

If you need help to fill in this book please phone your Doctor's Surgery or the Community Learning Disability Team on:



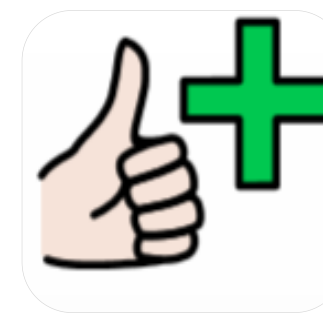
If you would like this leaflet in a different format or language, please contact the Equality and Diversity Department on 02476 536 802.

June 2020
For review: June 2021



Check In Pre Annual Health Check

Your Doctor wants you to have a health check every year.



Reasonable Adjustments

This is what I may need to help me to get to the surgery



Call your GP before your health check if you need any reasonable adjustments (help)

For example, Last appointment, longer appointment, carers / help etc.

Name:

Date of birth:

Name of Doctor:

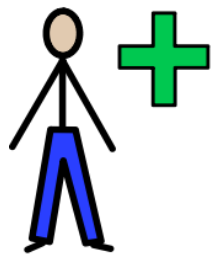
Allergies:

Swallowing

Area	Yes	No
1. Have meal times become longer? If yes, how long?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there foods / drinks that you cant eat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does it take several attempts to swallow food / liquids?	<input type="checkbox"/>	<input type="checkbox"/>
4. When eating or drinking do you: Cough / Choke/Chest infections Sweat Become agitated Have a wet / gurgly voice?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your food chopped up / mashed / liquidised?	<input type="checkbox"/>	<input type="checkbox"/>
FOR YOU DOCTOR		
Do they need a referral?	<input type="checkbox"/>	<input type="checkbox"/>
Copy of HAP given?	<input type="checkbox"/>	<input type="checkbox"/>

Any changes?

Men's Health



Empty space for notes related to Men's Health.

Date of Prostate check:
Over 50 years old

Empty space for the date of prostate check.

Testicular cancer check:

Empty space for testicular cancer check information.

Other Health

Is there anything else you would like to talk about?
Abdominal Aortic Aneurysm test (AAA 65 year only)

Large empty space for other health information.

Medication

Dose

How often?

Medication	Dose	How often?

When did you last talk to your Doctor about your medication?
Date:

Diagnosis:

Large empty space for diagnosis information.

Optician



Date of last check:
(Every 2 years generally)
Any eye concerns?
Do you wear glasses?

Dentist



Date of last check:
(Every 6 months generally)
Any problems?

Do you smoke?
How many per day?



Do you drink alcohol?
How much in the past 7 days?



Communication

This is how I speak to communicate:

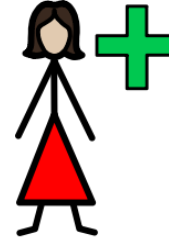


Take your communication aid / passport with you.

Do you need a referral to Speech & Language Therapy? Yes No

Any changes?

Women's Health



Date of Smear:
Over 25 years old

Mammogram:
Over 50 years old

Are you
menstruating?
Any changes?

Other Health

Is there anything else you would like to talk about?

Any changes?

Behaviour



Mental Health



Do you see anyone about your mental health?
Do you need a referral?

Dementia



Any changes?

Weight / Height



Diet & Nutrition



Skin



Any changes?

Going to the toilet



Over 50's - have they had a bowel test?

Epilepsy / Fits



Do you see anyone for it?
Do you need a referral?

Hearing / Ear Infections



Any changes?

Feet



Sleep



Breathing



Circulation

