

This is my Health Action Plan



My name is:

I prefer to be called:

This Health Action Plan is for you to know what you need to do to keep yourself healthy. Information in this plan has come from your health check at the GP's surgery.

Date completed:



Date of birth:

Venue:



Address:

Health check completed by:



Tel No:

Health Action Plan completed by:



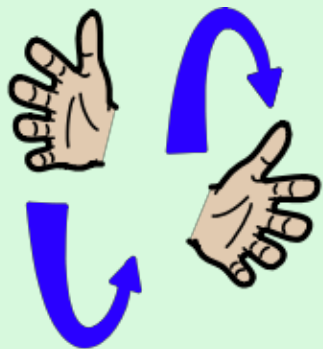
Religion:

Religious requests:

Please take this Action Plan to all health appointments you have e.g. GP, Nurse, Dentist etc. and ask the health professional to review the actions and fill in a review sheet at the back of this booklet.

Reasonable Adjustments:

Communication



This is how I speak or communicate:

This is how I show that I am in pain:

Do I have a Communication Passport? Yes No

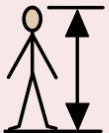
Do I need a DisDAT pain assessment? Yes No
(This is a distress assessment tool. It is designed to help people identify distress cues in people who have limited communication).

Diagnosis Information & Past Medical History

Here is a brief medical history and relevant health conditions which might be useful to you:



Physical Health Screening



Height



BP
Pulse



Weight



Is blood test required?

Date of last blood test

BMI

Medication



Last Medication Review

Date:

By:

Medication	Dose	Frequency

Medication	Dose	Frequency

Diet & Nutrition



Height

Weight

BMI

My Actions:

Others Actions:

My Actions:

Others Actions:

Swallowing Problems



My Actions:

Others Actions:

Bowels



My Actions:

Others Actions:

Urinary System



My Actions:

Others Actions:

Eyes & Vision



My Actions:

Others Actions:

Ears & Hearing



My Actions:

Others Actions:

Oral Hygiene



My Actions:

Others Actions:

Skin



My Actions:

Others Actions:

Feet



My Actions:

Others Actions:

Mental Health



My Actions:

Others Actions:

Dementia
Downs 30+ / LD 50+



My Actions:

Others Actions:

Sleep



My Actions:

Others Actions:

Epilepsy



My Actions:

Others Actions:

Behaviour



My Actions:

Others Actions:

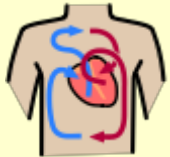
Breathing



My Actions:

Others Actions:

Circulation



BP

Pulse

My Actions:

Others Actions:

Smoking



My Actions:

Others Actions:

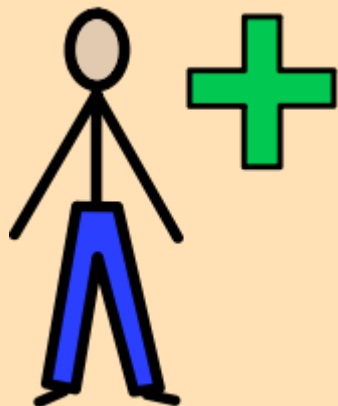
Alcohol



My Actions:

Others Actions:

Men's Health



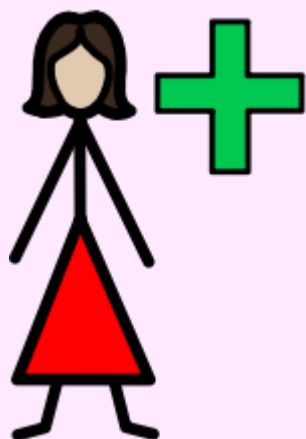
My Actions:

Others Actions:

My Actions:

Others Actions:

Women's Health



My Actions:

Others Actions:

My Actions:

Others Actions:

Review Sheet

Other Actions

My Actions:

Others Actions:

Review date:

My Actions:

Others Actions:

Review date:

Below are some of the people who are involved with my care:

Main Carer (Contact):		Family <input type="checkbox"/>	Paid <input type="checkbox"/>
Name	Profession / Relationship	Contact Number	



For advice & guidance on healthcare for Adults with a Learning Disability please contact your local Community Learning Disability Team.



Review Sheet (Continuation sheet)

My Actions:

Others Actions:

Review date:

My Actions:

Others Actions:

Review date:

My Actions:

Others Actions:

Review date:

My Actions:

Others Actions:

Review date:

Name:

Date of birth:

Date of Health Review:

Please attach this Review Sheet to
my Health Action Plan

