|  |
| --- |
| **Pre Health Check Questions Form For Gents**  K:\AppData\Photosymbols_3\lores_images\Clipboard_good.jpgK:\AppData\Photosymbols_3\lores_images\Health_meeting4.jpg |

Annual Health Checks are important and should be done once a year.

Please try to answer as many questions as you can.

If you need help, ask someone you trust to help you.

**Please do not worry if you cannot answer all the questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| K:\AppData\Photosymbols_3\lores_images\Name5.jpg My Name:  You can call me: |  | | | |
|  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Birth-Date_large.png?v=1431180235 Date of birth: |  | | | |
| NHS number: |  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Address-Street_large.png?v=1431180639 Your address: |  | | | |
|  | | | | |
| K:\AppData\Photosymbols_3\lores_images\Health_Meeting-1.jpg  Do you need help with this form? |  | | | |
| If yes, who is helping you?  Name: | | | |
| Relationship: | | | |
| Date completed: |  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Good-News-Meeting_large.png?v=1576331991  Are you happy to have the Learning Disability Health Check? |  | | | |
| Please state if not applicable/ in best interest | | | |
|  | | | | |
| K:\AppData\Photosymbols_3\lores_images\Point15.jpgK:\AppData\Photosymbols_3\lores_images\Group-33.jpg  Can we share information about your health with other health workers? | This might help you in the future. | | | |
| This could be health workers in a hospital, ambulance or a Learning Disability team. | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Desk_Work-5_large.png?v=1417858646  Can we add extra information to your health record? | This would be information, for example, about your Learning Disability. | | | |
| This would be done on your Doctor’s computer. | | | |
|  | | | | |
| K:\AppData\Photosymbols_3\lores_images\GP_Doctor-4.jpg  What are your diagnoses/ health problems?  (If known) |  | | | |
| Note: If you have a specific syndrome, your doctor may ask you a few more questions or do extra tests. | | | | |
|  | | | | |
| **Who helps me – My Support and personal information** | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Care-Worker-1_large.png?v=1565959270  Do you have a carer or support? |  | | | |
| How much support do you get? How many hours a day or week? | | | |
| Who supports you?  Name: | | | |
| Contact details: | | | |
| Do you have any problems with support you are getting? | | | |
| If yes, what are the problems? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Pull-Hair-1_large.png?v=1466631768  Safeguarding | Does anyone that helps or care for you do anything that hurt or worry you? | | | |
| If yes, tell us more: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Social_Worker_large.png?v=1417857086  Do you have a social worker? |  | | | |
| If yes, what is their name? | | | |
| Contact details: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Learning-Disability-Team_large.png?v=1567508143  Do you get help from any other health workers? | For example, psychologist, psychiatrist,  physiotherapist | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/BSL-Home_large.png?v=1425235019 | Do you live in your own home? | | | |
| Tell us about where you live: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Place_Workplace_large.png?v=1565953392  Do you have a job? |  | | | |
| If you said yes, what do you do? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Rings_large.png?v=1417856296  Are you single, married, widowed? | Tell us about your relationship (if you want) | | | |
|  | | | | |
| **What do I need to tell you now?** | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Lucas-6_large.png?v=1417855350  Do you have any worries about your health? |  | | | |
| If yes, tell us what you are worried about: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Jack-21_large.png?v=1417854625  Do you have any regular aches and pain? |  | | | |
|  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Itch_large.png?v=1417849296  Do you have any allergies? |  | | | |
| What are you allergic to and what happens? | | | |
|  | | | | |
| **For young people 14 – 17 year olds ONLY**  (If you are older, leave it blank) | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Private-Secure-Building-Small_large.png?v=1417846828  What is the name of your school? |  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Person_Centred_Plan_large.png?v=1417856973  Do you have an Education, Health and Care Plan? |  | | | |
| If you have a copy, please bring it to your next doctor’s appointment. | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Agree-Plan_large.png?v=1565959026  Do you have plans for when you turn 18 years old? |  | | | |
| If you are going to go to college or look for a job, tell us: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/BSL-Doctor_large.png?v=1425234101  Do you get help from any health workers from Children’s Health Service? | Like Paediatrician (children’s doctor?) | | | |
| Their name: | | | |
