



## Annual Health Check Preparation Form Ages 14-17

- This form helps to prepare a person with a learning disability aged 14 and over for their **Annual Health Check** and make sure that you can plan the important things to be talked about at the appointment
- Even if this person is seen by multiple other health professionals it is still REALLY important that they start attending their GP annual health Check from 14. This will help prepare and support a smooth transition of health when they reach adulthood.
- Please involve the person as much as possible when completing this as this will help to empower them to be aware of their own health as much as possible.
- When it is complete, please return it to their GP surgery if they have requested it OR use this at the appointment to help ensure the areas you and the person feel are most important to discuss are covered.
- REMEMBER – Avoiding delays in Health diagnosis has 3 sides – The Person and their expertise in themselves, The people who support them as the experts in the person and the Health professionals as the experts in Health
- Please Also use the **Stay Healthy at Home Checklist for 11-24 year olds** [www.hertfordshire.gov.uk/LDstayhealthy](http://www.hertfordshire.gov.uk/LDstayhealthy)

Name and Address:

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Name of person helping you and who are they to you:

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Contact details of that person:

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Date of last annual health check (if known):

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The Purple Folder is a Hertfordshire health passport

The Purple Folder is Available for all people in Hertfordshire who have a Learning Disability from the age of 18 - if you are approaching 18 contact [purplefolder@hertfordshire.gov.uk](mailto:purplefolder@hertfordshire.gov.uk)

We also now have Purple Cards for people who are likely to go out and about on their own that you can ask for at age 18 too.

It is a good idea to prepare for the Purple Folder. From 14-17 you can use the My Health Information Document on the SEND web pages [Caring for your health into adulthood \(hertfordshire.gov.uk\)](http://hertfordshire.gov.uk)









**Tell us the best way to communicate with you at appointments - Do you need any Reasonable adjustments to help you?** What can we do, say or talk about that will help you relax? Is there anything we must NOT do or say? Do you need extra Time or a different place to be seen. **Would you like someone like a parent with you in appointments or would you rather the appointment was private and they were only called in to give extra information with your permission?** Tell us anything we can do to help you accept health care from us.



**Tell us the best way for the surgery to contact you for health appointments in the future.** Do you prefer letters, texts or phone calls? Do you want these sent to you or do you want your parents / carers to receive them? Remember that once you reach 16 the Doctor will need the person and not parents to make decisions about health and will need to check they have capacity to consent or refuse any health decisions. [unless someone holds lasting power of attorney for health and welfare] Parents can support GPs by adding their expert views on the person, but the GP becomes responsible for deciding what is in the persons Best Interest about their health.



	<p><b>Tell us about the accommodation you live in? Who do you live with? What help do you have at home?</b></p>
	<p><b>Tell us about work or daily activities, clubs or services that you attend or what else you do with your days</b></p>
	<p><b>Are you allergic to anything? What is it and what happens if you have it?</b></p>
	<p><b>Do you have a known cause of your learning disability or diagnosis e.g. Down's syndrome?</b></p>
	<p><b>Do you have any known health conditions e.g., epilepsy?</b></p>
	<p><b>What is your</b></p> <p>Height:                      Blood pressure (if known):</p> <p>Weight:                      Waist circumference (if known):</p> <p>Date last checked:</p>



**Do you have any problems with your eyes?** Has anything changed this year?

When did you last attend an appointment at an optician?



**Do you have problems with your ears or hearing?** Do you wear a hearing aid? Have you noticed any changes this year?

Have you seen an audiologist (health professional who checks your ears)? When?



**Do you have any problems with your teeth or mouth or with brushing your teeth?**

When did you last go to the dentist?



**Do you have any difficulty swallowing?** e.g., chewing for a long time or coughing after eating?

Are you under the care of a Speech and Language Therapist for this (SALT)?








**Do you have any problems with your feet or toenails?** Do you wear any specialist shoes or splints?

Are you under a chiropodist/podiatrist? When did you last see them?



**Tell us about your mobility.** Have you noticed any changes in your ability to walk or move? Do you use any mobility aids e.g., wheelchair or walking stick? Tell us about any falls you have had.



	<p>Do you see a physiotherapist? When did you last see them and what do they do for you?</p>
	<p><b>Tell us about what you do to stay fit and well.</b></p>
	<p><b>If you have seen an occupational therapist, tell us when and what they did for you?</b></p>
	<p><b>Tell us about your diet. Tell us everything you ate and drank yesterday.</b></p>
	<p><b>If you drink alcohol tell us what you drink, how much and how often?</b></p>
	<p><b>If you smoke or vape, tell us how many a day. Tell us if you want a private conversation about this.</b></p>
	<p><b>If you take recreational drugs e.g., cannabis? tell us what you take and how often. Tell us if you want a private conversation about this.</b></p>
	<p><b>If you take any other medication that is not prescribed by your GP e.g. over-the-counter pain killers? Tell us what you take and how often. Tell us if you want a private conversation about this.</b></p>



**If you are someone who has sex or sexual contact with other people** tell us what you know about safe sex  
Do you use any contraceptives? Tell us if you want a private conversation about this.



