



Annual Health Check Preparation Form

- This form helps to prepare a person with a learning disability aged 14 and over for their **Annual Health Check** and make sure that you can plan the important things to be talked about at the appointment
- **If you are filling this in for yourself**, please ask someone who knows you well to help you. This is because they may have spotted changes in you that you haven't spotted yourself.
- **If you are someone who knows the person well and are completing this for them**, please involve the person as much as possible to empower them to be aware of their own health.
- When it is complete, **please return it to their GP surgery if they have requested it** OR take it to the appointment so you can tell them what you feel is important to talk about

Your Name:

Your Address:

Name of person helping you and who are they to you:

Contact details of that person:

Date of last annual health check (if known):



The Purple Folder is a Hertfordshire health passport

Do you have a NEW 2023 Purple Folder? YES / NO

If **Yes**, please bring it to the annual health check appointment and make sure it is up to date.

If **No** email purplefolder@hertfordshire.gov.uk

We also now have Purple Cards for people who are likely to go out and about on their own that you can ask for.



Tell us the best way to communicate with you at your Annual Health Check appointment? What can we do, say or talk about that will help you relax? Is there anything we must NOT do or say?








Tell us the best way for the surgery to contact you for health appointments in the future. Do you prefer letters, texts or phone calls? Do you avoid going to the doctors because you don't have anyone to help you? What could we do to help?








Do you require any other reasonable adjustments during your GP visit? Less noise, low lighting, extra time? See leaflet enclosed



Tell us about the accommodation you live in? Who do you live with? What help do you have at home?

	<p>Do you have problems with your ears or hearing? Do you wear a hearing aid? YES / NO Have you noticed any changes this year? YES / NO Have you seen an audiologist (health professional who checks your ears)? YES / NO When?</p>
	<p>Do you have any problems with your teeth or mouth or with brushing your teeth? YES / NO When did you last go to the dentist?</p>
	<p>Do you have any difficulty swallowing? e.g., chewing for a long time or coughing after eating? YES / NO Are you under the care of a Speech and Language Therapist for this (SALT)? YES / NO</p>
	<p>Do you have any problems with your feet or toenails? YES / NO Do you wear any specialist shoes or splints? YES / NO Are you under a chiropodist/podiatrist? YES / NO When did you last see them?</p>
	<p>Tell us about your mobility. Have you noticed any changes in your ability to walk or move? YES / NO</p> <p>Do you use any mobility aids e.g., wheelchair or walking stick? YES / NO (Please state)</p> <p>Tell us about any falls you have had.</p> <p>Do you see a physiotherapist? YES / NO When did you last see them and what do they do for you?</p>

	<p>Tell us about what you do to stay fit and well.</p>
	<p>If you have seen an occupational therapist, tell us when and what they did for you?</p>
	<p>Tell us about your diet. Tell us everything you ate and drank yesterday.</p>
	<p>If you drink alcohol tell us what you drink, how much and how often?</p>
	<p>If you smoke or vape, tell us how many a day.</p>
	<p>If you take recreational drugs e.g., cannabis? tell us what you take and how often.</p>
	<p>If you take any other medication that is not prescribed by your GP e.g. over-the-counter pain killers? Tell us what you take and how often.</p>



If you are someone who has sex or sexual contact with other people tell us what you know about safe sex.

Do you use any contraceptives? YES / NO



Tell us about your wee.

How often do you wee and what colour is it?

Do you have accidents? YES / NO

Do you use pads? YES / NO

Do you go a lot at night? YES / NO



Tell us about your poo.

How often do you poo and what do they look like [are they runny or like a soft sausage or hard lumps]?

Do you need to wear pads or do you ever have accidents?
YES / NO

Has your pooing changed at all? YES / NO



FOR ANYONE AGED 60 AND OVER:

Have you had the bowel screening kit in the post? YES / NO

When did you complete this?

If you didn't complete it, tell us why?



FOR WOMEN:

Tell us about your periods.

How often do you have them?

Are they very heavy? Have they changed at all?

Do you get mood changes or bad pain? YES / NO

Do you have any signs of menopause? YES / NO

Tell us about your breasts and armpits.

Have you noticed any changes e.g. pain, lumps, swelling.
YES / NO

Do you have a family history of breast cancer? YES / NO

Do you keep an eye on/feel for changes in your breasts and armpits every month? YES / NO

FOR WOMEN 50 and OVER:

Have you had a letter to go to breast screening? YES / NO

Tell us when you went and if you didn't, why you didn't go?

FOR WOMEN 25 AND OVER:

Have you had a letter to go to cervical screening? YES / NO

Tell us when you went and if you didn't, why you didn't go?

Did you have the HPV vaccine at school as this helps reduce risk of cervical cancer? YES / NO





FOR MEN:

Tell us about your testicles (balls).

Have you noticed any changes e.g., pain, lumps, swelling?

YES / NO

Do you keep an eye on/feel for changes in your balls every month? YES / NO



Tell us about your chest and armpits.