| Contact details: | | | |
|  | | | | |
| **My immunisations (Vaccines / Injections)** | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Flu-Vaccine-4_large.png?v=1565959648  Are you up to date with your vaccines? | |  | | |
| **Tell us what you had and when:**  (if you know) | | |
| **Vaccine** | **Yes or No** | **Date** |
| Flu jab |  |  |
| Hepatitis B |  |  |
|  |  |  |
|  |  |  |
|  | | | | |
| **What would help me? My reasonable adjustments** | | | | |
| C:\Users\coatesm\Downloads\Clock.png  Do you need longer appointments? | |  | | |
| Can you tell us how this helps? | | |
| C:\Users\coatesm\Downloads\Communication 1.png  Do you need help with your communication? | |  | | |
| Do you need a help from another person? | | |
| Do you use Makaton, Easy read or iPad? | | |
| Are you happy to talk on the phone or video? Or do you prefer face to face appointments? | | |
| C:\Users\coatesm\Downloads\When_.png | | Do you prefer your appointment at certain time of the day? If so, when? | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Waiting-Room-2_large.png?v=1565960564 | | Are you happy to wait in the waiting room? | | |
|  | | | | |
| **My walking and movement- Functional life skills (Mobility)** | | | | |
| C:\Users\coatesm\Downloads\Terence 2 (1).png  Do you have any problems with walking? |  | | | |
| Tell us more: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Body-Knees-M_large.png?v=1417847235  Do you have any problems with your joints? Any pain? | For example in your knees, shoulders or wrists? | | | |
| Tell us about your problems: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Elderly-Fall-1_large.png?v=1565959557  Have you had any falls? |  | | | |
| When was your last fall? What happened? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Walking_Frame1_large.png?v=1417847056  Do you want to tell us anything else about your walking, moving around or equipment? |  | | | |
| You can tell us about your wheelchair, walking aids or if you have problems like shaking. | | | |
|  | | | | |
| **My daily living skills** | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Choke-Assessment-Food_large.png?v=1565959309  Do you need help with eating or drinking? |  | | | |
| Who helps you and how? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Undress-2_large.png?v=1565959718  Do you need help with getting dressed? |  | | | |
| Who helps you and how? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Shower_large.png?v=1579872164  Do you need help with having a bath or shower? |  | | | |
| Who helps you and how? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Toilet_large.png?v=1417855597  Do you need help using a toilet? |  | | | |
| Who helps you and how? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Cook_Stir_large.png?v=1417848197  Do you need help with other things like cooking, shopping and money? |  | | | |
| Who helps you and how? | | | |
|  | | | | |
| **My lifestyle and Health promotion** | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Healthy-Food-Chat-1_large.png?v=1578513749  Food. | What food do you like to eat? | | | |
| Is there food you don’t like? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Supermarket-4_large.png?v=1417856791  Can you choose what you eat? |  | | | |
| Does anyone help you choose? Who? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Yogurt_large.png?v=1417848574https://cdn.shopify.com/s/files/1/0606/1553/products/Meal-Steak-Chips_large.png?v=1565960440  Do you follow a special diet? |  | | | |
| If you said yes, tell us more about your diet: | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Talk-and-Listen_large.png?v=1565960481  Have you seen a Speech and Language therapist before? |  | | | |
| Do you have any guidelines in place? | | | |
| Any notes to add? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Dance-Fit-3_large.png?v=1575664839  Do you exercise? |  | | | |
| What kind of exercise do you enjoy? | | | |
| Would you like some information on exercise? If so, what? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Activities_large.png?v=1417851336  Activities | Can you choose to do what you want? | | | |
| What do you like to do? | | | |
| Are there things you don’t like doing? | | | |
|  | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Smoker_large.png?v=1581535039  Do you smoke? |  | | | |
| How many cigarettes a day? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Stop_Smoking_large.png?v=1417849503  Do you want to stop? | How can we help you? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Drunk_large.png?v=1565949515  Do you drink alcohol? |  | | | |
| Do you need help to drink less? How can we help? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Cannabis-Joint_large.png?v=1581523542https://cdn.shopify.com/s/files/1/0606/1553/products/Drugs_Pills_large.png?v=1417849005  Drugs (not medication) | Do you take illegal drugs? | | | |
| What do you take? | | | |
| Would you like help to change this? | | | |
|  | | | | |
| **My sexual health and relationship** | | | | |
