



# MY HEALTH ACTION PLAN

Important information about my health



Please stick a photo of yourself here



## My name and address

[Large dotted-line box for name and address]



Contains private and confidential information.

Date first written:

[Dotted-line box for date first written]

Dates when updated:

[Dotted-line box for dates when updated]

Who helped me fill in my health action plan

[Large white rounded rectangle for name of helper]

## A Health action plan can help you to:

- Improve your health- get healthier.
- Maintain your health- stay healthy.



People with learning disabilities often need help with their health.



They often have more health problems than other people.



They often need support to use health services and information.



They may not notice some of the health issues they have.

## Think physical first !



Some people may not be able to communicate their health problems easily - their behaviour may change.

It is important to check for health problems if someone's behaviour changes.

## Health facilitators support people with health action planning.

They could be a relative or support worker.

Their role is to help people to be aware of their basic health needs, keep a record of their health, book and go to health appointments and follow the advice of health professionals.



## How to fill in this Health Action Plan

There are two sections to fill in.

### Section 1

My Health Record - pages 4 to 19.

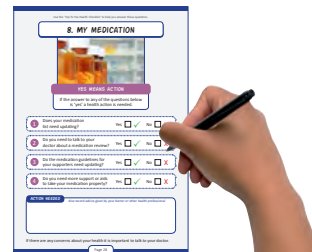
This is where you record important information about your health and the people who help you with your health. It keeps everything in one place.



### Section 2

My Health Actions - pages 20 to 42.

This is where you find out about action you need to take to stay healthy or get healthier. Use the Top To Toe Health Checklist. Page 21 tells you how to do this.



See page 43 for information about other health information you can use with this plan.

## It's important to keep this plan up to date.

You can print off any replacement pages you need from [www.surreypb.org.uk](http://www.surreypb.org.uk)



Take your health action plan to health appointments with you. It will help health staff understand your needs.

## Finding the right folder



We suggest you use a presentation display book with 40 clear pockets and a front display pocket for the front page. These are easy to find on the internet and cost about £3.

Other health information can be stored in your folder along with this health action plan.

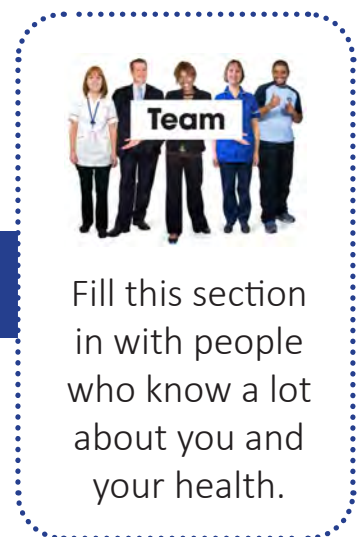
# MY HEALTH RECORD

Important information about my health, including:



## Contents

<b>PAGE 5</b>	Important information about me
<b>PAGE 6</b>	My immunisations
<b>PAGE 7</b>	My family history
<b>PAGE 8</b>	My impairments
<b>PAGE 9</b>	My health conditions
<b>PAGE 10 - 11</b>	Support for my health conditions
<b>PAGE 12 - 13</b>	My medication list
<b>PAGE 14 - 17</b>	My health appointments
<b>PAGE 18</b>	Health professionals who support me
<b>PAGE 19</b>	Making choices about my health



# IMPORTANT INFORMATION ABOUT ME

## My date of birth:



## My next of kin:

Name and how to contact them.

## My height and weight:



Your height and date measured:

My weight	date weighed

Check your scales are accurate and place them on a hard floor not on a carpet or a rug.

## Any allergies I have:



# MY IMMUNISATIONS

When did you last have a flu jab?

Please keep this up to date.



List any immunisations you have had and the date:



## MY FAMILY HISTORY

If you know your parents, grandparents, brother or sister have had any of these illnesses or health conditions please tick the box.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Heart disease      | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Cancer           |
| <input type="checkbox"/> Eczema              | <input type="checkbox"/> Thyroid            | <input type="checkbox"/> Epilepsy         |
| <input type="checkbox"/> Mental health       | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Sickle Cell Anaemia | <input type="checkbox"/> Glaucoma           | <input type="checkbox"/> Other- say below |

Please say more about your family history here:



## MY IMPAIRMENTS



Please tick the box below if you have any of these impairments.

Visual impairment

Hearing impairment

Physical impairment

Please say more about your impairments here.

Please explain what support or aids you need.



