**NHS HEALTH CHECK CRITERIA CHECKLIST**

1. **Please complete and if you are eligible for a health check please bring this form with you to your appointment**

I confirm that I am between aged 40-74 years YES/NO

I have not had a health check in the past 5 years YES/NO

I allow health check results to be passed onto my GP YES/NO

**If you answer NO to any of the above questions you are not eligible and do not need to answer the questions below.**

**Do you take medication for:**

High Blood Pressure YES/NO

High Cholesterol YES/NO

**Have you got any of the following conditions:**

Kidney disease YES/NO

Diabetes (diet/tablet or insulin controlled) YES/NO

Atrial fibrillation (irregular pulse) YES/NO

Transient Ischaemic attacks (mini stroke) YES/NO

Heart failure YES/NO

Peripheral arterial disease YES/NO

Coronary heart disease YES/NO

Have you had a stroke YES/NO

**If you have answered YES to any of the above questions, sorry but you are not eligible for an NHS Health Check as you should be being monitored by your GP.**