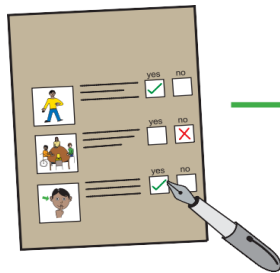




Get Checked Out Checklist

Please fill this book in and bring it back to the GP surgery



Name



Date of birth:

.....

I prefer



Who is important to you?

.....

.....



Address:

.....

.....

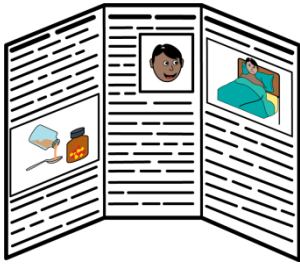
Telephone



Email:

Consent for Summary Care Record and additional information

1.



Your Doctor will have your basic summary care record. It has information about your health, the medications which you take and any medications which might make you ill (allergic reaction)

A doctor or nurse who doesn't know you very well, might ask to look at your Summary Care Record, this gives them the right information to care for you.

2.



Only people like a doctor or nurse who are treating you can see your summary care record.

The Doctor can add extra information to your record with things like a history of your health problems, operations, or an illness you've had. It can include information about who supports you and what help or type of information you might need at appointments.

The extra information can help doctors and nurses, no matter where you are treated, look after you and help keep you well.

3.



If you would like extra information adding to your summary care record about your health and what support you need let your Doctor know.

If you don't want your information on your Summary Care record you can ask your doctor to remove it

https://digital.nhs.uk/binaries/content/assets/legacy/pdf/p/6/scr_ai_easy_read_patient_leaflet.pdf

Do you consent to sharing information

Yes

No



1. Consent for electronic record sharing?





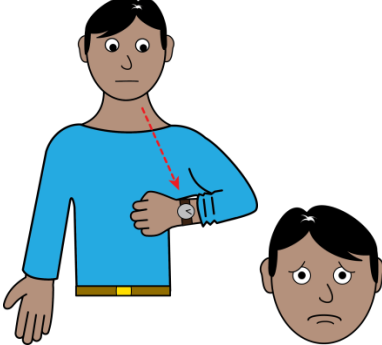
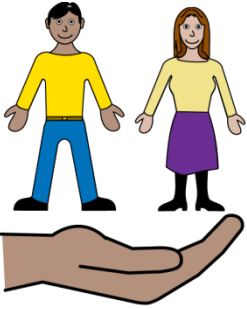
2. Consent for summary care record with additional information?



3. Consent to share data with another professional? (specified thrid party)

Reasonable adjustments – Care Plan





A reasonable adjustment is a small change your Doctor can make, to make your Annual Health Check easier for you. Below are examples of reasonable adjustments or you can get help to write down what you need in the blank section. You can ask for these reasonable adjustments to be available for you at your annual health check.

| Reasonable Adjustment | How you can help me | Yes  | No  | Comments |
|---|---|---|---|----------|
|  | I need easy read documents. | | | |
| | I need information in Braille | | | |
| | I need information in large print. | | | |
| | I need information in another language – if so what language? | | | |
|  | I use a wheelchair and will need a hoist if I need a physical examination. I may need a home visit in this instance. | | | |
|  | I find it difficult to wait in the doctors for my appointment, as it may make me anxious. I may need to wait outside until you are ready to see me. | | | |
|  | I get very nervous at appointments and need my carer to help me understand what is happening. | | | |

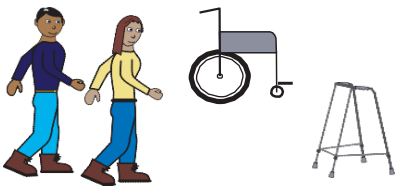
| | | | | |
|---|---|--|--|--|
|  | I may need to visit the surgery before my appointment to feel comfortable in the environment. | | | |
| | I need a longer appointment. | | | |
| | I need time to process information and answer questions. | | | |
|  | Bright lights or loud noises may affect me. | | | |
| | My carer will support you to understand my needs. | | | |
| Other reasonable adjustments? | | | | |

