine?

If yes, what exercise do you do?

How often do you exercise?

Do you have a sedentary job/lifestyle?

Pulse health screening

Head Office, 46 Gilbert Close, Kempston, Bedford, MK42 8RN
Tel: 01234 840089, enquiries@pulsescreening.co.uk, www.pulsescreening.co.uk

Do you smoke?
If yes, please circle which product
cigarettes cigars pipe other

If yes, how many a day?

If you do not smoke, have you ever smoked? **When did you stop?**

What is your average weekly consumption of alcohol in units?
(one unit = ½ pt beer, small glass of wine, pub measure of spirits)

If less than 1 unit, how many in a month?

Have close family members suffered from any of the following?
*Please put **M** for Mother, **F** for Father, **S** for Sister or **B** for Brother beside each condition*

Stroke | Heart Attack | High Blood Pressure

High Cholesterol | Diabetes Type 1 | Diabetes Type 2

Physical Assessment (to be filled in by the Nurse)

Height: ..... **Weight:** ..... **Body Mass Index:** .....

Waist: ..... Low / Medium / High Risk**:** .....

Blood Pressure: ..... **2nd Reading if >140/90:** .....

Pulse Pressure: ..... **Pulse:** ..... **Regular/Irregular**

CardioCheck Readings

1) PPT .....ms; **RI** .....%; **SI Normal Range** .....;
SI .....m/s; **VA** .....

2) PPT .....ms; **RI** .....%; **SI Normal Range** .....;
SI .....m/s; **VA** .....

Recommendations:

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Nurse Consultant: .....