Richmond Heavies Foundation

Cardiac Screening Questionnaire

Issue **January 2021** Review **January 2024**

NEW VICTORIA HOSPITAL

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This questionnaire is designed for Richmond Heavies Foundation for those participating in the Cardiac Screening programme.

This must be completed ahead of your appointment, printed out and brought with you to the hospital. We will be unable to screen you without a completed questionnaire.

Please be as honest as you can when answering the questions, as the form is designed to give the Cardiologist comprehensive information regarding your health.

The objectives of screening are to detect certain forms of heart disease, however screening cannot offer 100% detection rates for those conditions.

Name:				**RFC member num.:**			
Date of Screening:		**Date of Birth**		**Gender**			
Address:							
Contact Telephone Number				**Email**			

Ethnicity:							
WHITE	**British** ☐	**Irish** ☐	**Other** ☐ **Please state:**				
BLACK	**Caribbean** ☐	**East African** ☐	**West African** ☐	**North African** ☐			
ASIAN	**Indian** ☐	**Pakistani** ☐	**Bangladeshi** ☐	**Other** ☐ **Please state:**			
MIXED	**White & black** ☐	**White & Asian** ☐	**Other** ☐ **Please state:**				
OTHER	**Chinese** ☐	**Filipino** ☐	**Vietnamese** ☐	**Other** ☐ **Please state:**			

Height cm:	**Weight kg:**

Do you consider yourself to have any of the following disabilities:			
Visual Impairment ☐	**Hearing Impairment** ☐	**Wheelchair User** ☐	**Other** ☐ **Please state:**

Do you require any special assistance on the day of your screening appointment? **If yes - please contact 0208 949 9000 before your appointment to advise us how we can assist.**	**Yes** ☐ **No** ☐

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General Practitioner's Name:	
Address:	
Contact Telephone Number:	

Questionnaire

Please answer the following questions honestly, providing as much information as possible:

1	Do you Smoke?				Yes ☐	No ☐
	How many per week?	0-5 ☐	6-10 ☐	11-15 ☐	16-20 ☐	20+ ☐
	How many years have you been smoking?					
2	Are you an ex-smoker?				Yes ☐	No ☐
	If so, when did you stop?					
3	How many units of drink per week do you consume? (1 unit of drink = a single measure of spirit, a small glass of wine, ½ pint of beer)					
4	How many times do you exercise per week consisting of 20 minutes or more?					
5	Are you a competitive athlete? (A person who is trained in physical exercise or sport to participate in competitions)				Yes ☐	No ☐
6	Have you ever experienced chest pain, chest discomfort such as tightness or heaviness, or shortness of breath during exercise?				Yes ☐	No ☐
	If yes, when was the most recent episode?					
7	Do you ever experience dizzy spells?					
	During Exercise	Yes ☐	No ☐	When was your most recent episode?		
	Following Exercise	Yes ☐	No ☐	When was your most recent episode?		
	Unrelated to Exercise	Yes ☐	No ☐	When was your most recent episode?		
	If you said yes to any of the above, please describe your experience below.					
	During Exercise					
	Following Exercise					
	Unrelated to Exercise					
8	Are you known to have cardiovascular disease?				Yes ☐	No ☐
9	Have you been diagnosed with Diabetes?				Yes ☐	No ☐
10	Do you have rheumatoid arthritis?				Yes ☐	No ☐
11	Do you have chronic kidney disease?				Yes ☐	No ☐
12	Do you suffer from high blood pressure?				Yes ☐	No ☐

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13	Do you have palpitations of the heart, racing without reason or skipped beats?	Yes ☐	No ☐
14	Do you know your cholesterol levels?	Yes ☐	No ☐
	When was your cholesterol last tested?		
15	Are you taking any regular medication?	Yes ☐	No ☐
	If yes, please list.		

Family History

Do you have a family history of any of the following:

16	High blood pressure	Yes ☐	No ☐
17	High Cholesterol	Yes ☐	No ☐
18	Diabetes	Yes ☐	No ☐
19	Heart Disease	Yes ☐	No ☐
20	Have any members of your family suffered a heart attack (MI)?	Yes ☐	No ☐

If yes, please give details below

Gender	Age at time of MI	Relationship to you

Patient signature:	**Date:**
Print name:	

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Fair Processing Policy

As part of your ongoing care, New Victoria Hospital needs to collect and store your personal data. A full explanation of how this is collected, stored, how long it is kept and who it is shared with and who you should speak to if you have any concerns regarding the management of your data at the hospital can be found on our website under 'Patient Information – Privacy Policy'. Information regarding the hospital's CCTV system, telephone system and information collected on our website is also included.