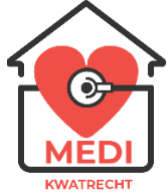


Dear,

The government and scientists are asking GPs to do more on prevention. As a medical practice we want to contribute to this. In our offices, we now have a staff nurses to offer appointments concerning the prevention of disease. This is a **free offer with no obligation**. At the start, our offer is mainly addressed to people who already have a risk factor, such as diabetes or a lung disease.



We would like to invite you for a short visit to one of our nurses.

You can fill in the attached questionnaire and bring it with you or send it back by email to info@mediKwatrecht.be. Many things are already mentioned in your medical file, but this questionnaire gives us the opportunity to review your file in its entirety in collaboration with the nurse and doctors and to talk about what YOU can do to improve your health.

Feel free to ask any other questions about your personal health or about vaccinations. We could maybe manage some things better in cooperation with you, or discuss them openly.

If possible, make the appointment yourself on the website www.MediKwatrecht.be.

Choose: as a "doctor" :select "praktijk-verpleegkundige" and as the type of appointment: "preventiegesprek". You can of course always call us to make an appointment.

The site also mentions our prevention mailings and available vaccinations.

Patients who have not yet received this letter, but who would also like to have this prevention consultancy (or vaccine), can also make an appointment "preventiegesprek" with the nurse. You can write there why you want to see them

We hope that our concern for your health, now also with regular prevention campaigns, will be an advantage for everyone. If you have any questions or suggestions, we'd love to hear them from you.

Next page:

WHAT I KNOW¹ AND CAN DO FOR MY FUTURE

BEFORE the consultancy with the doctor or nurse it may be useful to fill in this questionnaire. This questionnaire will let us know what precautionary measures should be adopted.

¹ Your doctor will find many answers in his files, but this is about what you know yourself and what can be prevented.

	Name: _____ man/female born: / / Date of today: / /
1	Do you take medication for high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
2	Do you have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
3	Do you have or have you had a cardiovascular disease? (heart attack, stroke, vasoconstriction) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4	Has your father or brother had a cardiovascular disease before 55 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
5	Has your mother or sister had a cardiovascular disease before 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
6	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> Never Stopped in.. <input type="checkbox"/>
7	How many glasses of alcoholic beverages do you consume? (beer, wine, spirits) Glasses per... <input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Never
8	Do you eat vegetables every day ? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you eat fruits every day? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you exercise for at least half an hour every day apart from your daily activities? (e.g. cycling, brisk walking, swimming, gardening, ...) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you ever been diagnosed with elevated blood sugar? (e.g. hospitalization, routine check-up or pregnancy) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
12	Does your father, mother, brother or sister have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
13	Does your grandfather, grandmother, uncle or aunt have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
14	Was your tetanus vaccination more than ten years ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
15	Are you a lung patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are you a heart patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you a liver patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are you a kidney patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
19	Does your father, mother, brother or sister have bowel cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

Only for women

20	Does breast or ovarian cancer run in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
21	For women over 50 years, was your last your mammogram more than two years ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
22	For women over 25 years, was your last pap smear more than 3 years ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

For seniors (65+ years)

23	Have you fallen more than once in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	Non
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Please return the completed form to info@MediKwatrecht.be (or take it with you to the consultation with the nurse as mentioned on www.MediKwatrecht.be)