# MY HEALTH CONDITIONS



Please tick the box below if you have any of these health conditions.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Overactive thyroid  | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Dementia           |
| <input type="checkbox"/> Underactive thyroid | <input type="checkbox"/> Mental health   | <input type="checkbox"/> Other - list below |

Please list any other health conditions you have here:

Also list operations you have had and whether you have things like a pacemaker, implant or shunt.



## SUPPORT FOR MY HEALTH CONDITIONS

Explain the support you need to help you manage any health condition.

This can include support to stay well and support for when your condition affects your day to day life.

My health condition

Support I need with this condition:

My health condition

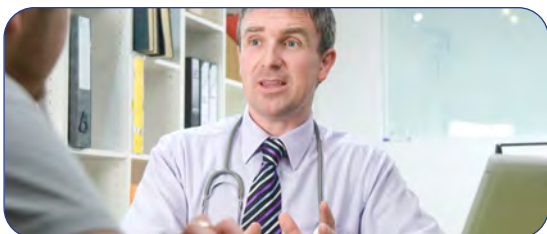
Support I need with this condition:

My health condition

Support I need with this condition:

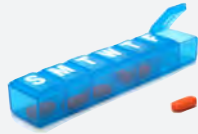
My health condition

Support I need with this condition:



Always seek the support and advice from your doctor and other health professionals if you have any concerns about a health condition you have.

## MY MEDICATION LIST



Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:

Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:

Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:

Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:

Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:

Medication	Dose	Time taken	Reason taken	Date reviewed

How I take this medication and support or aids I need:



Your local chemist can give you advice about aids, alarms and alternatives if it's difficult for you to remember to take your medication, or if your medication is hard for you to swallow.

# MY HEALTH APPOINTMENTS

## Check ups at my doctor's surgery



The date of recent visits and any advice given.



The name of my doctor, their address and contact number.



The date of my next appointment.

## Check up at my dentist



The date of your last check up and any advice given.



The name of my dentist, their address and contact number.



The date of my next appointment.

## Eye test at my opticians



The date of your last eye test and any advice given.



The name of my optician, their address and contact number.



The date of my next eye test is due.

## Chiropody appointment



The date of your last appointment and any advice given.



The name of my chiropodist, their address and contact number.



The date of my next appointment.

## Hospital or clinic visits

The date of visits, the reason for the visit and any advice given.

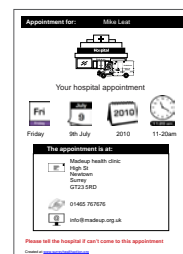


The date of any further appointments and the reason.



## Easy Read Appointment Letters (in development)

These visual aids will be able to be created at [www.surreypb.org.uk](http://www.surreypb.org.uk)  
They are free to use and you can create letters to help people remember doctor's, hospital, optician and other health appointments.







# APPOINTMENT CALENDAR

Use this page to make a note of appointments and other dates like health visits from people like community nurses.


Year




January						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	




February						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				




March						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	




April						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		




May						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



June						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		




July						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



August						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



September						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



October						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



November						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		



December						
	1	2	3	4		
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## HEALTH PROFESSIONALS WHO SUPPORT ME

### Other health professionals who support me:

For example mental health worker or community learning disability nurse.

# MAKING CHOICES ABOUT MY HEALTH

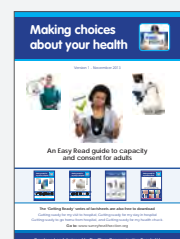
Please say how best to support you to make choices:



## ‘Making choices about your health’

This is an Easy Read factsheet that explains about capacity, consent and best interest. It gives tips on how to support people to make informed decisions about their health.

The factsheet is free to download from [www.surreypb.org.uk](http://www.surreypb.org.uk)



# MY HEALTH ACTIONS

Things you need to do to make sure you are healthy and well:



## The Top To Toe Health Checklist

See page 21 for information about how to download sections of the checklist free of charge.

Date this section filled in:

### Contents

- PAGE 22** My eyes and eyesight
- PAGE 23** My ears and hearing
- PAGE 24** My teeth and gums
- PAGE 25** Eating and drinking
- PAGE 26** My communication
- PAGE 27** My lifestyle
- PAGE 28** My mental health
- PAGE 29** My medication
- PAGE 30** Pain management
- PAGE 31** Going to the toilet

- PAGE 32** Getting around
- PAGE 33** My skin and hair
- PAGE 34** My feet and hands
- PAGE 35** My sleep
- PAGE 36** My breathing
- PAGE 37** My heart
- PAGE 38** Women's health
- PAGE 39** Diabetes
- PAGE 40** Thyroid
- PAGE 41** Epilepsy
- PAGE 42** Dementia

# The Top To Toe Health Checklist

There are 21 checklists covering all the health topics in this section.



