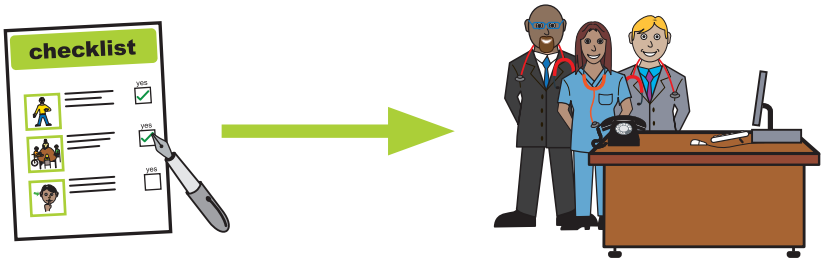
Kirklees Health & Care Partnership

Get Checked Out Kirklees

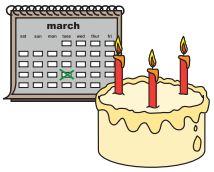
Get Checked Out
Checklist

Please fill this book in and bring it to your GP surgery

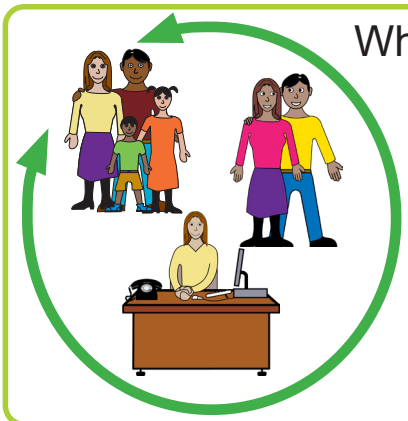


Name:

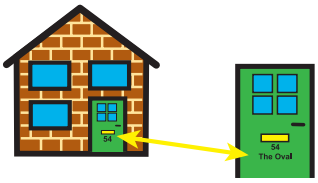
I like to be called:



My date of birth:



Who is important to you?

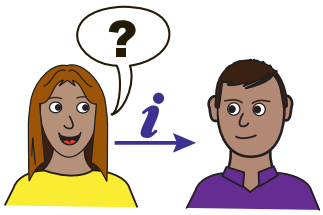


Address:

Telephone:

Email:

Consent for Summary Care Record and additional information



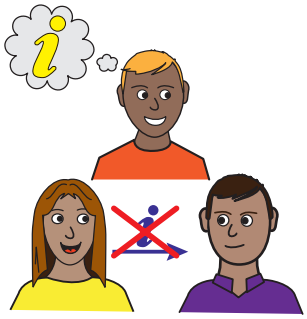
Your Doctor will have your basic summary care record.
It has information about your health, the medications which you take and any medications which might make you ill (allergic reaction)

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.

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.



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.

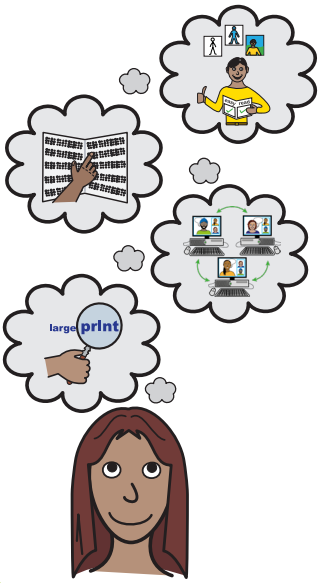
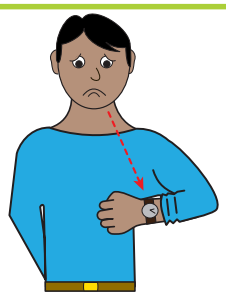
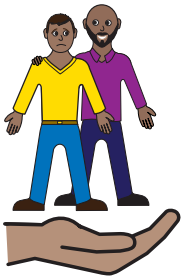
Here is a link to a website for easy read information about summary care records
www.england.nhs.uk/wp-content/uploads/2019/06/summary-care-card-photo-story-v2.pdf

