

PORTISHEAD MEDICAL GROUP

Please complete this form before your appointment.

Before using the blood pressure monitor in the waiting room please take time to sit down for a few minutes and relax. Please follow the instructions on the blood pressure monitor and record your readings on this form.

Please complete both sides of the form and hand it to the nurse.

Name:	Date of Birth:	
Date of reading:		
Reading		
SYS:	DIA:	PUL:
Please tick: Smoker <input type="checkbox"/> - How many per day? 		
Never Smoked <input type="checkbox"/> Ex Smoker <input type="checkbox"/>		
Home telephone no:		
Mobile No:		
Email address: (optional)		
Ethnicity: White British (please tick if appropriate) <input type="checkbox"/>		
Other (please specify):		
Was this test requested by a GP or nurse? Y / N		
Please give name of GP/Nurse:		
Do you drink alcohol? Yes/No		
If YES, how many units per week?		
(One Unit is a small glass of wine, ½ pint of beer/cider or a small measure of spirit)		

Please note: to improve our communications with patients we may send appointment reminders by text message and practice information and newsletters by email.

Please turn over to complete the Physical Activity Questionnaire

General Practice Physical Activity Questionnaire

Date.....

Name.....

Date of Birth.....

1. Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the last week, how many hours did you spend on each of the following activities?

Please answer whether you are in employment or not

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace
(i.e. less than 3 mph)

<input type="checkbox"/>
<input type="checkbox"/>

Brisk pace

Steady average
pace

<input type="checkbox"/>
<input type="checkbox"/>

Fast pace
(i.e. over 4mph)