Download sections from the 'Health Action Planning Made Easy' section of [www.surreypb.org.uk](http://www.surreypb.org.uk)

Each checklist has information about the health topic and questions for you to answer. You can record your answers on pages 22 to 42 of this plan.

## Health actions

The checklists will help you work out what health actions need to be taken.

Health actions can include:

- Getting advice from your doctor or other health professionals.
- Having more support to help you look after your health.
- Getting new aids or equipment to help you stay healthy.
- Making changes to your lifestyle.
- Your supporters learning more about how to support you.



Record any action needed on the pages 22 to 42. Use the reverse side of a page if you need more space. Also, see page 43 to find out about using our Easy Read Health Action templates.

Many people with learning disabilities have an annual health checks at their GP Surgery.



Fill in your health action plan and do the Top To Toe Health checklist before your annual health check. It will give your doctor useful information about your health needs.

# 1. MY EYES AND EYESIGHT



## YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need to have a new eye test?

Yes  ✓ No  X

2

Do you need help with your glasses?

Yes  ✓ No  X

3

Has anyone noticed signs of a sight loss you don't know about?

Yes  ✓ No  X

4

Do you need more support for the sight loss you have?

Yes  ✓ No  X

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 2. MY EARS AND HEARING



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you have a hearing loss and need more support?

Yes  ✓ No  X

2

Do you need more help with your hearing aid?

Yes  ✓ No  X

3

Has anyone noticed signs of a hearing loss you don't know about?

Yes  ✓ No  X

4

Has anyone noticed any physical problems with your ears?

Yes  ✓ No  X

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



### 3. MY TEETH AND GUMS



#### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need to book a check up at the dentist?

Yes



No



2

Do you need more support to go to the dentist?

Yes



No



3

Do you need more support to keep your teeth and gums clean?

Yes



No



4

If you have false teeth do you need more support with them?

Yes



No



#### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



## 4. EATING AND DRINKING



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Has anyone noticed you having problems with swallowing?

Yes



No



2

Do you need more support to drink enough fluid each day?

Yes



No



3

Has anyone noticed things you eat or drink causing you problems?

Yes



No



4

Do you need more support or aids to help you eat and drink?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 5. MY COMMUNICATION



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need more support to make choices about your health?

Yes   No

2

Do you need more support or aids to help you communicate?

Yes   No

3

Do your supporters need training to help with your communication?

Yes   No

4

Do you need more support at health appointments?

Yes   No

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 6. MY LIFESTYLE



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you want to stop smoking, or need help to understand the risks?

Yes



No



2

Do you want to drink less alcohol, or need help to understand the risks?

Yes



No



3

Do you want to eat more healthily?

Yes



No



4

Do you want to do more exercise?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 7. MY MENTAL HEALTH



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Does anyone think you should talk to your doctor about your mental health?

Yes



No

X

2

Do you have a mental health problem and need more support?

Yes



No

X

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 8. MY MEDICATION



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Does your medication list need updating?

Yes



No

X

2

Do you need to talk to your doctor about a medication review?

Yes



No

X

3

Do the medication guidelines for your supporters need updating?

Yes



No

X

4

Do you need more support or aids to take your medication properly?

Yes



No

X

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



## 9. PAIN MANAGEMENT



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Are there things that stop you getting the pain relief you need?

Yes



No



2

Do your supporters have difficulty noticing when you are in pain?

Yes



No



3

Do you need more choice of things to help manage your pain?

Yes



No



4

Do you suffer serious pain, or pain that lasts more than 48 hours?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 10. GOING TO THE TOILET



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Does anyone think you may have a bowel problem (having a poo)?

Yes



No



2

Does anyone think you may have a bladder problem (having a wee)?

Yes



No



3

Do you need more support with using the toilet or hygiene?

Yes



No



4

Do you need a more accessible toilet at home?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 11. GETTING AROUND



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Have you started to have more falls?

Yes



No



2

Do you need advice about aids to help you get around?

Yes



No



3

If you use a wheelchair is it faulty or uncomfortable?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



## 12. MY SKIN AND HAIR



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need more support to stay safe in the sun?

Yes   No

2

Do you need more support with a skin condition you have?