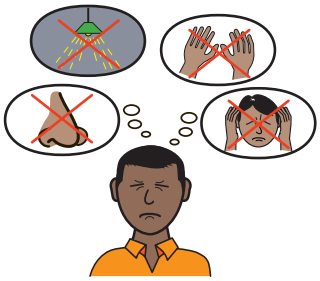
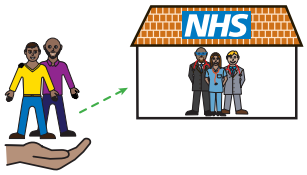
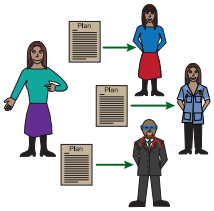
Do you consent to sharing information

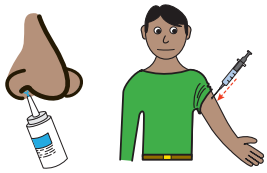
	yes	no
1. Consent for electronic record sharing?	☐	☐
2. Consent for summary care record with additional information?	☐	☐
3. Consent to share data with another professional? (specified third party)	☐	☐

The Equality Act (2010) 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 or large print	☐	☐	
	I need access to on-line information.	☐	☐	
	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.	☐	☐	

Reasonable Adjustment	How you can help me	Yes	No	Comments
	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.	☐	☐	
	I may struggle with being touched or smells, hearing lots of noise, sight and how busy a building can be.	☐	☐	
	My carer will support you to understand my needs.	☐	☐	
	Please also alert my carer of any appointments.	☐	☐	
	Other reasonable adjustments?			

	**Flu**	Yes	No	**Comments**
	Have you had your nasal spray or flu vaccine injection?	☐	☐	

Here is a link for easy read information about flu
https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability

Mobility

Yes ☑ No ☒

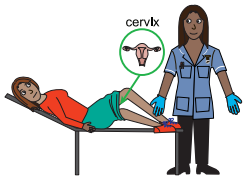
Comments

	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

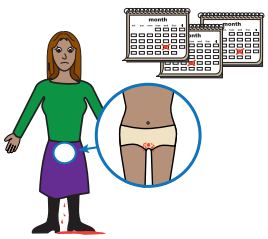
Yes ☑ No ☒

Comments



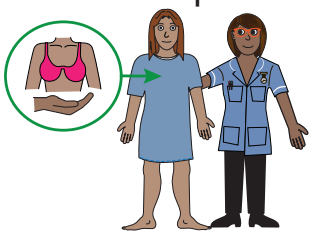
	Yes	No	Comments
Have you had a smear test?	☐	☐	

Here is a link for easy read information on cervical screening on the gov.uk website:
www.gov.uk/government/publications/cervical-screening-easy-read-guide



	Yes	No	Comments
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.

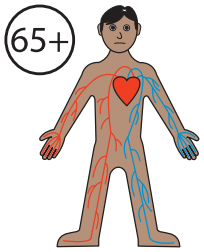


	Yes	No	Comments
If you are over 50 have you had a mammogram?	☐	☐	

Health Screening - Men

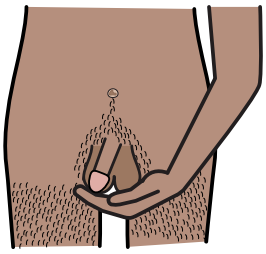
Yes ☑ No ☒

Comments



Have you had your Abdominal Aortic Aneurysm or AAA Screening? ☐ ☐

Here is a link to easy read information on the gov.uk website about AAA
www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-easy-guide



Do you check your own testicles / balls ☐ ☐

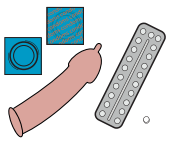
Have you felt / noticed any changes to your testicles / balls? ☐ ☐

Sexual Health

Yes ☑ No ☒

Comments

Are you sexually active? ☐ ☐



Do you use any contraception? ☐ ☐

Weight

Yes ☑ No ☒

Comments

Has your weight changed in the last 3 – 6 months? ☐ ☐

Do you need specialist equipment to weigh you? ☐ ☐

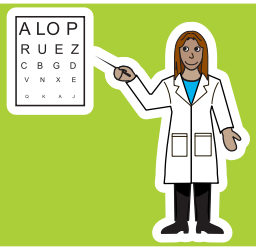
If there is a problem with your weight then please bring your weight chart

Dentist

Yes ☑ No ☒

Comments

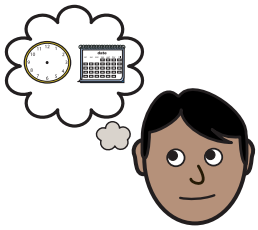
Do you have a dentist? When was your last visit?	☐	☐
Do your teeth hurt?	☐	☐
Do your gums bleed?	☐	☐
Do you have a swelling or a lump?	☐	☐
Do you have difficulty eating?	☐	☐



