

MY Health Book

Photo

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Take your health book with you to your Doctor, Nurse, Dentist, Hospital, Optician or anyone you see about your health. It helps you to share and remember information.



New information is written
in your health book.



You can read your health
book whenever you want
to.

Introduction to My Health Book

Health Matters!

Being Healthy is not just about getting better when you are ill.
It's about keeping fit and well.

There are many people to help you stay well and to do this they need to know about your health and life.

This book is a good way of making sure all the facts about your health are in one place where they are safe and can be found easily.

This book should go with you whenever you need to see someone about your health. The information in your book will help them to get it right for you.

Please look after your health because it is important to make sure you have a healthy and happy life.

Use the sheets at the back of this book as your Health Action Plan summary.



Keeping up to date



Please ask the people you see about your health to keep this information up to date every time you see them.



Additional Health Action Plan summary update sheets can be found at the end of My Health Book



You can get extra sheets for each section from our website page at: <http://www.2gether.nhs.uk/key-documents-and-resources> or you can complete My Health Book online.



Thank you

My Heath Book – Action Plan Sheet

Page.....Issue.....date.....

Page.....Issue.....date.....

Page.....Issue.....date.....

Page.....Issue.....date.....

Page.....Issue.....date.....

Page.....Issue.....date.....

Page.....Issue.....date.....



My Health Action Book – Other Information

Page.....Issue.....

Page.....Issue.....

Page.....Issue.....

Page.....Issue.....





Page.....Issue.....

Comments from.....Date.....

.....





Summary of concerns to take to Health Check

Name:

			
Health Concern	Action Needed	Who needs to help	Review Date

Summary of concerns to take to Health Check

Name:

			
Health Concern	Action Needed	Who needs to help	Review Date



If you would like further information, additional copies or would like to receive this leaflet in another language, large print or on audio format please contact the Health Facilitation Team at the address below:



Health Facilitation Team
Learning Disability Services
2gether NHS Foundation Trust
Ambrose House
Meteor Court
Barnett Way
Barnwood
Gloucester
GL4 3GG



can email us at simon.shorrick@glos.nhs.uk



Call us on: 01452 321015
or freephone: 0800 019 3346

Long Term Health Conditions



Do you have a long term health condition?

Yes ☐ **No** ☐

Advice:

Tel us about your long term health condition/s

Actions for Long Term Health Condition



What do you need to do to make sure your long term health needs are met?



Who needs to help you?



What do they need to do?



When do they need to do it and how often?

Recording and Monitoring



Who will help you record all actions to make sure your needs are met?



Who will help you to monitor changes in your long term health needs?



When will your long term health condition be reviewed? (see Health Action Plan summary pages)

My Health Assessment



**Before I see the Nurse or
Doctor.....
Checking my health
needs
for my Health Action Plan**

(This is Confidential)

This health check tool has been adapted from that used by Westminster PCT.

Getting a Health Action Plan



Fill out these pages and **keep it safe**.
You might need to ask someone to help
you fill out these pages.

You only have
to fill in boxes
with this purple
colour



**Take this form with you when you go
and see your Doctor or your Nurse for
your annual health check.**

Staff at the GP
surgery will fill
in boxes with
this green
colour

Area of Need	Action	By Whom
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP
• See your GP	• See your GP	• See your GP

You also need this form when you
complete your Health Action Plan.



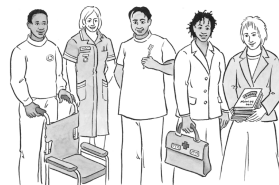
The Nurse or Doctor might tell other
people about you so that they can help
you to stay healthy. They will tell you
about this first so that you can decide
what you want to do.

Please fill in
boxes with this
purple colour

People who help me keep healthy



My Name is:



**Do you have support from
the Mental Health Team?**



**My Care Manager/Social
Worker or Care
Co-ordinator is:**



**Do you have support
from the Learning
Disability Team?**



My Carer/Key Worker is:



My GP is:



My Health Facilitator is:



Other important people:



Communication

Completed by

.....
(relationship)

Date.....

**I can express my needs
and wants well?**

Yes ☐ **No** ☐

My first language is

I express myself using (please tick all that apply):

Sounds

☐

Signs

☐

Single words

☐

**Pictures/
Symbols**

☐

Single sentence

☐

**Writing/
keyboards**

☐

**Gestures/
body language**

☐

**Through an
interpreter**

☐

Objects

☐

Other



Other details

.....
.....
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.....

**The best way to help me understand something is:
(e.g. using pictures and symbols):**

.....
.....
.....
.....

Health professionals can make things easier for me and help me co-operate by:

.....
.....
.....
.....

People can tell when I am feeling unwell or I am in pain by:

.....
.....
.....
.....



I get help when I am unwell by:

.....
.....
.....
.....
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.....

Communication notes:

.....
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.....



Please fill out these boxes.



Remember to bring a urine sample.



How much alcohol do you drink?

Past illnesses

Do you have a diagnosis for your learning disability?

Who gives you alcohol and when?

Teeth:



Are you registered with a Dentist? If yes, who is it?



When was the last time you went for a dental check up?

Date:



Any dental issues you want to talk about:

Advice:

Diet:



Diet:
Do you sometimes
choke on your
food?

Yes ☐ No ☐

Dietitian:
Have you seen a
Dietitian?

Yes ☐ No ☐

Advice:

Diet:
Do you have a
special diet?

**Who is your
Dietitian?**

**Do you suffer with
any allergies?**

**Do you have any
special equipment,
spoons etc?**



The practice nurse will now take some important measurements:

Height:

BMI:

Blood Pressure:

Weight:

Pulse:

Date:



Smoking:



Have you ever smoked?