Yes   No

3

Do you need to talk to your doctor about a problem with your skin?

Yes   No

4

Do you need more support to look after your hair?

Yes   No

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 13. MY FEET AND HANDS



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need more support to look after your nails?

Yes



No



2

Has anyone noticed a problem with your hands?

Yes



No



3

Do you have a foot condition you need more support with?

Yes



No



4

Has anyone noticed a problem with your feet?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 14. MY SLEEP



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need more sleep than you get?

Yes  ✓ No  ✗

2

Do you often feel very sleepy during the day?

Yes  ✓ No  ✗

3

Does your snoring cause you or people you live with problems?

Yes  ✓ No  ✗

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 15. MY BREATHING



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

If you have asthma do you need more support to stay healthy?

Yes



No



2

Does anyone think you should talk to your doctor about your breathing?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 16. MY HEART



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Does anyone think you should talk to your doctor about your blood pressure or cholesterol?

Yes



No



2

Do you need more support to keep your heart healthy?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 17. WOMEN'S HEALTH



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Do you need more support to manage your periods?

Yes   No

2

Do you need more support to use the cervical screening service?

Yes   No

3

Do you need more support to check your breasts are healthy?

Yes   No

4

Do you need more support with relationships or sexual health?

Yes   No

### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



## 18. DIABETES



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

If you have diabetes do you need more advice or support to stay healthy?

Yes



No



2

Does anyone think you should talk to your doctor about diabetes?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 19. THYROID



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

Does anyone think you should talk to your doctor about an underactive thyroid?

Yes



No



2

Does anyone think you should talk to your doctor about an overactive thyroid?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.



## 20. EPILEPSY



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

If you have epilepsy do you need more support to help manage it?

Yes



No



2

Do your supporters need help to understand your epilepsy better?

Yes



No



3

Does anyone think you should talk to your doctor about epilepsy?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

## 21. DEMENTIA



### YES MEANS ACTION

If the answer to any of the questions below is 'yes' a health action is needed.

1

If you have Down's Syndrome do you need a baseline assessment?

Yes



No



2

Does anyone think you should talk to your doctor about dementia?

Yes



No



3

If you have dementia do you need more support or aids to help you?

Yes



No



### ACTION NEEDED

Also record advice given by your doctor or other health professional

If there are any concerns about your health it is important to talk to your doctor.

# OTHER USEFUL HEALTH INFORMATION

## USEFUL RESOURCES

These resources are free to download from [www.surreypb.org.uk](http://www.surreypb.org.uk)  
Print off any resources you need and keep them with your health action plan.



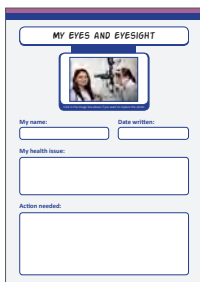
### Getting ready for my health check

This Easy Read factsheet will help you get ready for your health check and explains what questions may be asked and checks may be done.



### This is me- my care passport

Health staff may need more detailed information about how to support you in places like a hospital. It is a good idea to also fill in a Care Passport to keep in a spare pocket in your health action plan.



### Easy Read Health Action templates

You can use these templates to make Easy Read versions of your health actions. Simply download the topics you need, type into them and print them off. You can then keep them in the spare pockets of your health action plan.



After a health check or appointment you may be given information like results of tests or advice to follow.

It is a good idea to keep this information together with your health record. Use the spare pockets in your folder.

The Health Action Planning Toolkit was developed by The Clear Communication People Ltd in partnership with Surrey & Borders Partnership NHS Foundation Trust health professionals and other health professionals in Surrey.

Special thanks to members of the Health Action Planning Group for their support and advice: Phil Boulter, Matthew Box, Kathryn Fisher, Maria Gainsford, Gemma Hare, Patrick Howarth, Denise Souter and Susann Stone



The development of this toolkit was made possible by initial funding from The Learning Disability Partnership Board in Surrey, and further funding from The South East Health Quality Forum. The Clear Communication People Ltd also helped fund the development.

Version 1- March 2014 (reviewed September 2023)

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- Easy Pics imagebank © The Clear Communication People Ltd
- Some photosymbols used- go to [www.photosymbols.com](http://www.photosymbols.com)

The Health Action Planning Toolkit is intended as a aid to support people with learning disabilities to access the support and advice of qualified health professionals.

The Clear Communication People Ltd take no responsibility for medical diagnosis, advice and treatment given in conjunction with the use of this toolkit.



The **Clear Communication** People Ltd