Flu


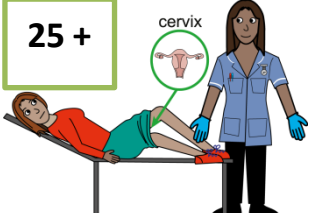
| | Yes ✓ | No ✗ | Comments |
|---|----------|---------|----------|
|  | | | |
|  | | | |
| Have you had your nasal spray or flu vaccine injection? | | | |

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/637939/PHE_Flu_easy_read_adult_flu_leaflet.pdf

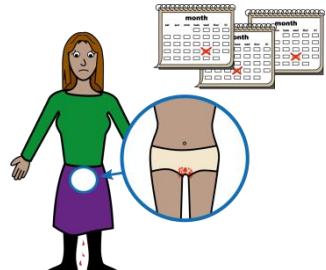
Mobility

|  | | Yes ✓ | No ✗ | Comments |
|--|--|----------|---------|----------|
| Stiffness or difficulty moving | | | | |
| Slowing of movements | | | | |
| Pain when moving | | | | |
| Falling or tripping | | | | |
| Changes in posture/mobility | | | | |
| Mobility equipment used | | | | |
| Swelling or redness in limbs/skin | | | | |

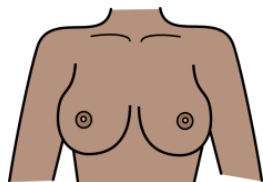
Health Screening - Women

|  | | Yes ✓ | No ✗ | Comments |
|---|----------------------------|----------|---------|----------|
| 25 +  | Have you had a smear test? | | | |




<http://www.getcheckedoutleeds.nhs.uk/get-checked-out-womens-health/>

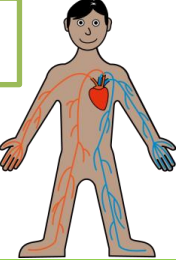
| | | | | |
|---|--|--|--|--|
|  | Change in periods e.g. heavy bleeding in between periods, painful periods, Vaginal discharge | | | |
|---|--|--|--|--|

If there is a problem then please bring your menstrual chart with you if you have one.


| | | | | |
|---|--|--|--|--|
|  | If you are over 50 have you had a mammogram? | | | |
|---|--|--|--|--|

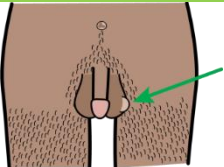
Health Screening - Men

| | | | |
|--|--|--|-----------------|
|  | Yes  | No  | Comments |
|--|--|--|-----------------|




| | | | | |
|--|--|--|--|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">65 +</div>  | <p>Have you had your Abdominal Aortic Aneurysm or AAA Screening?</p> | | | |
|--|--|--|--|--|


<http://www.getcheckedoutleeds.nhs.uk/get-checked-out-heart/>

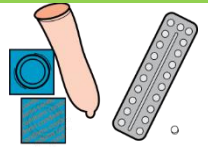
| | | | | |
|---|--|--|--|--|
|  | <p>Do you check your own testicles / balls</p> | | | |
|---|--|--|--|--|

| | | | | |
|---|---|--|--|--|
|  | <p>Have you felt/noticed any changes to your testicles/balls?</p> | | | |
|---|---|--|--|--|




Sexual Health

| | | | |
|--|--|--|-----------------|
|  | Yes  | No  | Comments |
|--|--|--|-----------------|

| | | | | |
|---|---------------------------------|--|--|--|
|  | <p>Are you sexually active?</p> | | | |
|---|---------------------------------|--|--|--|

| | | | | |
|---|-------------------|--|--|--|
|  | <p>Do you use</p> | | | |
|---|-------------------|--|--|--|




Weight

| | | | |
|--|--|--|-----------------|
|  | Yes  | No  | Comments |
|--|--|--|-----------------|



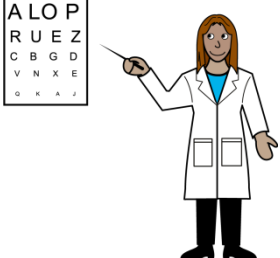
Has your weight changed?

