



# Bupa Liver Health

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Please complete this questionnaire and bring it with you

If you have purchased this product in addition to one of the core health assessments you do not need to complete the personal information section. Please only complete the additional questions specific to this health check.



# Your health check questionnaire

ID number

The Bupa Liver Check has been designed to assess whether you may have any early liver damage and look for the risk factors that may result in liver damage.

**You should complete the blue sections** of this confidential questionnaire as fully as possible and bring it with you to your appointment.

- Please leave grey areas of the questionnaire for the doctor or health adviser to add their comments.

Don't worry if there are any questions you can't answer - these can be discussed during your visit.

Please use BLOCK CAPITALS.

## Your details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please indicate)	<input type="text"/>	
First name	<input type="text"/>				Surname	<input type="text"/>	
Date of birth	<input type="text"/>	/	<input type="text"/>	/	Age	<input type="text"/>	
Home address	<input type="text"/>					Postcode	<input type="text"/>
Home telephone number	<input type="text"/>			Work telephone number	<input type="text"/>		
Mobile telephone number	<input type="text"/>			Email	<input type="text"/>		
Are you covered by private medical insurance?	Bupa <input type="checkbox"/>	Membership number	<input type="text"/>		Other <input type="checkbox"/>	No <input type="checkbox"/>	
Date questionnaire completed	<input type="text"/>						

If your company is paying for this health check they will be aware of your attendance, please tick to confirm that you are aware of this.

(please tick):

## Keeping your GP informed

It is good practice for your GP to be kept informed of all aspects relating to your health. Please complete the information below if you are happy for us to send your results to your GP and advise him or her of any abnormalities or significant results that may require follow-up investigation or treatment.

GP name	<input type="text"/>						
GP address	<input type="text"/>					Postcode	<input type="text"/>
GP telephone number	<input type="text"/>						

## Monitoring further action

Bupa monitors what happens to customers after certain tests and certain abnormal results. This allows us to check on the quality of these tests and ensure that any necessary action has taken place. Please indicate whether or not you are happy for us to contact the following:

You	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Your GP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Your specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please sign	<input type="text"/>					Date	<input type="text"/>	

This visit date	<input type="text"/>		Name of doctor	<input type="text"/>			
First visit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of health adviser	<input type="text"/>			
If no, date of last visit	<input type="text"/>						

## Information sheets

It is important to have read the information sheet to understand the tests we will carry out on you.

I confirm that I have received and read the liver check information sheet (please tick):

If you have any concerns about the information contained in the information sheet, please ask your doctor.

Please sign

Date

## Please tell us your reason for attending

As with most medical tests and services it is not always possible to detect all diseases and abnormalities. If any medical symptoms you have do not resolve as expected or any new symptoms arise, you should seek further medical advice.

## Family history

Has any parent, grandparent, brother, sister, aunt, uncle suffered or died from liver or alcohol problems? If yes, please give details and ages as appropriate.

## Your lifestyle

### Alcohol

How many units of alcohol do you typically drink over the course of a week?

*(A bottle of wine typically contains around nine units of alcohol, a pint of standard strength beer around 2.5 units and a pint of cider around three units. Spirits and fortified wines contain one unit of alcohol per pub measure)*

### Drug usage

Do you use recreational drugs? Yes  No

If yes, please give details of type and frequency

### Travel

Do you travel often outside Europe and the USA? Yes  No

Details of destinations

## Clinical findings

## Your lifestyle *(continued)*

### Sexual intercourse

Do you have unprotected sexual intercourse? Yes  No

### Tatoos

Do you have any tatoos Yes  No

### Occupation/hobbies

Do you work with any chemicals? Yes  No

## Clinical findings

## Your medical history

Have you now or ever had any of the following? If yes, please give details and dates as appropriate.

	Yes	No	Details
Jaundice, hepatitis			
Gallstones or gall bladder removed			
Bile duct stones or infections			
Pancreatitis			
Diabetes			
Abnormal liver function tests			
Abdominal pain			
Unexplained weight loss			
Liver cirrhosis or other liver disease			
Cancer			
Sexually transmitted infection			
Blood transfusion			
Change in bowel action			

## Your medical history *(continued)*

Please list any medicines you are taking, either prescribed or bought over the counter

Please give details of any hospital admissions in the past three years

Please give details of any tests or investigations you have had in the past three years

**Thank you for completing this questionnaire.**  
The remaining pages are for your Bupa doctor to complete.

## Clinical findings

## Consent

### Physical examinations

If you will be undertaking a full examination please ensure you have the customer's agreement to this.

Physical examination has been discussed with the customer and permission obtained    Yes        No   

### Chaperone

A chaperone has been offered during the physical examination    Yes        No   

A chaperone has been requested during this examination    Yes        No   

by    Doctor        Customer   

If yes, then record the name of the chaperone in the box below

## Clinical findings

Weight:

BMI:

NORMAL  
ABNORMAL

	NORMAL	ABNORMAL	
Skin			
Lymph glands			
Abdominal palpation			
Abdominal organs			
Liver			

# Clinical findings

Additional tests:

Significant test results/trends:

**Action plan:**

*(including advice literature given)*

**Comments for GP:**

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Doctor's signature \_\_\_\_\_

Date \_\_\_\_\_

