

Today's date:/...../..... Completed by:

Your GP Practice.....

Learning Disability Liaison Nurse:

EMIS - My Health Questions



Confidential

Name:

Date of Birth: / / NHS Number:

You can have someone help you answer these questions or you can see the nurse or doctor on your own.



Capacity /Consent

Are you happy to answer the questions about your health and lifestyle?

✓

Would you like someone to help you today?

✓

The person helping me today is (Mum, Dad, name of support worker)

Surgery Staff: Please check the patient consents to

Electronic record sharing Y/N

Share information with summary care records with additional information Y/N

Consent to share data with specified third party Y/N

Surgery staff: Please consider any specific tests relating to the persons disability. For Example: Dementia screening or thyroid testing for those with Downs Syndrome.

Have you had a health check before?

✓

If so when?

Do you have actions from my health check?

✓

Anything outstanding

Is there anything I can help with today?

✓

Are you worried about anything?

✓

Support and Patient Information



Do you have a carer or a support worker?

✓ ✗ Name.....

Is your carer employed?

✓ ✗

Surgery staff: Is a carer's assessment required?

✓ ✗

Do you have a Social Worker?

✓ ✗

Details:

Are emergency contact details up to date?

Surgery Staff: Is there anything from recent letters or last year's health check outstanding.

ACTIONS FROM MY HEALTH CHECK

YOUR NAME: _____

 Date of Health Check Done by: My Weight: My Blood Pressure: Date for next Check:	 My Primary Care Liaison Nurse is:  Megan Julian Phone Number: 07717680762
 Do I need to see my doctor? When and why:	



14-17 year olds only

Where do you go to School?

Do you have an Education, Health & Care Plan (EHC)?

✓ ✗

Surgery Staff: Is the patient currently under transition from Child to Adult services? Do you need to start this process? Refer to CAMHS if needed.

All Patients

Immunisations

- Are you up to date with immunisations?
- Date of last flu jab
- Tetanus Not Known
- Polio (if needed) Not Known
- HPV (if needed) Not Known
- MMR Not Known
- Pneumococcal Vaccination Not Known
- Hepatitis B (if needed discuss with GP) Not known

Surgery Staff: Individuals in shared accommodation require Hepatitis B vaccine. Can any of the immunisations be given now? If not – please document on actions from my health check.

Do you have any allergies?

What are they?

Surgery Staff: Reasonable Adjustments

Does this patient need more time for appointments?

Consider correct environment?

Extra support with communication, such as easy read?

Does the patient need an appointment at a specific time of day?

Preferred method of communication, such as makaton?



Functional life skills

Mobility

Any permanent physical disability?

✓

Any problems with your joints, moving or co-ordination?

✓

Surgery Staff: Consider osteoarthritis, pain relief, vitamin D levels.

Any problems with posture, standing or spinal curvatures?

✓

Any tremors or shaking?

✓

Do you use any mobility or positioning aids or equipment?

✓

Does anyone help you with your personal care?

✓



Surgery Staff: Refer to GP, Physiotherapists, OT, Community Learning disability team or Primary Care Liaison Nurses for additional support. For patients with Profound Multiple Learning Disability (PMLD) please refer to Community Learning Disability Team for annual assessment and information sharing.

Daily Living Skills

Eating



Do you need help to eat?

✓

(Consider if the person needs help to shop for, plan, prepare and cook a meal)

If ✓ - Who helps you?

Hydration

Do you need help to drink?

✓

If ✓ – Who helps you?

Dressing Ability

Can you dress yourself?



If  – Who helps you?

Bathing

Do you bath or shower? Bath / Shower



Do you need help to wash?



If  – who helps you?

Toilet Dependency

Do you go to the toilet on your own?



Do you need help to go to the toilet?



If  – who helps you?

Daily Living Support

Does anyone help you at home?



Surgery Staff: Consider a referral to adult social care 0300 1234 131

Lifestyle and health promotion

Diet

Do you need a special diet?



What would you normally eat for:

Breakfast

Lunch

Tea

Supper

Snack

Surgery Staff: Does patient require a referral to health promotion 01209 615600



Exercise

What activities do you do?



Surgery Staff: Consider leaflet on healthy living and exercise.
www.easyhealth.org.uk

Smoking



Do you smoke?

✓

How many cigarettes do you smoke a day?

Would you like help to stop smoking?

✓

Surgery Staff: Does patient require a referral to the stop smoking service?