| [holding hands, couple, couple holding hands, love, hands, male ...](https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.pikist.com%2Ffree-photo-ssyqx&psig=AOvVaw19gQg5DktXyLUk-V_Olqaa&ust=1592304278902000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCIiTkunRg-oCFQAAAAAdAAAAABAF)  Do you have a partner? |  | | | |
| What can you tell us about your relationship? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Kissing-Naked-1_large.png?v=1565951761  Do you have sex? |  | | | |
| Tell us if you want to. | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Condom_large.png?v=1417856113 [File:Combined oral contraceptive pill (3).JPG - Wikimedia Commons](https://www.google.com/url?sa=i&url=https%3A%2F%2Fcommons.wikimedia.org%2Fwiki%2FFile%3ACombined_oral_contraceptive_pill_(3).JPG&psig=AOvVaw0miZUIWP7pV4lBgZ2yOP0u&ust=1592304187005000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCOiftL3Rg-oCFQAAAAAdAAAAABAJ)  Do you want to talk about contraception? |  | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Market-Research_large.png?v=1417856366  Is there anything you want to tell us or ask about sex? |  | | | |
| We know this can be embarrasing but we are happy to help, don’t worry. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Bowel Screening**  If this isn’t relevant to you or you don’t know the answers, leave it blank | | | | | | |
| [Bowel Cancer Screening](https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.runnymedemedicalpractice.nhs.uk%2Fpage1.aspx%3Fp%3D1%26t%3D3&psig=AOvVaw2dAkgv_VOR2_11h6AZX0Ny&ust=1592305794076000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCMiQ0rvXg-oCFQAAAAAdAAAAABAV)  Bowel Screening | Have you done Bowel Screening before? | | | | | |
| If yes, do you know when?  Date: | | | | | |
| If yes, do you know what was the result? | | | | | |
| Would you like some information on Bowel Screening? | | | | | |
| Do you need help with doing the screening? | | | | | |
| Notes: | | | | | |
| Please note that if you are 60-74 years old, you should be asked to do a bowel screening. | | | | | | |
|  | | | | | | |
| **My physical observations**  Do you or your carer know the following? If so, please tell us: | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/GP-Height_large.png?v=1565959737 | Height: | | | | | |
| If not possible, tell us what could help: | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/GP-Weight_large.png?v=1565959754 | Weight: | | | | | |
| If not possible, tell us what could help: | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/BP-Man-2_large.png?v=1565959187 | Blood Pressure: | | | | | |
| If not possible, tell us what could help: | | | | | |
|  | | | | | | |
| **My eye health** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Optician_Eye_Test2_large.png?v=1417849409  Do you go to the optician? | | | | |  | |
| Date of last check up: | |
| Where was your check up? (If you know) | |
| Do you wear glasses? | |
| Do you have any eye problems you want to tell us about? | |
|  | | | | | | |
| **My ears and hearing** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Hearing_Examination_large.png?v=1417849164  Have you had your hearing checked? | | |  | | | |
| Date of last check up: | | | |
| Where was your check up? (If you know) | | | |
| Do you wear hearing aids? | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Body-Ear-M_large.png?v=1417847123 | | | Do you have any problems like ear wax or ear pain? | | | |
|  | | | | | | |
| **My mouth health and teeth** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Dentist-Checkup-5_large.jpg?v=1565959519  Do you go to the dentist? | | | | |  | |
| Name of your Dentist and Dental Practice: | |
| Date of last check up: | |
| Do you have any problems with your mouth, teeth or gums? | |
|  | | | | | | |
| **My breathing** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Breathe_large.png?v=1417848721  Do you have breathing difficulties? |  | | | | | |
| Do you have asthma? | | | | | |
| Do you have inhaler? | | | | | |
| Date of last asthma review (if you know): | | | | | |
| Tell us if you get short of breath, get chest infections or have other breathing problems: | | | | | |
|  | | | | | | |
| **My swallowing** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Choke-Assessment-Food_large.png?v=1565959309  Swallowing | Do you have any problems swallowing food or drink? | | | | | |
| Do you cough when you eat or drink? | | | | | |
| Are you losing weight without trying? | | | | | |
| Have you choked on your food before? | | | | | |
|  | | | | | | |
| **Having a poo – My bowels** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/IBS_large.png?v=1565959856 | | | | Do you have any problems going to the toilet? | | |
| Do you find it hard to poo? | | |
| Do you have runny poo? | | |
| Have you seen blood or black in your poo? | | |
| This box is where you can write anything else about your poo or any worries you have. | | |
| Please note that when you see your doctor next time, they may check your tummy to make sure that everything is OK. | | | | | | |
