**BP SCREENING PROFORMA**

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

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

...........................................................................

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:…………………………………………………

Return address:

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

Email: Loth.HealthInformation78166@nhslothian.scot.nhs.uk