

Bradford tool @ EMISWeb

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Mental Health Physical Health Assessment

 Last updated on Monday 23 May 2016

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We've been working with NHS Bradford District Care Foundation Trust to bring you a new template to help with the management of physical health in patients with mental health conditions.

The template has been released **active**, and you'll find it in [Template Manager](#) > [EMIS Library](#) > [Primary Care Templates](#) > [Mental Health](#).

The template has nine pages. The first eight pages are for recording the annual physical health check for patients on the QOF Mental Health Register, followed by an administration page to record which examinations and reviews have taken place. The final page is for reference only.

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BP and Pulse

Hypertension is common in patients with mental health conditions. Check BP if patient not already diagnosed.

Blood pressure reading / mmHg No previous entry

Pulse rate beats No previous entry

Pulse rhythm No previous entry

Obesity

Obesity is a significant risk factor for diseases such as cardiovascular disease and diabetes. Patients on the SMI register are at increased risk. Recommend appropriate weight loss advice to patients with a BMI >25 (>23 if South Asian or Chinese) and/or weight gain > 5kg over a 3 month period (NICE CG43 and PH38)

Height cm No previous entry

Weight kg No previous entry

Body Mass Index

Ideal Weight

Waist circumference cm No previous entry

Advice given about weight management No previous entry

Weight management service opportunity signposted No previous entry

Referral No previous entry

Physical Activity and Nutrition

Patients with psychosis or schizophrenia, especially those taking antipsychotics, should be offered a combined healthy eating and physical activity programme by their mental health provider (NICE CG178)

Use the GPPAQ page to calculate a physical exercise index

Physical activity opportunity signposted No previous entry

Referral No previous entry

Dietary history *Text* No previous entry

Dietary advice No previous entry

Family History

FH: Hypertension *Text* No previous entry

FH: Ischaemic Heart Disease No previous entry

FH: Myocardial Infarction No previous entry

FH: CVD No previous entry

FH: Other circulatory system related CVD No previous entry

FH: Diabetes mellitus No previous entry

FH: Neoplasm - * No previous entry

FH: Respiratory Disease No previous entry

Illegal Drug Use

Does not misuse drugs *Text* No previous entry

Current drug user *Text* No previous entry

Drug use No previous entry

Drug injection behaviour No previous entry

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Pages	«	Physical activity involved at work	
Risk Factors		Physical activity involved at work	No previous entry
GPPAQ		<input type="text"/> <small>Text</small>	
Smoking status		Physical exercise	
Alcohol screening		GPPAQ hours in last week spent in physical exercise	No previous entry
Investigations		<input type="text"/> <small>Text</small>	
Blood Test Results		Cycling	
Medication Side effects		GPPAQ number of hours in last week spent cycling	No previous entry
Administration		<input type="text"/> <small>Text</small>	
Reference		Walking	
		GPPAQ number of hours in last week spent walking	No previous entry
		<input type="text"/> <small>Text</small>	
		House work / Child care	
		GPPAQ number of hours in last week spent on house work/child care	No previous entry
		<input type="text"/> <small>Text</small>	
		Gardening / DIY	
		GPPAQ number of hours in last week spent gardening/DIY	No previous entry
		<input type="text"/> <small>Text</small>	
		Walking pace	
		GPPAQ usual level of walking pace	No previous entry
		<input type="text"/> <small>Text</small>	
		Physical Activity Index (PAI) change	
		Physical Activity Index	No previous entry
		<input type="text"/> <input type="button" value="Calculate"/>	
		Brief intervention for physical activity	
		Brief intervention	No previous entry
		<input type="text"/> <small>Text</small>	

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Pages	«	Current smoking status	
Risk Factors		Current smoking status	No previous entry
GPPAQ		Smoking profile	No previous entry
Smoking status		Cigarette pack-years	No previous entry
Alcohol screening		<input type="text"/> year	
Investigations		Total time smoked	No previous entry
Blood Test Results		<input type="text"/> year	
Medication Side effects		<input type="checkbox"/> User of electronic cigarette	No previous entry
Administration		Past smoking details	
Reference		Past smoking details	No previous entry
		<input type="checkbox"/> Date stopped smoking	No previous entry
		<input type="text"/> 01-Aug-2016 <input type="button" value="Calendar"/>	
		Smoking cessation	
		<input type="checkbox"/> Trying to give up smoking	No previous entry
		Smoking Cessation Pharmacotherapy	No previous entry
		<input type="checkbox"/> Smoking cessation advice	No previous entry
		<input type="checkbox"/> Smoking cessation advice declined	No previous entry
		Smoking Cessation Referral	No previous entry
		<input type="checkbox"/> Referral to smoking cessation service declined	No previous entry
		Smoking cessation clinic	No previous entry