|  | | | | | | |
| **Having a wee – My bladder** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Urine_success1_large.png?v=1417849630 | Do you have any problems when you go for pee? For example, pain or stinging? | | | | | |
| Is your pee dark colour? | | | | | |
| Does your pee smell? | | | | | |
| Is there anything you are worried about when you pee? | | | | | |
| Do you have to pee often? | | | | | |
| How many times a day? | | | | | |
| This box is where you can write anything else about your wee or any worries you have. | | | | | |
|  | | | | | | |
| **My brain / head** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Epilepsy-2_large.png?v=1565959586  Epilepsy | | | Do you have epilepsy? | | | |
| Do you have seizures? (If you know) | | | |
| When was your last seizure?  Date: | | | |
| When was your last epilepsy review?  Date: | | | |
| Who did the review? | | | |
| Can you manage your epilepsy? | | | |
| Do you get headaches? | | | |
| If there is anything you want to tell us about your brain, head or epilepsy, please write it here: | | | |
|  | | | | | | |
| **My heart** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Heart-2_large.png?v=1417847343 | | | | | | Do you get chest pains? |
| Do you sometimes get breathless? |
| Do your ankles swell? |
| Does your heart beat very fast? |
| If you have any other problems or worries about your heart, tell us: |
|  | | | | | | |
| **My diabetes** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Diabetes_test3_large.png?v=1417848980  Diabetes | | | | | Do you have diabetes? | |
| When was your last diabetic review?  Date: | |
| Who did the review? | |
| Can you manage your diabetes? | |
| Have you had a special diabetic eye check done? It is called Diabetic Retinopathy check. | |
| If yes, when was this?  Date: | |
|  | | | | | | |
| **My bones** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Spine_large.png?v=1417847351  Bones | Do you get any pain in your bones? | | | | | |
| Do you have any problems with your bones? | | | | | |
| Tell us more: | | | | | |
|  | | | | | | |
| **My feet** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Body-Feet-F_large.png?v=1417847143 | | Do you have any pain or problems with your feet? | | | | |
| Do you wear special shoes? | | | | |
| K:\AppData\Photosymbols_3\lores_images\Chiropody.jpg | | Do you go to the podiatrist? | | | | |
| Date of last check up: | | | | |
|  | | | | | | |
| **My feelings** | | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Thoughts_large.png?v=1577699522  How am I feeling? | | | | Do you sleep well? | | |
| Do you wake up at night? | | |
| Do you have any worries? | | |
| Do you have anyone to talk to about your worries? | | |
| If yes, who? | | |
| Do you have any mental health issues that you know of? | | |
| If yes, what are they? (these could be depression, anxiety) | | |
| Do you struggle with any of your behaviours that cause you or anyone else problems? | | |
| If yes, tell us what these behaviours are: | | |
|  | | | | | | |
| **Medication** | | | | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Mealtime-Meds-2_large.png?v=1583403509 | | | Do you need help taking medication? | | | |
| If you said yes, who helps you? | | | |
| [Glass bottle](https://www.photosymbols.com/collections/things/products/glass-bottle?_pos=12&_sid=57ca8192e&_ss=r)https://cdn.shopify.com/s/files/1/0606/1553/products/Tablets_large.png?v=1579872221 | | | What form is your medication? Tablets, liquid | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Think8_large.png?v=1417854048 | | | How do you take your medication?  With water, via PEG | | | |
| https://cdn.shopify.com/s/files/1/0606/1553/products/Shop-Essentials_large.png?v=1584646613  Medication | | | Do you buy any medication in shops or pharmacy? | | | |
| What are they? | | | |
| Do you have any worries about your medication? | | | |
| What are your worries? | | | |
|  | | | | | | |
| **Health and screening questions for the gentleman** | | | | | | |
|  | Do you check your testicles? | | | | | |
| Do you know how to check your testicles? | | | | | |
| Is there anything you want to talk about? | | | | | |
| Please note that your doctor might talk to you about why checking your testicles is important and how to do this. | | | | | | |
| AAA Screening  (If you are 65 years old) | If you are 65 years old, your doctor will talk to you about this scan. | | | | | |
| Notes: | | | | | |

**ACTIONS FROM MY HEALTH CHECK (Copy to be given to patient).  
  
YOUR NAME: DATE:**

|  |  |  |
| --- | --- | --- |
| BPwoman2 | Done by: |  |
| My Height: |  |
| My Weight: |  |
| My Blood Pressure: |  |
| Date for next Check: |  |
| GP1 | Do I need to see my doctor? When and why (a blood test?): | |
| Diabetes_nurse1 | Do I need to see anyone else? (Who and Why): | |
| Social_worker2 | Health actions: (what, who and when) | |
| Dont_know_man2 | Anything else I need to know? | |

*Developed by the Strategic Health Facilitation Team*

*Southern Health NHS Foundation Trust June 2020*