**CARDIOVASCULAR SCREENING PROFORMA & APPOINTMENT FOR BLOOD TEST**

Name:.......................................................................................................................

Address:....................................................................................................................

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Date of Birth:.......................................................

BP Reading: ……………………………………………………

Height: ………………………………………………………….

Weight:……………………………………………………………

Alcohol Status: …………………….. Units per week

Smoking Status: □ Smoker

□ Non-smoker

□ Ex Smoker

Physical Activity: □ Less than 30 mins per day

□ More than 30 mins per day

Date Completed:…………………………………………………

**\*\*IF YOU HAVE ANY SYMPTOMS OR CONCERNS PLEASE MAKE AN APPOINTMENT WITH A GP TO DISCUSS\*\***

Return address:

Postal: Linlithgow Group Medical Practice, 288 High Street Linlithgow EH49 7ER

Email: [Loth.HealthInformation78166@nhslothian.scot.nhs.uk](mailto:Loth.HealthInformation78166@nhslothian.scot.nhs.uk)