If there is a problem then please bring your weight chart if you have one.



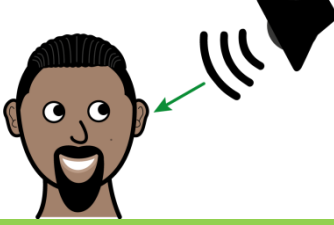
Dentist

| | Yes  | No  | Comments |
|--|---|---|----------|
|  | | | |
| Do you have a dentist? When was your last visit? | | | |
| Do your teeth hurt? | | | |
| Do your gums bleed? | | | |
| Do you have a swelling or a lump? | | | |
| Do you have difficulty eating? | | | |

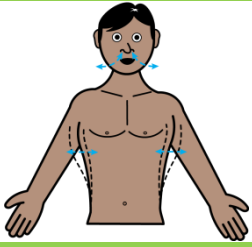
Eyes

| | Yes  | No  | Comments |
|---|--|--|----------|
|  | | | |
| When did you last have your eyes tested | | | |
| Do you have any eyesight problems or wear glasses | | | |

Hearing

| | Yes  | No  | Comments |
|--|---|---|----------|
|  | | | |
| Have you noticed any problems or changes to your hearing? | | | |
| Have you visited a hearing clinic (audiologist)? | | | |

Breathing



Yes
✓

No
✗

Comments

Coughing that won't go away (more than 3 weeks)

Chest infection

Coughing up blood

Unusual coloured spit

Wheeze

Hay fever, allergies, asthma or chronic obstructive pulmonary disease

Breathlessness

Do you smoke?

Eating and Drinking



Yes
✓

No
✗

Comments

Indigestion – tummy ache when you eat

Food allergies/intolerances

Being sick




Do you drink alcohol

Do you eat inedible food?




Difficulty swallowing

Coughing when eating or drinking



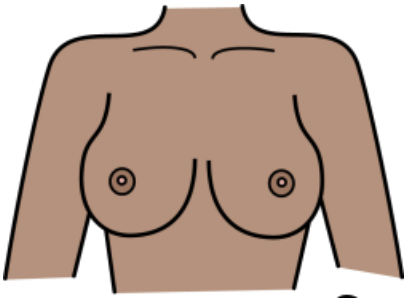
Bowels

|  | Yes  | No  | Comments |
|---|---|---|----------|
| Constipation – hard poo or can't go to the toilet | | | |
| Diarrhoea– watery poo and going too much | | | |
| Bleeding from your bottom | | | |
| Difficulty getting to the toilet on time | | | |
| Changes in bowel pattern | | | |
| Fatigue | | | |
| Are you aged 60-74? Have you received your bowel screening kit? | | | |
| http://www.getcheckedoutleeds.nhs.uk/get-checked-out-bowels/ | | | |



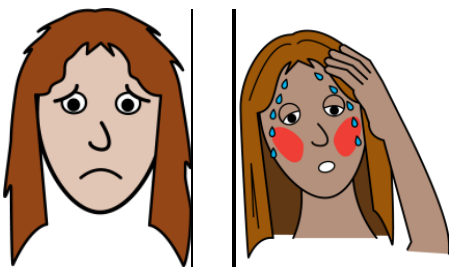
Urine

|  | Yes  | No  | Comments |
|--|---|---|----------|
| Pain when you wee? | | | |
| Urine infection | | | |
| Wee more often? | | | |
| Do you find it difficult to start weeing? | | | |
| Does your wee start and stop when you are weeing? | | | |
| Blood in your wee | | | |
| Difficulty in getting to the toilet in time? | | | |

