

Patient details (label)

Date: / /

Time:

Name:

Ward/Dept:

Bolton



NHS Foundation Trust

Health Promotion Assessment

SMOKING

Do you smoke? ☒ Y ☐ N (if 'NO' ask next question) Have you ever smoked? ☒ Y ☐ N (if 'NO' go to alcohol questions)

If quit, how long? days weeks months years Level II request ☒ Y ☐ N

Would you like some advice or support to help you stay stopped? ☒ Y ☐ N unsure

DIET

Would you like any advice or support about improving your diet? ☒ Y ☐ N unsure

PHYSICAL ACTIVITY

Would you like any advice or support to help you get more physical activity? ☒ Y ☐ N unsure

WEIGHT

Would you like any advice or support regarding your weight? ☒ Y ☐ N unsure

Height cm Weight kg BMI = waist circ. cm

MENTAL HEALTH

& WELLBEING

During the last month, have you often been bothered by feeling down, depressed or hopeless? ☒ Y ☐ N unsure

During the last month, have you often been bothered by having little or no pleasure in doing things? ☒ Y ☐ N unsure

Would you like any advice or support with your mental health and wellbeing? ☒ Y ☐ N

ALCOHOL AUDIT C

	0	1	2	3	4	Score			
	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week		1 Ltr Cider	7.5	
							1 pint/1 can	3	
							1 Bottle (larger/cider/alcopop)	1.5	
How often do you have a drink containing alcohol?							1 glass wine	3	
How many units of alcohol do you drink on a typical day when drinking?	1-2	3-4	5-6	7-9	10+		1 Bottle wine	10	
							1 glass spirit	2	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or Almost daily		1 Bottle spirit	30	
							Other?		
							Total Units per week		

• Scoring: 0-6 no action required

• Score 7 or above is AUDIT - C positive - deliver brief advice - consider completing full audit tool.

• All dependent drinkers requiring detoxification - please refer to Hospital Alcohol Team on day of admission (obtain consent for referral)

SEXUAL HEALTH

If you think you may have been exposed to a sexually transmitted infection, we advise you make a screening appointment as soon as possible at the sexual health clinic. (details on leaflet)

Give 'Your Health, Your Choice' leaflet

Confirm patient has agreed to be referred ☒ Y

Smoking Cessation ☐ Diet ☐ Physical Activity ☐ Weight ☐ Mental Health & Wellbeing ☐ Alcohol ☐

Keep top section of this form in the patient's record. Further information on 01204 462168 email: boltonhht@nhs.net

Please detach slip & send to Hospital Health Trainer Project at St Peters House Bolton.

This patient has requested advice/support for the items ticked.

Smoking Cessation ☐ Diet ☐ Physical Activity ☐ Weight ☐ Mental Health & Wellbeing ☐ Alcohol ☐

Patient Details (label)

GP Name:

Referred by:

Surgery Address

Dept / Ward:

Tel:

Tel:

Date:

Tel:

Exercise Recommendations	Waist Circumference	
<p>For General Good Health</p> <p>5 x 30 Minutes per week (150 mins)</p> <p>(can be in multiples of 10 mins)</p> <p>.....</p> <p>For weight management</p> <p>40-60 mins per day of moderate intensity e.g. brisk walking, cycling</p>	<p>Increased risk</p> <p>Men: 94cm (37")</p> <p>Women: 80cm (32")</p> <p>Substantial risk</p> <p>Men: 102cm (40")</p> <p>Women: 88cm (35")</p> <p>Asian descent</p> <p>Men: Substantial risk is 88cm (35")</p> <p>Women: Substantial risk 80cm (32")</p>	
Alcohol Recommendations	Classification	BMI
<p>Men: 3-4 units per day; maximum 21 units per week</p> <p>Women: 2-3 units per day; maximum 14 per week</p> <p>Minimum of 2 alcohol-free days per week</p> <p>Binge drinking: 8 units for men; 6 units for women (twice daily amount in one session)</p>	Underweight	<18.5
	Normal range	18.5 - 24.9
	Overweight (pre-obese)	25 - 29.9
	Obese class I	30 - 34.9
	Obese class II	35 - 35.9
	Obese class III	>40.0

Have health promotion instructions/leaflets been given prior to discharge

Please list any booklets given to patients

Your Health: Your Choices

Other *(Please Specify)*

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Notes