



HEALTH ASSESSMENT
BRIGHTON & HOVE

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Introduction - How to do the Health Assessment



1. Find someone who knows you well (for example keyworker, support worker, parent) - someone you want to help you with your health. This person is sometimes called a **Health Facilitator or Health Supporter**.

2. Look at each section of the **Health Assessment** and fill in as much as you can. There are some ideas to help your Health Facilitator on the back of each page.

3. There may be some pages where you won't have much to fill in. You will also need to choose the pages for Men's Health or Women's Health. You can take out the section that doesn't apply to you.



4. Put any extra details, comments, test results etc. in the '**Notes**' box.

5. If you are not sure of anything put the question in '**Things to talk to the nurse/doctor about**' box.



6. Leave the '**Action**' box empty.



7. When you have filled in as much as possible (this might take some time) you can take this with you for your annual health check at your GP surgery.

8. On the day of your health check, go to the Surgery with your **Health Facilitator** and take the **Health Assessment** with you.



The **Practice Nurse or Doctor** can look at the **Health Assessment** with you and your Health Facilitator. They will ask questions and ask if they can do some checks, e.g. blood pressure.

Together you will make a list of any things that need to happen and which people will help you. This is called a **Health Action Plan**.

9. You and your Health Facilitator can then make your own version of the **Health Action Plan** e.g. using photos, symbols, objects of reference

10. **Remember** to take your **Health Assessment and Health Action Plan** to every health appointment including doctor, nurse, dentist, optician, hearing clinic and **remember** to keep it up to date.



My Details

My Name is	
My date of birth is	My phone number is
I live at	
My Health Facilitator is	Their contact details are
This Health Assessment was completed on	
Special things about me	Place photo here (optional)
My Ethnicity is	
My last person centered plan was on	
My next person centered plan is on	

About Me

People that help me	Contact Details
My Doctor	
My Dentist	
My Optician	
My Chiropodist	
Members of CLDT	
Carer/Key worker	

My Height	My Weight
Body Mass Index (BMI)	Date

How I communicate	
<p>This is what I am like when I am well</p> 	
<p>This is how I say that I am in pain</p> 	
<p>This is how I let you know that I am feeling unwell</p> 	
<p>This is how I indicate Yes/No</p> 	
<p>To help me to understand you need to</p>	
<p>To help me to communicate I need</p>	
<p>Consent If I want something, or agree to something happening to me, this is how I say YES</p> 	
<p>If I do not want something, or do not want something to happen to me, this is how I say NO</p> 	

Lifestyle

- Is the client happy with their lifestyle?
- Does the client have an understanding of a healthy lifestyle?
- Has/does the client receive information/training about lifestyle choices?
- Does the client have choices concerning their lifestyle?
- Would the client like to stop or reduce their smoking?
- Would the client like to stop or reduce their drinking?
- Would the client like information on how to be more active?

Useful Information

NHS Choices

A web site with lots of information about health, healthy living and NHS services

www.nhs.uk/Pages/homepage.aspx

Local Health & Social Care services

You can find out information about local health & social care services on the Brighton & Hove Information Prescription web site

www.ipbh.org.uk

Active for Life

Advice on getting active and improving health & wellbeing, information about local activities and sports groups

www.activeforlife.org.uk/

Lifestyle

If you want to change your lifestyle ask your doctor or nurse what help is available in your area, e.g. health trainers.



Lifestyle

What I think about my lifestyle



I am a smoker	Yes	No	Don't know
I drink alcohol	Yes	No	Don't know
I eat a balanced diet	Yes	No	Don't know
I exercise regularly	Yes	No	Don't know
I go to work in the day	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Skin

- Does the client have any known skin conditions?
- Does the client have any wounds, broken skin, soreness, rashes, irritation or pressure sores?
- Is the client's skin dry or flaking?
- Does the client have moles, spots/acne? (It may help to use a 'body map' to indicate the site of moles and note their size)
- Is personal hygiene/body odour an issue?
- Is the client's skin inflamed or showing signs of fluid retention?
- Does the client's ethnicity give rise to any skin conditions?

Useful Information

Protect your skin from the sun to help prevent skin cancer.

Seek shade between 10am and 4pm

Do not burn

Don't use sun beds

Use sunscreen SPF 15 or higher

Apply sunscreen before going out and reapply every two hours

Wear a hat and UV blocking sunglasses

Drink plenty of water.

