

## Health Coaching Questionnaire

Name:	
Contact phone number:	
Are you on your GP's LD register?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you have a Health Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you want support to update or fill in a Health Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an annual health check in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you need support to book an annual health check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a hospital passport?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you want support to update or fill in a hospital passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any ongoing health conditions that you would like more information about?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what health conditions would you like information about?	
Do you have any health concerns you would like support with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what health concerns do you have?	
Are you interested in improving your health by being more physically active?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If Yes, what type of activities are you interested in?	
Would you like to receive support with any of the above by our Health Coaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referral taken By/Date	

*** Additional Information	