Have you noticed any changes e.g., pain, lumps, swelling?

YES / NO

Do you keep an eye on/feel for changes in your chest and armpits every month? YES / NO



FOR MEN AGED 65 AND OVER:

Have you had a letter to attend abdominal aortic aneurysm (AAA) screening?

YES / NO

Tell us when you went and if not, what were the barriers?

Do you have any symptoms e.g., pulsing like a heartbeat but in the tummy, pain in the lower back or tummy? YES / NO



Do you have any worries about your mental health e.g., depression, anxiety?

YES / NO

How are you feeling?

Have there been any changes? YES / NO

Are you under the care of a psychologist or psychiatrist? Or any services in the Specialist Learning Disability Service (SLDS)? YES / NO (Please state)



If you have Epilepsy, tell us about your seizures. How often they happen, what they look like, what triggers them and if you have safety measures in place. Tell us about any epilepsy specialist who helps with this.



If you have Diabetes, tell us about how you manage this and how well controlled it is. Tell us any concerns you have and tell us about any diabetes specialist who helps you.

Have you been for diabetic eye screening? YES / NO

Have you had blood tests? YES / NO



Tell us about your heart.

Have you noticed anything unusual? YES / NO

Is it beating really fast even when you are resting? YES / NO

Do you get dizzy? YES / NO

Do you have any family or history of heart disease? YES / NO

Tell us if you have chest pain. What did it feel like and when does it happen?

Do you have swollen ankles or feet? YES / NO

When did this start?



Tell us about your breathing.

Do you have any changes with your breathing e.g., short of breath more easily, wheezing, coughing, or long Covid symptoms?
YES / NO

If you have asthma, tell us whether this has been better or worse this year and how you manage it.



Tell us about any changes with your skin. Do you have any pressure sores, moisture lesions, dry skin, psoriasis, eczema?
Has this got worse? YES / NO
How do you manage it?

If you have moles, do you keep an eye on them for changes?
YES / NO



Tell us about any changes you have noticed in behaviour e.g., memory loss, mood changes, poor sleep, confusion. Do you have any idea of what may have happened to cause these changes?



Tell us if you have an end-of-life plan in place? (If you are supporting the person, this plan should be in place if the answer is NO to the question: 'Would you be surprised if this person died in the next year?')



Tell us about which vaccines you have had. Have you had any problems when trying to have a vaccine?

Have you had :

ALL the Coronavirus vaccinations? YES / NO

Flu vaccination (in the last 12 months): YES / NO

Pneumococcal vaccination: YES / NO

Hepatitis B vaccination: YES / NO

HPV vaccine: [This should have been given at school but if it wasn't tell us because you can have it up to age 15 and it reduces the risk of cervical cancer] YES / NO

Do you have any other questions about staying healthy that you want to talk about at your Annual Health Check?

What happens in the annual health check appointment?

The GP/Practice Nurse may:

- Check your **feet and skin**
- Check your **blood pressure and pulse**
- Listen to your **chest and heart**
- Check if you are a **healthy weight** by working out your BMI [body mass index]
- Feel your **tummy**
- Look in your **ears, eyes and mouth**
- Do a **breast or testicle check** or talk to you about this.
- Do any checks that are needed if you have a **syndrome**.
- Talk to you about having a **blood test** if it is needed to check your health.
- Review any **medication** to check if you still need it and it's the right amount
- Give you a **health action plan** of things to do to stay healthy

Please tell us if you are worried about having any of these checks. It is better to say that you are worried as we may be able to help you to feel more relaxed about them. We really want you to feel safe and happy when you come for your appointment!

Thank you very much for completing this form. The annual health check is such an important way of ensuring that people with learning disabilities stay healthy.



Making Reasonable Adjustments for People with Learning Disabilities

T.E.A.C.H.



Reasonable adjustments are ways that health care staff may need to change the way they usually see and talk to people to help you to get the same health outcomes. Think **TEACH**.



Time. - Do you find it hard going to health appointments at a specific time of day? Do you need extra time to relax for you to accept treatment? Do you need extra time to explain things?



Environment. - Are you more likely to be relaxed and accept health treatment if you are in a particular place? Do you hate certain noises, busy spaces or new places? What can be done to make this easier?



Attitude - if you are anxious what can the person do to help you calm down so that you are more likely to get the same treatment as someone else?



Communicate

Communication - How should the person talk to you? Are there things that would make you anxious if they said or did?

Are there favourite subjects that if you talk about help you feel relaxed? Are there things you like to show people or do to help you settle? Do you need things written down or drawn to help you?



Help - Who knows you well and can help you at health appointments? Or Do you need someone to be called after your appointment so they can help you remember and understand what was been discussed? Do you have a **Purple Folder** or **Purple Card** that says what reasonable adjustments you need in it? Do you need a Community Learning Disability Nurse to help you understand and accept a health treatment the doctors have recommended?

Created by Herts County Council Community Learning Disability Nursing Service for more information on help with health for people with learning disabilities go to

www.hertfordshire.gov.uk/lamyhealth