Eyes

Yes ☑ No ☒

Comments



When did you last have your eyes tested	☐	☐

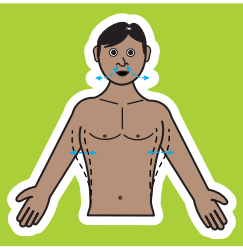
Do you have any eyesight problems or wear glasses	☐	☐

Hearing

Yes ☑ No ☒

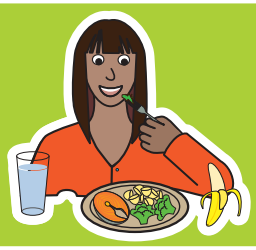
Comments

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
✓	✗	
Does eating make you feel unwell?	☐	☐	
Food allergies/intolerances	☐	☐	
Being sick	☐	☐	
Do you have any changes to your appetite/hunger?	☐	☐	
Do you eat things that are not food?	☐	☐	
Difficulty swallowing	☐	☐	
Coughing when eating or drinking	☐	☐	
Do you use any supplements like multi vitamins, fish oils, Complan etc.?	☐	☐	

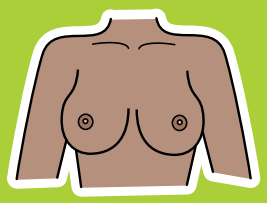
Bowels

	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 50 and over? Have you received your bowel screening kit?	☐	☐	

Here is a link to the gov.uk website for easy read information on bowel cancer screening
www.gov.uk/government/publications/bowel-cancer-screening-easy-guide

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?	☐	☐	

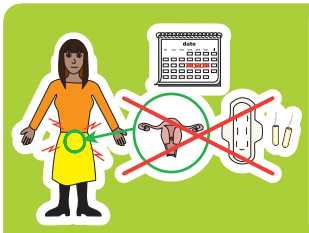


Breasts

Yes ✓ | No ✗ | Comments

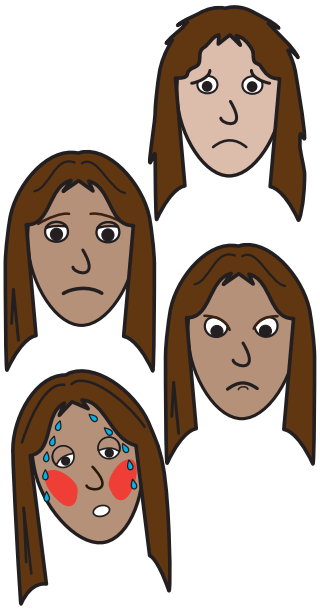
Any lumps in breasts or armpits?	☐	☐
Any liquid from your nipple?	☐	☐
Any changes in the shape of your breasts?	☐	☐
Any changes to the skin on your breasts?	☐	☐
Any changes to shape of your nipples?	☐	☐
Do you have a change in colour to your breasts or nipples?	☐	☐
Do you get tired more easily?	☐	☐

Here is a link to the gov.uk website for easy read information on breast screening
www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities

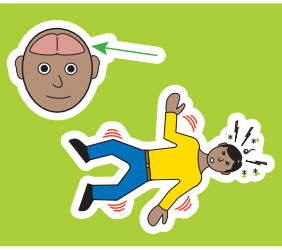


Menopausal symptoms

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 ✗

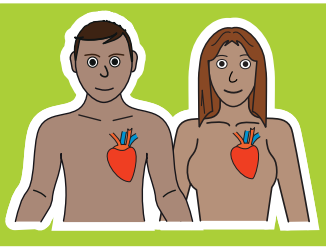
Comments

	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:

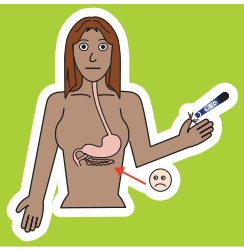
Stroke	☐	☐	
Fainting	☐	☐	
Blackouts	☐	☐	
Pins and needles	☐	☐	
Arm or leg weakness	☐	☐	

Please bring your seizure chart with you, if you have one.



