

Date of consultation (DD/MM/YYYY)

Notes _____

Marital status

_____ (Refer to Code Sheet)

Notes _____

Highest education level

_____ (Refer to Code Sheet)

Notes _____

Pregnancy status

_____ (Refer to Code Sheet)

Notes _____

Current smoker

_____ (Refer to Code Sheet)

Notes _____

if selected answers for HE, Current smoker is equal to Yes

Number of cigarettes per day

Notes _____

Duration of smoking (in years)

Notes _____

Drug and Alcohol use

_____ (Refer to Code Sheet)

Notes _____

External devices, present

_____ (Refer to Code Sheet) **(Choose Multiple)**

Notes _____

if selected answers for HE, External devices, present contains Other

Other type of external device

Notes _____

Nutritional Assessment _____ (Refer to Code Sheet)

Notes _____

Personal hygiene (presence of head lice / bugs) _____ (Refer to Code Sheet)

Notes _____

Education learning needs

Notes _____

Referral care plan

Notes _____