Check your moles each month. If they change in shape or size, bleed or are very itchy, make an appointment to see your doctor.



Skin

About my skin:



I need help with washing, bathing or drying	Yes	No	Don't know
I have skin rashes (eczema, acne, psoriasis)	Yes	No	Don't know
I often get sores/pressure areas on my skin	Yes	No	Don't know
I use cream on my skin	Yes	No	Don't know
I have moles that need to be checked occasionally	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Eyes

- Is the client registered visually impaired or blind?
- If the client has diabetes do they have eye checks (retinal screening) linked to this?
- Is the client registered with a local optician? When was the last examination?
- Does the client wear glasses? If yes, comment on the condition and cleanliness of the glasses. Does the client need support to clean their glasses? Do they wear their glasses as they should?
- Does the client have any eye conditions, e.g. cataract, glaucoma?
- Does the client have any obvious eye/vision problems - e.g. do they need to look closely to see things clearly?
- Is there any other behaviour which suggests problems of vision, e.g. bumping into things?
- Are the client's eyes sometimes uncomfortable, e.g. sore, itchy or weepy?
- Is the person finding things difficult due to poor eyesight? If yes, consider referral to a ROVI (Rehabilitation Officer for Visual Impairment).

Useful Information

You should have an eye test at least every two years, even if you don't wear glasses.

To find a good optician who is going to meet your needs, ask a friend for a recommendation or use the website

www.lookupinfo.org or tel. 01372 755066

You can get easy read information about looking after your eyes on the web site.

You can get a form to use when you go to the optician on the web site. It is called 'telling the optician about me' form.



Eyes

About my eyes:



My last eye check was on:

I can see well Yes No Don't know

I am registered visually impaired Yes No Don't know

I wear Glasses/Contact Lenses Yes No Don't know

I have an eye condition Yes No Don't know

My eye sight causes me problems Yes No Don't Know

My eyes are sometimes sore, itchy or weepy Yes No Don't know

Notes



Things to talk to the nurse/doctor about



Action



Hearing

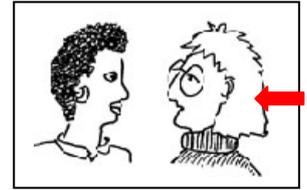
- Does the client have a known hearing problem?
- Does the client have a hearing aid? Does the client use it? What condition is it in?
- Is there any evidence to suggest the client has problems hearing?
- What is the physical state of the ears, e.g. soreness, dry skin, discharge?
- Is the client ever dizzy or do they lose their balance?

Useful Information

40% of people with Learning Disabilities have a hearing loss.

Talk to your doctor if you have any worries about your ears or your hearing.

If you want to know more about audiology clinics for adults with a learning disability please contact the Speech & Language Therapy Team at the Community Learning Disability Team on **01273 295550**



Hearing

About my hearing:



My last hearing test was on:

I have problems with my balance	Yes	No	Don't know
I get wax/discharge in my ears	Yes	No	Don't know
I need people to speak loudly to me	Yes	No	Don't know
I have a hearing aid	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Teeth/Mouth

- Does the client have any known problems with the mouth, teeth and gums?
- Does the client visit the dentist regularly?
- Does the client have dentures? Do they wear them - what condition are they in?
- Does the client's breath smell?
- Does the client have any sores or mouth ulcers or appear to be in pain when eating?
- Does the client dribble?

Useful Information

You should have a check up at the dentist once a year or more often if your dentist says so. Even if you have not got any teeth you should still see a dentist to check your gums and clean gums with a soft tooth brush or mouth swabs.

For help to find an NHS dentist in Brighton & Hove call **0300 1000 899**

For information about Special Care Dental Services in Brighton & Hove call **01273 698041**

The emergency dental service is in Lewes, call **01273 486444**

You can find out about oral health training from the Oral Health Promotion team on **01273 267345**

For more information about dental health look at the NHS Choices web site www.nhs.uk



Teeth

About my teeth:



My last dentist appointment was on:

Result:.....

I can clean my teeth without help Yes No Don't know

I need help with cleaning my teeth Yes No Don't know

(If yes, what help?)