Alcohol and substance misuse

Do you drink alcohol?

✓

What do you drink?

How many glasses?

How often do you drink alcohol?

Do you take any recreational drugs?

✓

Is there anything you would like to talk about?

✓

RELATIONSHIPS:



Do you have a partner?

✓

Have you ever had sex with anyone?

✓

Do you know about contraception?

✓

Do you know how people get pregnant?

✓

Do you know about sexual diseases?

✓

Would you like any information on these issues?

✓

Would you like to talk to someone?

✓

Do you know it is okay to say 'NO' if you don't want to have sex or be touched?

✓

Do you know you must listen and stop if someone else says 'NO'?

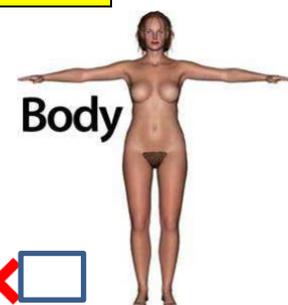
✓

Easy read information available at:

www.apictureofhealth.southwest.nhs.uk

www.easyhealth.org.uk

Female screening



Have you noticed any problems or changes with your breasts or nipples? (pain, lumps, discharge, etc)

✓

Do you check your breasts every month?

✓

(47+) Have you had your breast screening?

✓

Have you ever had a smear test?

✓

(25+) Are you due a smear test?

✓

Would you like any information about this?

✓

Easy read information available at easyhealth.org.uk

Refer to Learning Disability Screening Liaison Nurse for support if needed on screeningliaison@nhs.net

HEIGHT AND WEIGHT:

Current height:

Current weight:

Waist measurement:

Do you think you have put on or lost any weight recently? ✓

Blood Pressure: /

Have you had any blood tests in the last year? ✓



EYES AND VISION:

Any problems with your eyes? ✓

Any pain or itching? ✓

Do you wear glasses? ✓

When did you last have an eye test?

(Routine tests should be done every two years)

Name of optician:

If you have Diabetes have you been for Retinal Screening in the last year (as well as an eye test) ✓

Surgery Staff: Patients that are diabetic and have not attended retinal screening, please refer to Learning Disability Screening Liaison Nurse at screeningliaison@nhs.net



EARS AND HEARING:

Do you have a hearing or ear problems? ✓

Any problems at the moment? ✓



Do you have an ear Doctor (audiologist)

✓

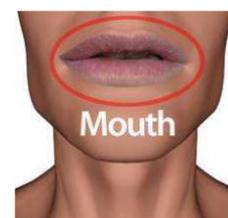
Date of last appointment:

Surgery Staff PLEASE CHECK EVERYONES EARS.

Surgery Staff: Does the patient have any behaviour that could suggest a hearing problem? For example turning the TV up or a balance problem.

MOUTH AND TEETH:

Name of Dentist:



When was the last time you visited the dentist?

Do you see a dentist regularly?

✓

Any problems with your mouth, teeth or gums

✓

Do you have difficulty eating or chewing?

✓

Do you think you have bad breath?

✓

Do you have any problems with dribbling?

✓

Do you ever get mouth ulcers or cold sores?

✓

Surgery Staff: Consider referral to Community Dental Service if patient is not able to manage mainstream dentist.

Email kccg.rmcdentalreferrals@nhs.net

Tel: 0333 405 0290

Consider SALT referral.

GP Section

BREATHING

Do you have any problems with your breathing?

✓

Do you get short of breath?

✓

Do you have a cough that is not getting better?

✓

Do you bring up mucous or phlegm?

✓

Do you have any blood in your spit?

✓

Gastro – Intestinal

Do you have any problems eating or swallowing?

✓

Do you cough when you eat and drink?

✓

Do you cough after you eat and drink?

✓

After eating do you any pain?

✓



Surgery Staff – If yes to any of the above please consider a SALT referral.

Having a poo

Do you ever get tummy/stomach pains?

✓

Do you have any pain when you go to the toilet?

✓

Do you ever find it difficult to poo (constipation)?

✓

Do you ever have very loose poo (diarrhoea)?

✓

Have you seen any blood, jelly or black in your poo?

✓

OVER 60's: Have you done your bowel screening?

✓



Surgery Staff: Refer to Screening liaison nurse on screeningliaison@nhs.net if bowel scope screening not complete (offered once at age 55) or bowel screening (60 -75 years, invited every 2 years).

