

ANNUAL HEALTH CHECK CHECKLIST

In this booklet you will see all of the questions you should be asked in your annual health check. As well as some tests and checks that should be completed. There is a small box in the corner of each one. Please tick this when this has been completed.

If something is not completed, ask why.

Your check may not happen in the order that you see set out in this checklist.



*How to know what to expect
in your annual health check*













Annual Health Check Checklist

Name:

Date:

A Nurse or Healthcare Assistant may complete this part. Are you asked about...

<p>Who supports you?</p>  <input type="checkbox"/>	<p>If your happy for the GP to share information about you with others?</p>  <input type="checkbox"/>	<p>Your learning disability? <i>What type? Any causes? Syndrome specific checks?</i></p>  <input type="checkbox"/>	<p>Your Education Health Care Plan? 14-17 year olds only.</p>  <input type="checkbox"/>	<p>How the surgery can help you better (reasonable adjustments)?</p>  <input type="checkbox"/>
<p>Your communication needs?</p>  <p>Accessible Information Standard</p> <input type="checkbox"/>	<p>Important injections that keep you well? (e.g.flu jab)</p>  <input type="checkbox"/>	<p>How you move around?</p>  <input type="checkbox"/>	<p>How you look after yourself? e.g. washing, cooking</p>  <input type="checkbox"/>	<p>What you eat?</p>  <input type="checkbox"/>

Annual Health Check Checklist

Name:

Date:


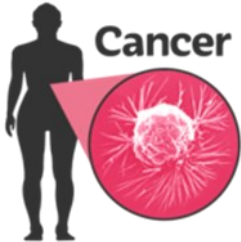





<p>How much exercise you do?</p>  <input type="checkbox"/>	<p>Whether you smoke?</p>  <input type="checkbox"/>	<p>Any alcohol you drink?</p>  <input type="checkbox"/>	<p>Whether you take any illegal drugs?</p>  <input type="checkbox"/>	
--	---	--	--	--

Annual Health Check Checklist

Name:

Date:

A Nurse or Healthcare Assistant may complete this part. Are you asked about...











<p>Your sexual health?</p>  <input data-bbox="423 847 495 906" type="checkbox"/>	<p>Screening programmes?</p>  <input data-bbox="826 858 898 917" type="checkbox"/>	<p>Your height or are you measured?</p>  <input data-bbox="1234 842 1305 901" type="checkbox"/>	<p>Have you been weighed?</p>  <input data-bbox="1644 847 1715 906" type="checkbox"/>	<p>Your eyes and how well you can see?</p>  <input data-bbox="2047 842 2119 901" type="checkbox"/>
<p>Your ears and how well you can hear?</p>  <input data-bbox="425 1310 497 1369" type="checkbox"/>	<p>Your teeth?</p>  <input data-bbox="833 1305 904 1364" type="checkbox"/>			

Annual Health Check Checklist

Name:

Date:



A Doctor or Advanced Nurse Practitioner may complete this part of the annual health check. Are you asked about...

<p>Your breathing?</p>  <input type="checkbox"/>	<p>If you have problems swallowing or have ever choked?</p>  <input type="checkbox"/>	<p>Your wee? Provide a wee sample</p>  <input type="checkbox"/>	<p>Your poo?</p>  <input type="checkbox"/>	<p>Your periods? <i>Women only</i></p>  <input type="checkbox"/>
<p>Seizures? If you have epilepsy</p>  <input type="checkbox"/>	<p>Chest pain? Ankle swelling? This is part of checking your heart is OK.</p>  <input type="checkbox"/>	<p>If you are diabetic?</p>  <input type="checkbox"/>	<p>Your bones? Any pain or difficulty moving?</p>  <input type="checkbox"/>	<p>Your feet? Toe nails?</p>  <input type="checkbox"/>

Annual Health Check Checklist

Name:

Date:











<p>Your skin?</p>  <input type="checkbox"/>	<p>Any other pain?</p>  <input type="checkbox"/>			
---	--	--	--	--

Annual Health Check Checklist

Name:

Date:

A Doctor or Advanced Nurse Practitioner may complete this part of the annual health check. Are you asked about...

<p>Your sleep</p>  <input data-bbox="421 820 488 877" type="checkbox"/>	<p>Your thoughts, feelings and behaviour?</p>  <input data-bbox="828 815 896 873" type="checkbox"/>	<p>Blood test? When was the last one you had?</p>  <input data-bbox="1238 820 1305 877" type="checkbox"/>	<p>Your medication?</p>  <input data-bbox="1646 820 1713 877" type="checkbox"/>	<p>Has your chest been listened to?</p>  <input data-bbox="2063 820 2130 877" type="checkbox"/>
<p>Has your blood pressure been taken?</p>  <input data-bbox="421 1303 488 1361" type="checkbox"/>	<p>Has your pulse been taken?</p>  <input data-bbox="828 1303 896 1361" type="checkbox"/>	<p>Did someone feel your stomach?</p>  <input data-bbox="1238 1294 1305 1351" type="checkbox"/>	<p>Were your breasts checked? Or taught how to check self</p>  <input data-bbox="1646 1294 1713 1351" type="checkbox"/>	<p>Were your testicles checked? Or taught how to self check; men only</p>  <input data-bbox="2063 1287 2130 1345" type="checkbox"/>

Annual Health Check Checklist

Name:

Date:

At the end of the check are you given a Health Check Action Plan?



Completed by Strategic Health Facilitators, Southern Health NHS Foundation Trust, and approved by East Hampshire Service User Group October 2019

<https://www.southernhealth.nhs.uk/services/learning-disabilities/staff-involved-in-your-care/health-facilitation/>



made with
photosymbols®