

The questionnaire below is not comprehensive (e.g. it does not include sexual difficulties or health issues specific to men). However, it is brief and use has shown it to be acceptable to junior psychiatrists and patients in an acute psychiatric setting.

Physical health screening for all in-patients

Remember that people with mental illness also have high rates of physical illness

MUST BE COMPLETED WITHIN SEVEN DAYS OF ADMISSION

Patient's name _____ Date _____

Has the patient recently experienced any of the following? (circle No/Yes)			
Cough/shortness of breath/haemoptysis	No	Yes	Specify:
Chest pain/palpitations	No	Yes	Specify:
Headaches/photophobia/visual disturbance	No	Yes	Specify:
Weakness/fatigue	No	Yes	Specify:
Abdominal pain	No	Yes	Specify:
Diarrhoea/constipation/blood in stools	No	Yes	Specify:
Nausea/vomiting/heartburn	No	Yes	Specify:
Weight loss/gain	No	Yes	Specify:
Urinary frequency/dysuria/haematuria	No	Yes	Specify:
Allergies	No	Yes	Specify:
Skin problems	No	Yes	Specify:
Date of last visit to: Dentist _____			Optician _____
Smoker?	No	Yes	
Wants to quit?	No	Yes	N/A
Needs advice on quitting?	No	Yes	N/A
Women's health			
Date of last cervical smear			
Worries about breast lumps?	No	Yes	
Needs family planning advice?	No	Yes	
Action plan			