Having a pee

- Do you have any problems when you go for a pee? ✓
- Have you had your pee tested recently? ✓
- Do you ever find it hard to go? ✓
- Is your pee a dark colour? ✓
- Does your pee smell? ✓
- Do you find that you need to go for a pee more often? ✓
- Do you ever have any accidents with your pee in the day or night (wet the bed)? ✓
- Do you wear pads? ✓

If ✓ where do you get them?

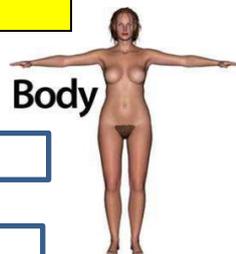
Surgery Staff: Consider a referral to the community nursing team for continence assessments.

Women's health

- Do you have periods? ✓
- Do you have any problems with them? ✓
- Have you been through 'The Change' (menopause)? ✓
- Are you having any problems with this? ✓

Central Nervous System

- Have you been seen in neurology? ✓
- Date of appointment
- Have you had any changes in your seizures? ✓



Epilepsy

Do you have any kind of epilepsy?

✓

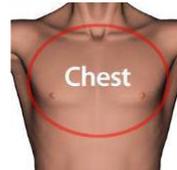
Do you or someone else write down when you have a seizure?

✓

Do you have an epilepsy nurse?

✓

Cardiovascular system



Any heart problems or chest pain?

✓

Any problems with your breathing or a cough?

✓

Do your ankles swell?

✓

Do you get blue skin for example around your lips?

✓

Surgery Staff: (Men aged 65) Refer to screening liaison nurse for 'AAA' support if required.

Diabetes - When was patients last HbA1c if not within the last 12 months consider a recheck.

Muscoskeletal – Is the patient at risk of Osteoporosis? Yes No – Please give posture advice.

Feet

Are you having any problems or pain with your feet?

✓

Do you need any special footwear?

✓

Who cuts your toenails?

Do you ever see a chiropodist or podiatrist?

✓

When?



Name of Chiropodist / Podiatrist:

MENTAL HEALTH

Do you sleep well at night?

✓ ✗

If not do you know why? Explain:

How are you feeling?

Is anything worrying or upsetting you?

✓ ✗

Do you have someone you can talk to about things?

✓ ✗

Any behaviour that you have, which are a problem for you or anyone else? (self-harm, aggression, rituals, etc)

✓ ✗

Do you seem more confused or forgetful?

✓ ✗



Surgery Staff: Consider early onset dementia particularly in Down Syndrome or referral to outlook southwest.

Examination and measurements

Surgery Staff Please complete a physical examination

- | | |
|---------------------------|--------------|
| Pulse rate | Heart sounds |
| Digestive system | Skin |
| Pressure areas | Breast |
| Female pelvis (if needed) | |

Latest results

Surgery Staff

- | | |
|-----------------------|------------------------------|
| HbA1c Serum | Cholesterol |
| Full blood count | Serum HDL cholesterol levels |
| Thyroid function test | Urea and electrolytes |
| Liver function test | Urine dipstick |

Please repeat bloods if patient requires them.

Surgery Staff also remember:

Lithium and anti-epilepsy drug levels PSA (if indicated)

Vitamin D if on anti-epileptic drugs CRP (if indicated)

FSH in prolonged amenorrhoea

Stool H pylori antigen (if indicated)



Medication

Name	Dosage	What do you take it for?

Are you worried about any of your medication?

Do you take any over-the-counter medicines?

Surgery Staff: Please use STOMP (Stopping The Over Medication of People with Learning Disability) to review any patient taking more than 2 anti-psychotic medications.

End of life care

Surgery Staff: Has advanced care planning been considered? Yes / No

Is patient on the gold standard framework? Yes / No

Surgery Staff: Are there any safeguarding concerns?

Make referral to safeguarding team.

Patients Goals (GP record of items on Actions from Health) .

With thanks to Cornwall Partnership NHS Foundation Trust

ACTIONS FROM MY HEALTH CHECK (Copy to be given to patient)

YOUR NAME:

Date of Health Check:.....Completed by:.....

	My height: My Weight: My Blood Pressure: Date for next Check:	My Primary Care Liaison Nurse is: Phone Number:
	Do I need to see my doctor? When and why:	
	Do I need to see anyone else? Who and Why:	



Health advice given:



Anything else I need to know?