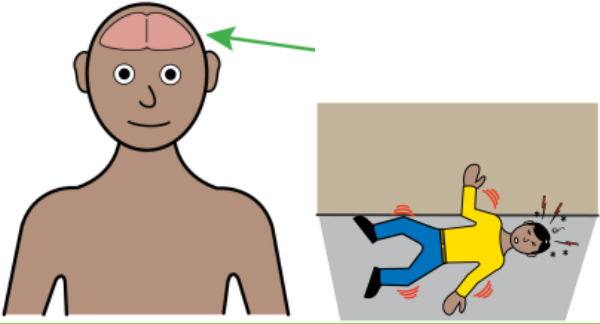




Breasts

| | Yes  | No  | Comments |
|---|---|---|----------|
|  | | | |
| Any lumps in breasts or armpits? | | | |
| Any liquid from your nipple? | | | |
| Any changes in the shape of your breasts? | | | |
| Any changes to the skin on your breasts? | | | |
| Any changes to shape of your nipples? | | | |
| Do you have a change in colour to your breasts or nipples? | | | |
| Do you get tired more easily? | | | |
| http://www.getcheckedoutleeds.nhs.uk/get-checked-out-breasts/ | | | |

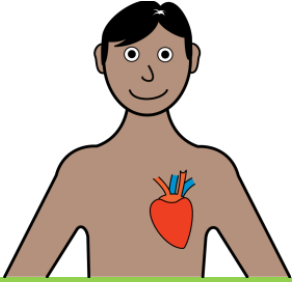


Menopausal symptoms

| | Yes  | No  | Comments |
|--|---|---|----------|
|  | | | |
| Do you feel tired? | | | |
| Do you have mood swings? | | | |
| Do you feel sad? | | | |
| Do you feel irritable? | | | |
| Do you have hot flushes? | | | |

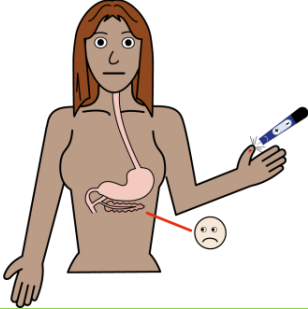


Brain

|  | Yes  | No  | Comments |
|---|--|--|-----------------|
| Do you have epilepsy? | | | |
| How many seizures per month? | | | |
| Any changes to seizure? | | | |
| Under the care of an epilepsy specialist(neurologist) | | | |
| When did you last see them? | | | |
| Triggers for Epilepsy e.g. lights, TV, tired , temperature, infections | | | |
| Do you take your epilepsy medication regularly & as prescribed? | | | |
| Do you have any side effects i.e. dizzy, sick, vision, irritable? | | | |
| Have you had any of the following: | Yes  | No  | Comments |
| Stroke | | | |
| Fainting | | | |
| Blackouts | | | |
| Pins and needles | | | |
| Arm or leg weakness | | | |
| Please bring your seizure chart with you, if you have one. | | | |

Heart

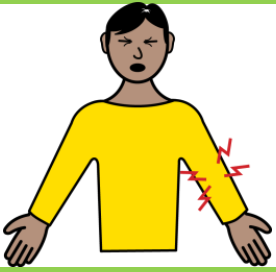


|  | Yes  | No  | Comments |
|--|---|---|----------|
| Difficult or labored breathing during the day and at night | | | |
| Chest pain when exercising | | | |
| Palpitations – feeling your heart beat | | | |
| Any swelling to the ankles, hands or body ect? | | | |

Diabetes



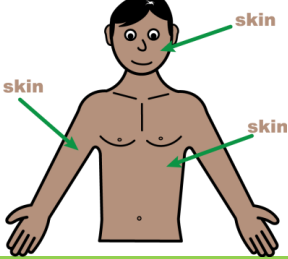
|  | Yes  | No  | Comments |
|---|---|---|----------|
| Do you test your blood sugar regularly? | | | |
| Have you been for your diabetic eye screening? | | | |

Please bring your blood sugar charts if you have them




Pain

|  | Yes  | No  | Comments |
|--|---|---|----------|
| Do you have any pain which has lasted more than 12 weeks? | | | |
| Does your pain relief medicine help to stop or reduce the pain? | | | |

Skin

| | Yes  | No  | Comments |
|--|---|---|----------|
|  | | | |
| Dry or Itchy Skin | | | |
| Prescribed Skin Cream | | | |
| Warts | | | |
| Cold Sores | | | |
| Sores or open wounds | | | |
| Pressure area concerns | | | |