My gums are sometimes sore and bleed Yes No Don't know

Notes



Things to talk to the nurse/doctor about



Action



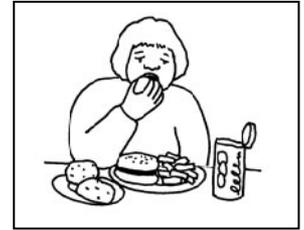
Eating and Drinking

- Does the client have any known problems with eating and drinking, e.g. obsessive eating, unsatisfactory diet/'special' diet, swallowing or chewing difficulties? Are they receiving any specialist help with this?
- Does the client get heartburn, vomit or regurgitate?
- Has the client lost or gained weight recently?
- Does the client drink sufficient fluids?
- Does the client need any help with feeding - do they have any special equipment or help?

Useful Information

Please see your doctor if you have any problems with eating & drinking.

If you want to know more about eating & drinking clinics for adults with a learning disability please contact the Speech & Language Therapy Team at the Community Learning Disability Team on **01273 295550**



Eating and Drinking

About my eating and drinking:



I need help to eat/drink	Yes	No	Don't know
I have difficulties with swallowing	Yes	No	Don't know
I cough when I eat or drink	Yes	No	Don't know
I have a lot of chest infections	Yes	No	Don't know
I have a care plan to help people to support me to eat and drink safely	Yes	No	Don't know
I have special food or drinks (If Yes, what?)	Yes	No	Don't know
I am diabetic	Yes	No	Don't know
I need to increase my eating/drinking of			
I need to reduce my eating/drinking of			

Notes



Things to talk to the nurse/doctor about

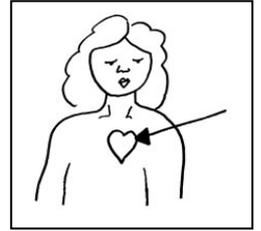


Action



Heart

- Does the client have any known heart problems? E.g. angina, past heart attack
- Does the client show any signs of fluid retention - do their ankles swell?
- Does the client show any signs of bluish discolouration of skin e.g. lips, tips of fingers/toes?
- Does the client have any varicose veins?
- Does the client complain of feeling dizzy?
- How does exercise affect the client?
- Has the client had their blood pressure checked in the past year?



Heart

About my heart:



My last Blood pressure check was on:

Result

I have problems with my heart (e.g. Angina)	Yes	No	Don't know
I get chest pain	Yes	No	Don't know
My ankles are sometimes swollen	Yes	No	Don't know
I get dizzy sometimes	Yes	No	Don't know
I get short of breath sometimes	Yes	No	Don't know
I get blue skin on my fingers/lips/toes	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Chest and Breathing

- Does the client have, or have they had in the past, any known chest or breathing conditions? E.g. asthma, bronchitis, chest infection.
- How does exercise affect the client? Do they become breathless?
- Does the client have a persistent cough? Do they cough up mucous/phlegm?
- Does the client smoke?
- Does the client wheeze?

Useful Information

If you have a chest or breathing condition ask your doctor about what local services might help you.

Smoking

NHS smoking helpline (free to call) - 0800 022 4332

Brighton & Hove NHS stop smoking service helpline - 01273 267397

stopsmoking@southdowns.nhs.uk



Chest and Breathing

About my chest and breathing:



I have problems with my chest and breathing	Yes	No	Don't know
I have a cough	Yes	No	Don't know
I get out of breath sometimes	Yes	No	Don't know
I have asthma	Yes	No	Don't know
I smoke	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about

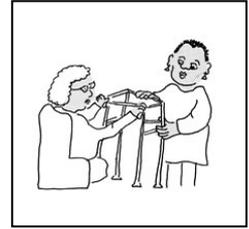


Action



Getting Around

- Does the client have any physical disabilities or known conditions e.g. arthritis, past fractures?
- Does the client use any aids to help with movement? In what condition are they?
- Is there any contact with Physiotherapy or Occupational Therapy?
- Does the client trip over, fall or continually check their footing?
- Does the client have difficulty co-ordinating movement and/or hand eye co-ordination?
- Does the client experience pain or stiffness when moving, e.g. sitting, standing, lying, going up stairs?
- Is posture a problem for the client?
- Is there any evidence of tremors, twitches or weakness?