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Alcohol status		
Alcohol consumption	<input type="text"/>	U/we No previous entry
<input type="checkbox"/> Teetotaler		No previous entry
AUDIT-C (Scoring: 5+ indicates increasing or higher risk drinking - the full AUDIT needs to be co...		
Q1. How often do you have a drink containing alcohol?	<input type="text"/>	No previous entry
Q2. How many units of alcohol do you drink on a typical day when you are drinking?	<input type="text"/>	No previous entry
Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	<input type="text"/>	No previous entry
AUDIT-C Score	<input type="text"/> <input type="button" value="Calculate"/>	No previous entry
AUDIT (Scoring: 0-7 = Lower risk, 8-15 = Increasing risk, 16-19 = higher risk and 20+ = Possibl...		
Q1. How often do you have a drink containing alcohol?	<input type="text"/>	No previous entry
Q2. How many units of alcohol do you drink on a typical day when you are drinking?	<input type="text"/>	No previous entry
Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	<input type="text"/>	No previous entry
Q4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="text"/>	No previous entry
Q5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	<input type="text"/>	No previous entry
Q6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	<input type="text"/>	No previous entry
Q7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="text"/>	No previous entry
Q8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="text"/>	No previous entry
Q9. Have you or somebody else been injured as a result of your drinking?	<input type="text"/>	No previous entry
Q10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<input type="text"/>	No previous entry
AUDIT Score	<input type="text"/> <input type="button" value="Calculate"/>	No previous entry
FAST (Scoring: 3+ indicates increasing or higher risk drinking - the full AUDIT needs to be compl...		
Q1. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	<input type="text"/>	
Only answer the following questions if the answer to Q1 is Never (0), Less than monthly (1) or Monthly (2).		
Stop here if the answer is Weekly (3) or Daily (4).		
Q2. How often during the last year have you failed to do what was normally expected from you because of your drinking?	<input type="text"/>	
Q3. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="text"/>	
Q4. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<input type="text"/>	
FAST Score	<input type="text"/> /16	No previous entry
Interventions and Referral		
<input type="checkbox"/> Brief intervention for excessive alcohol consumption completed		No previous entry
<input type="checkbox"/> Extended intervention for excessive alcohol consumption completed		No previous entry
<input type="checkbox"/> Referral to specialist alcohol treatment service		No previous entry
Source - www.alcohollearningcentre.org.uk		
FAST screening for alcohol risk AUDIT-C screening for alcohol risk AUDIT screening for alcohol risk www.alcohollearningcentre.org.uk		
References		
Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption—II. <i>Addiction</i> 1993;88(6):791-804		

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Bloods Tests Requested

The following blood tests are recommended for patients with Psychosis and Schizophrenia:
Fasting Blood Glucose, HbA1c, Lipds, Prolactin

The following blood tests are recommended for patients with Bipolar:
Fasting Blood Glucose, HbA1c, Lipds, LFT, Renal, Thyroid, Calcium

- Blood test requested *Text* No previous entry
- Blood test declined No previous entry

HbA1c or Glucose threshold
HbA1c \geq 42mmol/lol (\geq 6%)
AND/OR
FPG \geq 5.5mmol/l OR RPG \geq 11.1mmol/l

At High Risk of Diabetes:
HbA1c 42-47 mmol/mol (6.0%-6.4%)
FPG 5.5-6.9 mmol/l

- 1) Offer intensive structured lifestyle education
- 2) If ineffective consider metformin
- 3) Annual recall for checks for hBA1c or FPG to assess for progression to Type 2 diabetes

Consider diabetic:
HbA1c \geq 48mmol/mol (\geq 6.5%)
FPG \geq 7.0mmol/l
RPG \geq 11.1mmol/l

- Latest HbA1c IFCC No previous entry
- Latest fasting blood glucose No previous entry
- Latest total cholesterol No previous entry

CVD Risk

QRisk CVD Risk % over 10 years [View](#)


- ECG requested No previous entry

If the patient is on drugs that could prolong QT interval e.g. high dose antipsychotics; patients with Cardiac Disease; before starting Lithium before starting antipsychotics if:
- specified in the summary of product characteristics (SPC)
- physical examination shows specific cardiovascular risk (such as diagnosis of high blood pressure)
- there is personal history of cardiovascular disease

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Risk Factors	Liver Profile	
GPPAQ	Bilirubin	No previous entry
Smoking status	ALT level	No previous entry
Alcohol screening	AST level	No previous entry
Investigations	ALP level	No previous entry
Blood Test Results	Gamma GT level	No previous entry
Medication Side effects	Renal Profile	
Administration	Sodium level	No previous entry
Reference	Potassium	No previous entry
	Urea level	No previous entry
	Creatinine level	No previous entry
	Bicarbonate level	No previous entry
	Calcium level	No previous entry
	Chloride level	No previous entry
	eGFR	No previous entry
	Thyroid	
	TSH level	No previous entry
	T4 level	No previous entry
	Blood Sugar	
	HbA1c level	No previous entry
	Fasting blood glucose	No previous entry
	Blood glucose level	No previous entry
	Lipids	
	Total cholesterol	No previous entry
	HDL level	No previous entry
	LDL level	No previous entry
	Triglyceride level	No previous entry
	Other	
	Lithium level	No previous entry
	Prolactin level	No previous entry

