

YOUR NAME and details are INSERTED HERE

YOUR PERSONAL HEALTH CHECK – MEN

Name:.....

Dates of Tests (write in)

- Obesity check – body mass index /GP _____
Or local gym – yearly
Monitor body weight
- Waist Measurement greater than 94cm?
- Monitor changes in moles/freckles – bi-annually
- Check blood pressure – bi-annually
- Cholesterol (LDL & HDL) and triglycerides checks >30yo – yearly
- _____
- Blood test Homocysteine _____
- (if needed- Cardio risk) Lipoprotein(a),Fibrinogen, ApolipoproteinA and B
- CRP _____
- Bowel cancer screening test/Colonoscopy. If 40+ consult GP about need

- PSA-(Complexed PSA/Free PSA/Ratio) Consult GP for prostate testing
yearly _____
- Glucose- _____
- FBE –full blood exam _____
- Vitamin D _____

Others:

- TFT (thyroid) _____
- LFT (liver) _____
- Elec N + C _____
- Iron studies _____
- DEXA scan _____
- Dentist _____