Getting Around

How I get around:



I can walk/move without help	Yes	No	Don't know
I need help to sit down/lie down/move	Yes	No	Don't know
I need regular exercises or physiotherapy	Yes	No	Don't know
I need special equipment to help me move	Yes	No	Don't know
(If Yes what do you need)			
I get pain when I move	Yes	No	Don't know
I can be confused when I move about	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about

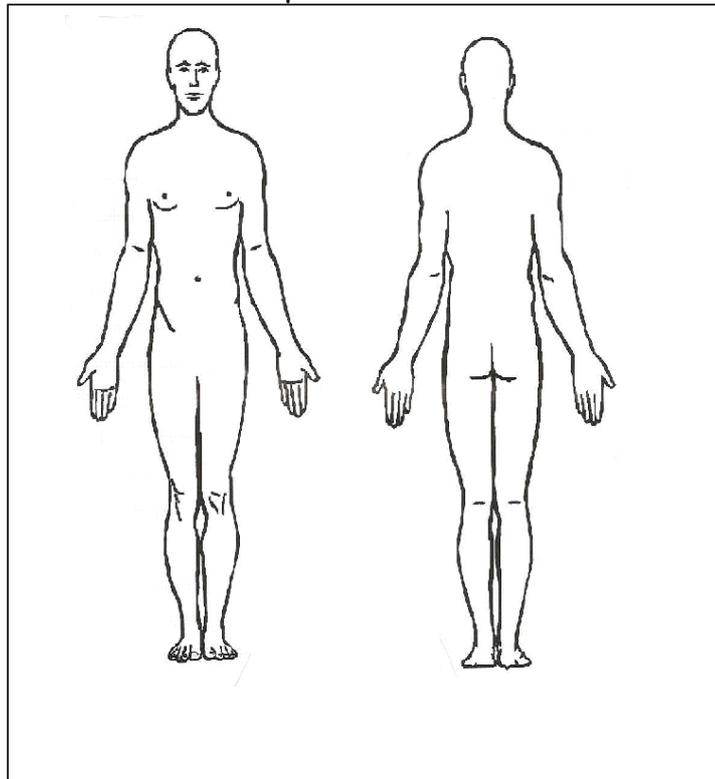


Action



Pain management

- Does the client show signs of pain? How do they express this?
- What pain relief methods help the client's pain?
- To help the doctor to give the best help with pain can the client indicate
 - Where the pain is
 - How long they have had the pain
 - How bad the pain is
 - What sort of pain it is



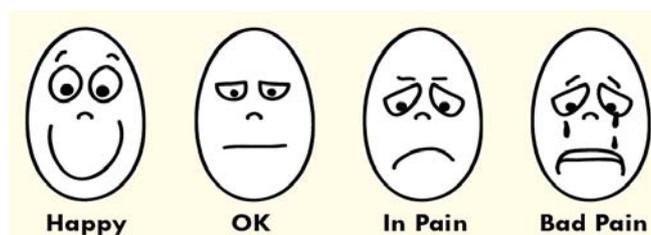
Useful Information

People with Learning Disabilities **DO NOT** have a higher pain threshold than people in the general population.

Some people may not be able to say they are in pain, but may show pain through behaviour changes or facial expressions.

Useful tools for assessing people's pain include the DisDAT tool

(www.crfr.ac.uk/disdatt/Assess%20tool%2009.pdf), the Abbey pain scale or pictures like those below:



Pain Management



How I manage my pain (If you don't have any problems with pain go onto next section)



I have pain	Yes	No	Don't know
My pain is	please mark on body map		
I take tablets for pain every day	Yes	No	Don't know
I use some other form of regular pain relief (Such as, Tens machine, patches, aromatherapy Syringe driver or pump)	Yes	No	Don't know
If Yes what do you use			
My pain relief makes me pain free	Yes	No	Don't know
I would like my pain relief reviewed	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



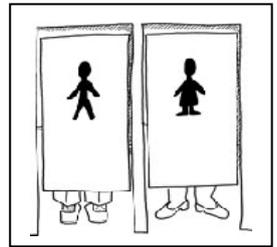
Managing the Toilet

- Can you write in the notes what words the person uses when referring to urine and faeces
- Does the client have any known problems with their bladder or bowels, e.g. incontinence, constipation, diarrhoea, urine infections?
- Does the client receive input from the continence service and/or use continence products? Are these appropriate for their needs?
- Does the client experience pain or difficulty when going to the toilet?
- Does the client have blood in the urine or faeces?
- Have there been any changes in the client's continence, e.g. colour, smell, frequency of visits?

Useful Information

For any concerns about continence please contact your GP or practice nurse.