**Tell us about your wee.** How often do you wee and what colour is it? Do you have accidents? Do you use pads? Do you go a lot at night?



**Tell us about your poo.** How often do you poo and what do they look like [are they runny or like a soft sausage or hard lumps]? Do you need to wear pads, or do you ever have accidents? Has your pooing changed at all?



**FOR Girls :**

**Tell us about your periods.** How often do you have them? Are they very heavy? Do you get mood changes or bad pain? Have they changed at all? Do you have any signs of menopause?



**Tell us about your breasts and armpits.** Have you noticed any changes e.g. pain, lumps, swelling. Do you have a family history of breast cancer? Do you keep an eye on/feel for changes in your breasts and armpits every month?



**FOR MEN:**

**Tell us about your testicles (balls).** Have you noticed any changes e.g., pain, lumps, swelling? Do you keep an eye on/feel for changes in your balls every month?



**Tell us about your chest and armpits.** Have you noticed any changes e.g., pain, lumps, swelling? Do you keep an eye on/feel for changes in your chest and armpits every month?



**Do you have any worries about your mental health** e.g., depression, anxiety? How are you feeling? Have there been any changes?






Are you under the care of a psychologist or psychiatrist? Or any services in the Specialist Service eg PALMS CAMHS? (Please state)



**If you have Epilepsy,** tell us about your seizures. How often they happen, what they look like, what triggers them and if you have safety measures in place. Tell us about any epilepsy specialist who helps with this.



**If you have Diabetes,** tell us about how you manage this and how well controlled it is. Tell us any concerns you have and tell us about any diabetes specialist who helps you. Have you been for diabetic eye screening? Have you had blood tests?

	<p><b>Tell us about your heart.</b> Have you noticed anything unusual? Is it beating really fast even when you are resting? Do you get dizzy? Do you have any family or history of heart disease?</p> <p>Tell us if you have chest pain. What did it feel like and when does it happen?</p> <p>Do you have swollen ankles or feet? When did this start?</p>
 	<p><b>Tell us about your breathing.</b> Do you have any changes with your breathing e.g., short of breath more easily, wheezing, coughing, or long Covid symptoms?</p> <p><b>If you have asthma,</b> tell us whether this has been better or worse this year and how you manage it.</p>
	<p><b>Tell us about any changes with your skin.</b> Do you have any pressure sores, moisture lesions, dry skin, psoriasis, eczema? Has this got worse? How do you manage it? If you have moles, do you keep an eye on them for changes?</p>
	<p><b>Tell us about any changes you have noticed in behaviour</b> e.g., memory loss, mood changes, poor sleep, confusion. Do you have any idea of what may have happened to cause these changes?</p>





**Have you had any Hospital Admissions in the last Year? Was this an unplanned hospital admission? What were the reasons? Could this have been avoided if you had been able to spot signs of changes earlier?**



**Tell us if you have an end-of-life plan in place? (If you are supporting the person, this plan should be in place if the answer is NO to the question: 'Would you be surprised if this person died in the next year?')**



**Tell us about which vaccines you have had. Have you had any problems when trying to have a vaccine?**

Have you had :

- ALL the Coronavirus vaccinations?
- Flu vaccination (in the last 12 months):
- Pneumococcal vaccination:
- Hepatitis B vaccination:
- HPV vaccine: [This should have been given at school but if it wasn't tell us because you can have it up to age 25 and it reduces the risk of cervical cancer]

**Tell us if you have a problem with having blood tests or vaccines so we can try and find ways to overcome these to help you stay healthy into adulthood**

**Do you have any other questions about staying healthy that you want to talk about at your Annual Health Check?**



## What happens in the annual health check appointment?

The GP/Practice Nurse may:

- Check your **feet and skin**
- Check your **blood pressure and pulse**
- Listen to your **chest and heart**
- Check if you are a **healthy weight** by working out your BMI [body mass index]
- Feel your **tummy**
- Look in your **ears, eyes and mouth**
- Do a **breast or testicle check** or talk to you about this.
- Do any checks that are needed if you have a **syndrome**.
- Talk to you about having a **blood test** if it is needed to check your health.
- Review any **medication** to check if you still need it and it's the right amount
- Give you a **health action plan** of things to do to stay healthy

*Please tell us if you are worried about having any of these checks. It is better to say that you are worried as we may be able to help you to feel more relaxed about them. We really want you to feel safe and happy when you come for your appointment!*

Thank you very much for completing this form. The annual health check is such an important way of ensuring that people with learning disabilities stay healthy.

Please use the Stay Healthy at Home Checklist as part of your health check action plan before your next Annual Health Check. It may be given to you by your GP at your appointment and it is also available here. There is one specifically for younger people aged 11 - 24 [www.hertfordshire.gov.uk/LDstayhealthy](http://www.hertfordshire.gov.uk/LDstayhealthy)