# Lipotrim Ireland Blog - Diet news & views - Lipotrim Ireland PRELIMINARY SCREENING FOR PATIENTS BEFORE STARTING

 **THE** Lipotrim **PROGRAMME**

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT ID NO.**  |  |  | **PLEASE PRINT** |
|  |
| **Patient’s Name:**  |
| **Address:**  | Pharmacy Stamp |
|  **Post Code:**  |
| **Tel Day:** **Mobile:**  |
| **Email:** |
| **GP Surgery:**  **GP Name:**  |
| **DOB:** |  | **Height (m):** |  | **Weight (kgs):** |  | **BMI:** |  | **Sex M/F:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| **Have you watched the Lipotrim DVD?** |  |  |  |
| **1** | Heart trouble |  |  |  |
| **2** | Chest pain |  |  |  |
| **3** | High blood pressure |  |  | Monitoring of BP required at 2 weeks and then monthly |
| **4** | Palpitations, faints, blackouts |  |  |  |
| **5** | Asthma, bronchitis, persistent cough |  |  |  |
| **6** | Heartburn, gastric or duodenal ulcer |  |  |  |
| **7** | Attacks of gallstone colic |  |  |  |
| **8** | Stroke |  |  |  |
| **9** | Epilepsy or other neurological illness |  |  |  |
| **10** | Diabetes mellitus |  |  | GP required to review medication\* see notes |
| **11** | Any disturbance of kidney or bladder |  |  |  |
| **12** | Diarrhoea, colitis, constipation or piles |  |  |  |
| **13** | Thyroid treatment |  |  |  |
| **14** | Severe depression or other nervous disorder |  |  |  |
| **15** | Gout |  |  |  |
| **16** | Allergy to milk |  |  |  |
| **17** | Any other serious illness |  |  |  |
| **18** | Are you taking any medically prescribed drugs, pills, tablets or other medication or having medical treatment in any form |  |  |  |
| **19** | Any disturbance of liver |  |  |  |
| **20** | Have you attended any doctor in the past 12 months |  |  |  |
| **21** | Have you ever had or been recommended to have an operation |  |  |  |
| **22** | In the past 6 months, what has been your average daily consumption of: (i) alcohol (ii) tobacco: |  |  |  |
| **23** | Are you: (a) sedentary (b) moderately active (c) very active |  |  |  |
|  **WOMEN ONLY** |
| **24** | Are you pregnant |  |  |  |
| **25** | Are you intending to become pregnant in the next 3 months |  |  |  |
| **26** | Have you given birth in the last 3 months, or miscarried |  |  |  |
| **27** | Are your menstrual periods regular |  |  |  |
| **28** | Are you using a contraceptive cap |  |  |  |

I declare that the above answers are true, that I have not omitted any material information and that I authorise the release of the findings of the questionnaire to Howard Foundation Research Ltd. and the supervising pharmacy. (See T&Cs).

I am happy to be contacted by: email 🞎 │ Direct mail 🞎 │ Text message 🞎 │ Telephone 🞎 (*tick box*)

I am happy to be contacted about: Ongoing Support (essential) 🞎 │ News and Updates 🞎 (*tick box*)

By signing below, I am declaring that I have read and understood the Howard Foundation Research Privacy Policy / T&Cs at

[www.lipotrim.co.uk](http://www.lipotrim.co.uk/)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Signature: |  |  | Date: |  |

\*NOTES for interpretation of preliminary screening form