You can also contact the Brighton & Hove continence service for advice & information on **01273 242021**



Managing the Toilet

How I manage the toilet:



I can use the toilet without any help	Yes	No	Don't know
I need help to use the toilet	Yes	No	Don't know
(If yes, what kind of help?).....			
I am sometimes in pain when I use the toilet	Yes	No	Don't know
I sometimes have difficulty going to the toilet	Yes	No	Don't know
I have problems with incontinence	Yes	No	Don't know
(If yes, what kind of problem?)			

Notes



Word the person uses for Urine.....

Word the person uses for faeces.....

Things to talk to the nurse/doctor about



Action



Epilepsy

- Does the client have any form of epilepsy? Have they ever had any type of seizure/fit?
- Is an accurate record of seizures kept?
- Can you describe the type of seizure and its duration?
- Has there been any change in the frequency or pattern of seizures?
- Are the seizures controlled with current medication? Does the medication need regular blood testing?
- Has the client received any education about how to manage their epilepsy?
- Does the client see a Neurologist?
- Does the client have Status Epilepticus (a series of major seizures following one another with no recovery between seizures)



Epilepsy

About my epilepsy:



I have epilepsy	Yes	No	Don't know
I am on medication for my epilepsy	Yes	No	Don't know
I have a seizure protocol (if yes please place in back of file)	Yes	No	Don't know
The type of fits that I have are			
I have about fits/seizures per month			
Over the past year my fits/seizures happen	Less frequently	More frequently	About the same

Notes



Things to talk to the nurse/doctor about



Action



Feet

- Is the client known to have a chronic foot condition?
- Are there any obvious problems on the feet or between the toes, any signs of pain, itching or discomfort?
- Are the toenails thick, misshapen or abnormal?
- Does the client regularly visit a chiropodist?
- Who cuts the client's toenails?
- Is the client's footwear suitable?

Useful Information

Wear good fitting shoes.

Keep feet cool, clean and dry.

If toenails feel sore or look swollen, you should go and see a doctor.

Cut toenails regularly.

Don't cut the corners of the nails back. Cut them straight across.

Ask your GP or practice nurse about local foot health services that may be able to help you



Feet

About my feet:



I have Chiropody	Yes	No	Don't know
I cut my own toenails	Yes	No	Don't know
My ankles swell sometimes	Yes	No	Don't know
I get sores on my feet (Athlete's foot, verruca)	Yes	No	Don't know
I get infections in my nails	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Emotions and Feelings

- Does the client have a known mental health/psychiatric illness?
- Have there been any changes in the client's moods, behaviour, sleeping patterns, eating, concentration or skills?
- Does the client have any irrational fears, anxieties or obsessions?

Useful Information

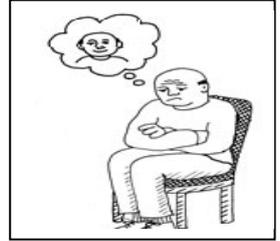
Sussex Mental health line - 0300 5000 101

Mon- Fri 5pm-9am and 24 hours at
Weekends and bank holidays.

A telephone service providing out of hours support and information to anyone experiencing mental health problems including stress, anxiety and depression.

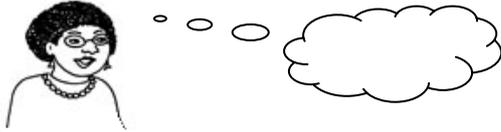
This service is also available to carers and healthcare professionals

You can also talk to your doctor about any worries you have about your mental health



Emotions and Feelings

About my emotions and feelings:



I need help to cope with my feelings/emotions	Yes	No	Don't know
I am usually happy and calm	Yes	No	Don't know
I am often sad/fed up	Yes	No	Don't know
I often feel nervous and afraid	Yes	No	Don't know
I have help with my feelings from			

Notes



Things to talk to the nurse/doctor about



Action



Friendships and Relationships

- Has/is the client receiving any help with relationships, e.g. bereavement/relationship counselling, teaching/courses?
- Does the client have many friends - are they able to sustain relationships?
- Does the client see their family - how do they respond to their family?
- Does the client have a partner - is it a positive relationship - have they received sex education appropriate to their needs?
- Has the client ever been abused (physical, sexual or psychological)?
- Is the client able to see their friends and relations as much as they would like to?



