**Example HCA Pre-Checks AccuRx Floreys**

Dear Mr X

In preparation for your first long-term conditions review with the HCA \_\_\_\_\_ please could you provide us with the following information:

(link provided to input following)

Blood Pressure

Weight and Height

Smoking status

Dear Mr X

In preparation for your first long-term conditions review with the HCA \_\_\_\_\_ please could you provide us with the following information:

**(Audit – PC)**

How often do you have a drink containing alcohol?

Never 0

Monthly or less 1

2-4 times a month 2

2-3 times a week 3

4 or more times a week 4

How many units of alcohol do you drink on a typical day when you are drinking?

0-2 0

3-4 1

5-6 2

7-8 3

10+ 4

How often during the last year have you found that you were not able to stop drinking once you had started?

Never 0

Less than monthly 1

Monthly 2

Weekly 3

Daily or almost daily 4

How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never 0

Less than monthly 1

Monthly 2

Weekly 3

Daily or almost daily 4

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

No 0

Yes but not in the last year 2

Yes during the last year 4

A total of **5 or more** is a positive screen indicating increasing or higher risk drinking

Dear Mr X

In preparation for your first long-term conditions review with the HCA \_\_\_\_\_ please could you provide us with the following information:

**(PHQ-2)**

Over the past 2 weeks how often have you been bothered over the following problems:

Little interest or pleasure in doing things:

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

Feeling down, depressed or hopeless:

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

**(GAD-2)**

Over the past 2 weeks how often have you been bothered over the following problems:

Feeling nervous, anxious or on edge:

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

Not being able to stop or control worrying:

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3