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Pages	«	
Risk Factors	Movement Disorders	
GPPAQ	Assess for the emergence of movement disorders particularly in patients taking antipsychotic medication	
Smoking status	<input type="checkbox"/> Extrapyramidal movements	Text <input type="text"/> No previous entry
Alcohol screening	<input type="checkbox"/> [D]Dyskinesia	Text <input type="text"/> No previous entry
Investigations	<input type="checkbox"/> C/O - akathisia	Text <input type="text"/> No previous entry
Blood Test Results	Sexual Dysfunction	
Medication Side effects	Psychotropic drugs can cause raised prolactin levels as a result of which some patients may experience sexual dysfunction and need advice as appropriate	
Administration	<input type="checkbox"/> H/O:sexual dysfunction problem	Text <input type="text"/> No previous entry
Reference	Other side effects	
	Appetite	<input type="text"/> <input type="text"/> No previous entry
	Oedema	<input type="text"/> <input type="text"/> No previous entry
	<input type="checkbox"/> O/E - joint movement painful	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Anxiousness	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Depressed	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Has nose bleeds - epistaxis	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Malaise/lethargy	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Cannot sleep - insomnia	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Toothache	Text <input type="text"/> No previous entry
	<input type="checkbox"/> Genitourinary symptoms	Text <input type="text"/> No previous entry

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Pages	«	Mental Health Review
Risk Factors		<input type="checkbox"/> Mental health annual physical examination done No previous entry
GPPAQ		<input type="checkbox"/> Mental health annual physical examination done Follow Up 01-Aug-2016  No previous entry
Smoking status		<input type="checkbox"/> Mental health review No previous entry
Alcohol screening		<input type="checkbox"/> Mental health medication review No previous entry
Investigations		
Blood Test Results		
Medication Side effects		
Administration		
Reference		

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Pages	«	Reference
Risk Factors		<p>This template has been developed by EMIS Health in collaboration with NHS Bradford District Care Foundation Trust. The template will be used by clinicians in general practices to record the annual physical health check for patients on the QOF Mental Health Register.</p> <p>The purpose of this template is to encourage a better quality of annual physical health checks for patients suffering from serious mental illness. Patients with serious mental illness die up to 20 years younger than the general population, usually from potentially preventable causes. This template is designed to encourage thorough physical reviews for these patients on an annual basis and to offer appropriate interventions, screening and advice.</p>
GPPAQ		
Smoking status		<p>Guidance</p> <p>NICE Guidelines CG178: Psychosis and schizophrenia in adults prevention and management NICE Guidelines CG185: Bipolar disorder assessment and management NICE Guidelines CG43: Obesity prevention NICE Guidelines PH38 Type 2 diabetes prevention in people at high risk</p>
Alcohol screening		
Investigations		<p>Cardiovascular Risk</p> <p>Cardiovascular disease and coronary heart disease are the most common cause of death in patients with serious mental illness. These patients are at increased risk when compared with the general population. It is important to address the risk factors and apply screening for CVD. It is also important to promote lifestyle advice regarding smoking, obesity, diet and activity where appropriate as a preventative measure. 10-year CVD risk models may seriously underestimate longer term risks of CVD events in younger people</p>
Blood Test Results		<p>Cancer Screening</p> <p>Cancer is the second most prevalent cause of premature death in patients with schizophrenia. The mortality rate is around 50% higher than in the general population. In particular, breast cancer risk is increased in females and lung cancer is increased in males. As a result, regular screening for common cancers should be included as an integral part of the annual physical review for patients with serious mental illness.</p>
Medication Side effects		<p>Smoking Status, Alcohol consumption and drug use</p> <p>Smoking increases the risk of cardiovascular disease and cancer which are already twice as likely to occur in patients with serious mental illness than in the general population. To manage these risks they must be evaluated and a healthy lifestyle promoted as an integral part of their mental health annual physical review. To promote a healthy lifestyle advice may be given on smoking, diet, physical activity and drug use with referrals to specialist services where appropriate.</p>
Administration		<p>Psychotropic Drugs and blood testing</p> <p>Patients taking psychotropic medication may require certain blood testing on a regular basis. These drugs can cause an increase in appetite which in turn can lead to chronic problems such as obesity, high cholesterol and diabetes. It is important to regularly test a patients 'Lipids' as well as random and fasting blood glucose. Some Psychotropic drugs can also cause sexual dysfunction. This can be a difficult subject for patients to discuss openly and can lead to them not taking their medication. Raised prolactin levels can be a sign of sexual dysfunction as well as causing other undesirable side effects. Regular checking of prolactin levels can be very beneficial.</p>
Reference		<p>ECG</p> <p>If patient is on drugs that could prolong QT interval e.g. high dose antipsychotics; Patients with Cardiac Disease; Before starting Lithium Before starting antipsychotics if: – specified in the summary of product characteristics (SPC) – physical examination shows specific cardiovascular risk (such as diagnosis of high blood pressure) – there is personal history of cardiovascular disease</p>