Heart

Yes	No	Comments
Difficult or struggling to breathe during the day and at night	☐	☐	
Chest pain when exercising	☐	☐	
Palpitations – feeling your heart beat	☐	☐	
Any swelling to the ankles, hands or body?	☐	☐	

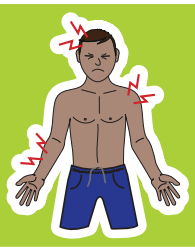


Diabetes

Yes	No	Comments
Do you test your blood sugar regularly?	☐	☐	
Please bring your blood sugar charts if you have them	☐	☐	
Do you have any problems with your eye sight?	☐	☐	
Have you been for your diabetic eye screening?	☐	☐	

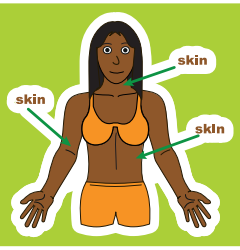
When you have eye screening, we put drops in your eyes and take photographs of them.

Here is a link to the gov.uk website for easy read information on diabetic eye screening
www.gov.uk/government/publications/diabetic-eye-screening-easy-read-guide



Pain

Yes	No	Comments
Do you have any pain?	☐	☐	
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

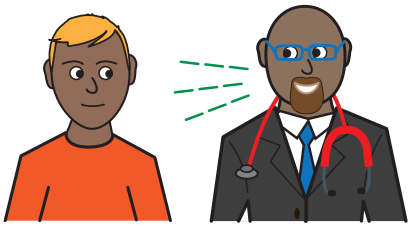
	Yes	No	Comments
Any Worries about your Memory or confusion	☐	☐	
Are you low, sad or unhappy?	☐	☐	
Are you worried, frightened or anxious?	☐	☐	
Do you feel like crying?	☐	☐	
Have you injured yourself since your last review?	☐	☐	
Do you feel like you can't cope or look after yourself?	☐	☐	
Do you feel 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 ☐

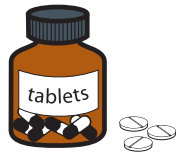
Comments

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?	☐ ☐	



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.



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

VIP hospital document

Yes ☐ No ☐

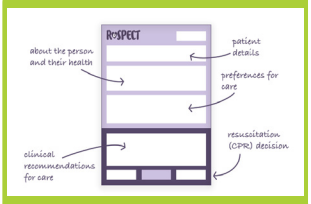
Comments

Do you have a VIP hospital document? This helps hospital staff understand how to help you	☐ ☐	

Palliative Care

Comments

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

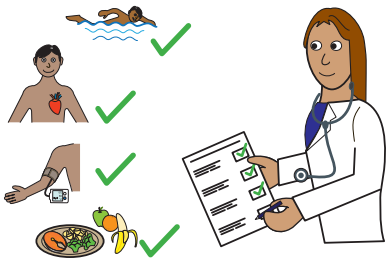


End of Life Gold Standard Framework

Comments

Do you have a ‘DNAR’ (Do Not Attempt Resuscitation) 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. You can decide if they will stay with you for some or all of the appointment.

Do you have an advanced care plan?

The West Yorkshire Partnership website has more information about end of life and advanced care planning: www.kirkleeshcp.co.uk/health-and-wellbeing/find-a-local-service/get-checked-out-kirklees/end-of-life-care-and-advanced-care-planning-information-and-resources/

Do you have any questions?

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

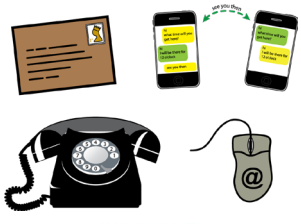
Did you receive yours?

Yes ☐ No ☐

Thank you for completing this form.

Please bring it with you to the health check appointment along with any other important documents.

Use your phone camera to click on the QR picture to see more information or visit www.kirkleeshcp.co.uk/health-and-wellbeing/find-a-local-service/get-checked-out-kirklees/



For more information about staying healthy in Kirklees please visit the Kirklees council website: **www.kirklees.gov.uk/beta/learning-disabilities/staying-healthy.aspx**

For more information on any of the health conditions please visit the easy health website by clicking on this link **www.easyhealth.org.uk**

If you have any difficulty getting the information online and would like a copy of this document printing out please contact:
Sarah Roberts Kirklees Involvement Network
Phone: **07710020235** Email: **sarah.roberts@cloverleaf-advocacy.co.uk**