Relationships/ Friendships

About my relationships and friendships:



	Male	Female	Don't mind
I like my carers to be	Yes	No	Don't know
I have contact with my family	Yes	No	Don't know
I need support with seeing my family	Yes	No	Don't know
I have friends	Yes	No	Don't know
I need help making friends	Yes	No	Don't know
I am having a relationship	Yes	No	Don't know
I need support with my relationship	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Women's health

(Please turn over page)
Remove this section if you are a man.



Women's Health

- Has the client attended a 'Well Woman' clinic?
- Has the client received any sexual health education, e.g. safe sex, contraception - does the client use any form of contraception?
- Does the client suffer with itching, discharge or discomfort of the anus or genitals?
- Does the client examine her breasts - is she aware of the reason and need to examine herself?
- Does the client have regular menstrual periods - are there any PMT, mid-cycle bleeds, and painful periods?
- Has the client been through the menopause or have they any menopausal symptoms, e.g. hot flushes - is the client on HRT?
- Does the client have smear tests and mammograms?

Useful Information

Breast self-examination

Check your breasts each month. If you feel or see any changes, make an appointment to see your doctor.

You will be invited for a mammogram either just before or when you are 50 (There are plans to extend this to women of 47).

Cervical screening

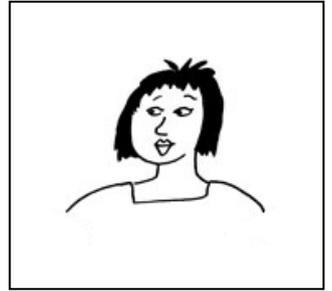
A smear test is offered to women aged between 25 - 64 years old, this looks at the health of the cervix which could help prevent cervical cancer. Ask your practice nurse for more information.

Easy read leaflets can be found at - www.easyhealth.org.uk

Easy read guides to Breast screening and cervical screening are available from NHS cancer screening programme -

www.cancerscreening.nhs.uk

Information about sexual health and local services can be found on this web site: www.swish.org.uk



Women's Health

Looking after my women's health:



I have periods	Yes	No	Don't know
I need help with my periods	Yes	No	Don't know
I have the contraceptive pill/injections	Yes	No	Don't know
I have regular breast checks	Yes	No	Don't know
I need help to check my breasts	Yes	No	Don't know
I have a regular smear test	Yes	No	Don't know
I practice safe sex	Yes	No	Don't know

Notes



Things to talk to the nurse/doctor about



Action



Men's Health

(Please turn over page)
Remove this section if you are a woman



Men's Health

- Has the client attended a 'Well Man' clinic?
- Has the client received any sexual health education, e.g. safe sex, contraception?
- Does the client examine his testicles - is he aware of the reason and need to examine himself?
- Does the client suffer with itching or discomfort of the anus or genitals?
- Have there been any changes in the way the client urinates, e.g. difficulty in passing urine, dribbling, finding it hard to start urinating, and a feeling of not emptying the bladder or blood in the urine?
- Does the client have any sores or scars on his penis or any discharge?

Useful Information

Testicular examination

Check your testicles once a month. If you see or feel any changes make an appointment to see you doctor.

Easy read leaflets available from - www.easyhealth.org.uk

"How to Look After My Balls"

www.intellectualdisability.info/leaflets/booklet_forweb.pdf

Information about sexual health and local services can be found on this web site: www.swish.org.uk



Men's Health

Looking after my men's health:



I check my testicles for lumps/changes	Yes	No	Don't know
I need help to check my testicles regularly	Yes	No	Don't know
I have difficulty going for a wee	Yes	No	Don't know
I go for a wee several times at night	Yes	No	Don't know
I practice safe sex	Yes	No	Don't know

Notes



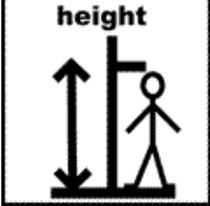
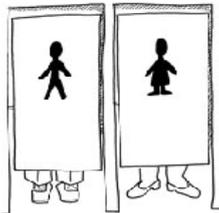
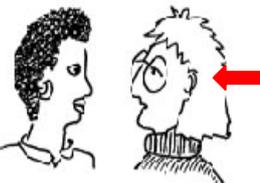
Things to talk to the nurse/doctor about



Action



Health check recordDate

 <p>height</p> <p>Height</p>		 <p>Weight</p>	
 <p>Wee</p>		 <p>Feet</p>	
 <p>Blood Pressure</p>		 <p>Ears</p>	
 <p>Breathing</p>		 <p>Blood test</p>	

