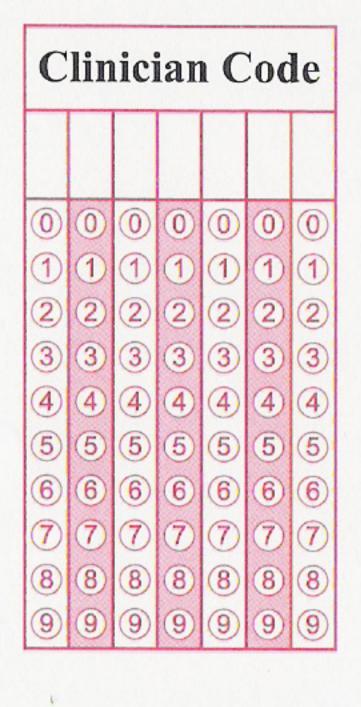
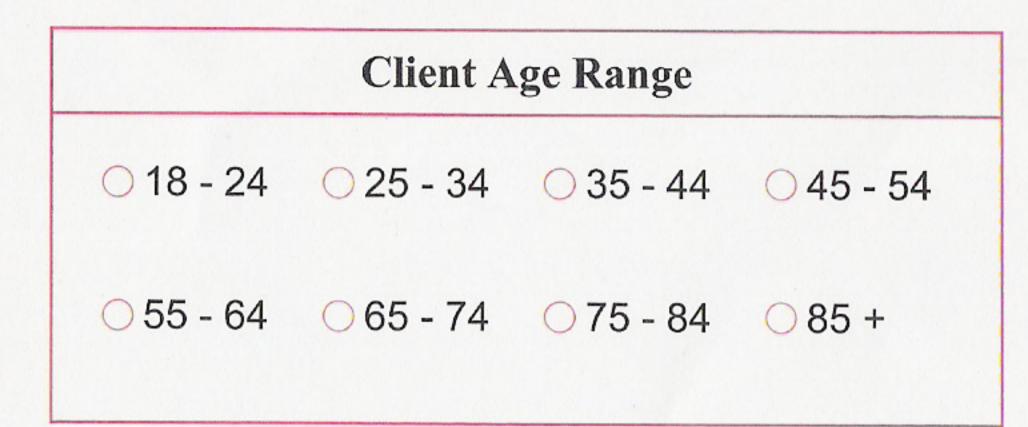
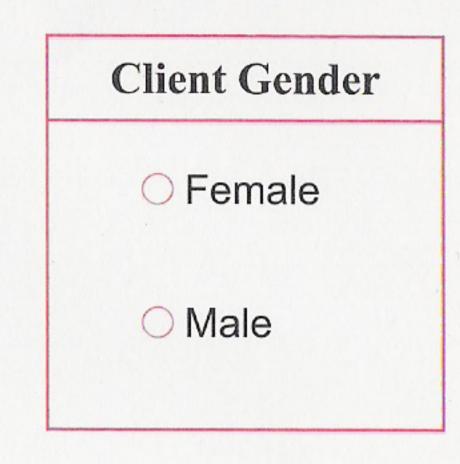
Lifestyle Risk Factor Management for Adults - Record Sheet



Today's Date							
0	0	(0)	(0)	O 20	0	(0)	
1	1	1	1		1	1	
2	2		2		2	2	
3	3		3		3	3	
	4		4		4	4	
	(5)		(5)		5	(5)	
	6		6		6	6	
	(7) (8)		(7) (8)		(8)	8)	
	9		9		9	9	



First consultation / visit for this referral



Follow-up consultation / visit for this referral

Client Postcode							
0	0	0	0				
1	1	1	1				
2	2	2	2				
3	3	3	3				
4	4	4	4				
(5)	5	(5)	5				
6	6	6	6				
7	7	7	7				
8	8	8	8				
9	9	9	9				

9

Primary Reason for visit / consultation:

Did you plan to discuss any of these lifestyle risk factors prior to the consultation / visit O Yes O No

Please indicate what ri	isk factor	managem	ent you un	dertook, durin	g the cons	sultation /	/ visit.			
Risk Factor	Please fill out for all consultations									
	Was the Issue Raised	Was the risk factor present?		Assess?	Give Verbal Advice	Give Written Advice eg pamphlet?	<u>Give</u> Referral?	None of these	Issue addressed in previous consultation	
Smoking	0	Yes 🔘	No O	Don't know	0		0	0	0	
Nutrition Issue / Problem	0	Yes 🔘	No 🔘	Don't know	0	0	0	0	0	
Alcohol problem		Yes 🔘	No 🔾	Don't know			0	0	0	Ó
Physical inactivity	0	Yes 🔾	No 🔾	Don't know 🔘		0	0	0	0	

was it would it have been appropriate to address mestyle risk factors with this client? Oyes	O No
If NO, why not:	

Please complete immediately following each consultation / visit