Mental Health

| | Yes  | No  | Comments |
|---|---|---|----------|
|  | | | |
| Any Worries about your Memory or confusion | | | |
| Are you low, sad or unhappy? | | | |
| Are you worried, frightened or anxious? | | | |
| Do you feel like crying? | | | |
| Have you injured yourself since your last review? | | | |
| Do you feel like you can't cope or look after yourself? | | | |
| Do you feel irritable, aggressive or violent? | | | |
| Have you thought about harming yourself or actually harmed yourself? | | | |
| Do you hear voices or see things? | | | |
| Have you spoken to someone to about how you feel? | | | |

Feet



Yes
✓

No
✗

Comments

Have you been to a podiatrist (foot specialist)?
When did you last go?

If no, who cuts your nails?

Do you have any pain in your feet?

Medication Review



Your Doctor will talk to you about your medication and look at whether your medication is right for you.

People with a learning disability are sometimes given medication they don't need; your doctor will talk to you if he needs to change yours.

For more information go to:

<http://www.getcheckedoutleeds.nhs.uk/get-checked-out-pharmacy/>

How do you take your medication?

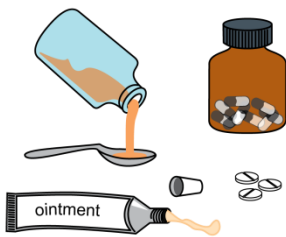
Can you swallow a tablet?

Do you need liquid medication?

.....

.....

.....



Please bring a list of your medication with you

Hospital Passport



Yes



No

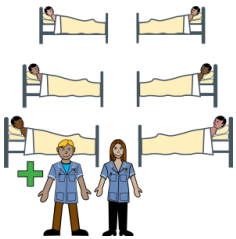


Comments

Do you have a hospital Passport? This helps hospital staff understand how to help you

<http://www.getcheckedoutleeds.nhs.uk/get-checked-out-service-users-families-and-carers/>

Palliative Care



Yes



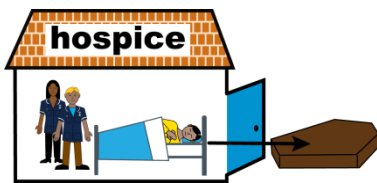
No



Comments

Are you receiving support from palliative care services like a hospice or Marie Curie Nurse?

End of Life Gold Standard Framework



Yes



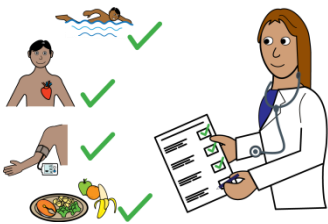
No



Comments

DNAR or Respect Document, any concerns or questions about these documents?

Bring a helper

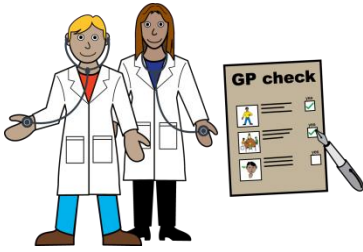


You can ask questions at your health check.

You can bring someone with you who can help you in the appointment.

Do you have any questions?





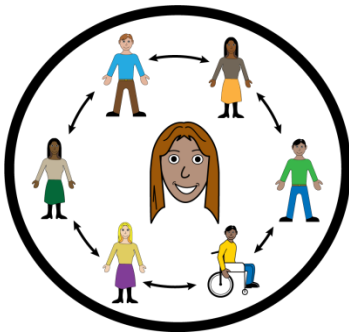
At the end of your Annual Health Check you should receive a copy of your Health Action Plan.

Did you receive yours?



Thank you for completing this form.

Please bring it with you to the health check appointment

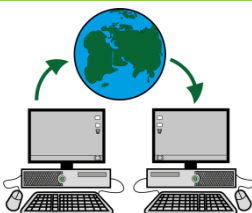


The Health Facilitation Team is available to support Health Professionals to improve and increase access to quality, effective health for people with a Learning Disability.

Should you require any FREE resources, advice or support to help you meet your obligation as a Health Care Provider then please contact us.



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0113 85 55049



www.getcheckedoutleeds.nhs.uk