Yes ☐ No ☐

How many do you smoke?

Any other drugs?



Did you ever live in a hospital?

Yes ☐ No ☐

Do you know your Hepatitis A status?

Yes ☐ No ☐

Do you know your Hepatitis B status?

Yes ☐ No ☐

Advice:



Do you know your Tuberculosis status?

Yes ☐ No ☐



The nurse might check your blood.



The nurse will check if you need a flu jab.

The nurse will check if you need a pneumococcal jab.



THIS PAGE IS FOR WOMEN ONLY

The nurse will ask you questions about your body and what you know about sex. This is to make sure that you are offered the right check ups to help you stay healthy.



Have you ever had a smear test?

Yes ☐ No ☐

Do you know about smear tests?

Yes ☐ No ☐

Do you know how to check your breasts?

Yes ☐ No ☐

Have you ever had a breast screen?

Yes ☐ No ☐

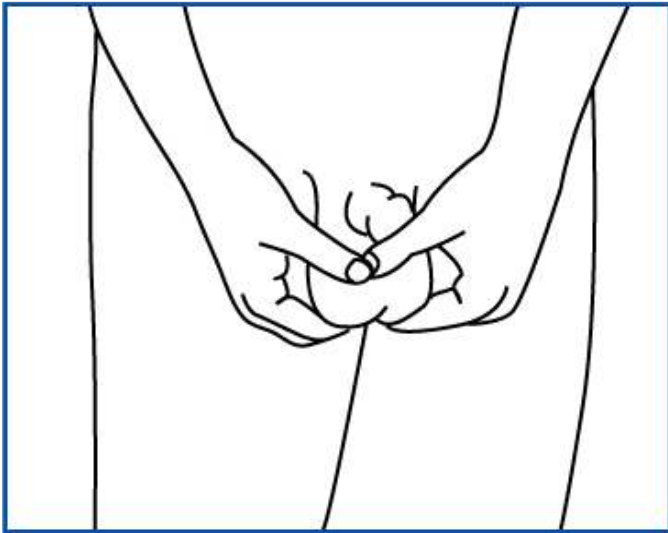
If you had a breast screen, when was it?

Advice:



THIS SECTION IS FOR MEN ONLY

The nurse will ask you questions about your body and what you know about sex. This is to make sure that you are offered the right check ups to help you stay healthy.



Do you know how to
check your testicles?

Yes ☐ No ☐

Advice:

Eyes:



Have you had an eye test?

Yes ☐ No ☐



Do your eyes hurt?

Yes ☐ No ☐



Do you wear glasses?

Yes ☐ No ☐



Who tested your eyes and when?

Tell us if there have been changes to your eyes that you are concerned about?

Advice:

Ears:



Have you had a hearing test?

Yes ☐ No ☐

Who tested your hearing and when?



Have you got a hearing aid?

Yes ☐ No ☐



Has anyone commented that you might have a hearing problem?

Yes ☐ No ☐

Is there anything that you want to tell us about your ears?



The Nurse will look into your ears.

Advice:

Bladder and Bowels:



Do you have difficulties urinating?

Yes ☐ No ☐

Do you have problems with your bowels?

Yes ☐ No ☐

Do you have problems going to the toilet?

Yes ☐ No ☐

Do you use any equipment to use the toilet?

Yes ☐ No ☐ What do you use?

Is there anything else you want to tell us?

Advice:

Your Feelings:



How are you feeling?

Do you get upset easily?

Yes ☐ No ☐

Are you worried about anything?

Yes ☐ No ☐

Are worries stopping you doing the things you want to do?

Yes ☐ No ☐

Do you sometimes feel like hurting yourself or others?

Yes ☐ No ☐

Have you ever seen anyone about your feelings?

Yes ☐ No ☐

Do you have a diagnosis of any mental illness?

Anything else you want to tell us?

Advice:

Foot Care:



Are you physically active?

Yes ☐ No ☐

Do you have difficulties walking?

Yes ☐ No ☐

Do you have difficulties moving your arms?

Yes ☐ No ☐



Are you seeing someone about your feet?

Yes ☐ No ☐

Who helps you look after your feet?

Do your feet itch or hurt?

Yes ☐ No ☐

Can you cut your own toenails?

Yes ☐ No ☐

Advice:

Anything else you want to tell us?

Epilepsy:



Do you have Epilepsy?

Yes ☐ No ☐

How many seizures do you have a month?

Have you got a thyroid problem?

Do you know what your seizures are called?

When did you last have your medication reviewed?

Who is your epilepsy Doctor/Nurse?

Anything else you want to tell us?

Advice:

General Health:



Do you have any illnesses or conditions that stop you doing the things you like to do? Please tell us:



Have you ever had to stay in hospital overnight? Please tell us:

Advice:

Tablets and Medication:



Please list all your medication and bring these along:

Advice:

Is your Long Term Health Condition needs identified in HAP?



Area of Need	Action	By Whom
...
...
...
...
...
...
...
...
...
...

Have you been given a Health Action Plan? This is to help you with your long term health condition.

Yes ☐ No ☐

Did you help with your Health Action Plan?

Yes ☐ No ☐



Has your Health Action Plan been reviewed by your carer or support worker?

Yes ☐ No ☐

Who reviewed your Health Action Plan? When is it to be reviewed?

Tell us if there have been any changes to your Health Action Plan?

Where can your Health Action Plan be found?

Information for Carers, Professionals and Others. A Guide for GP's and Primary Care Teams

Learning disability is a lifelong condition which usually results from damage to the brain before, during or after birth, or from genetic or chromosome factors.

A person with a learning disability may have difficulties developing intellectual and social skills. This may become a handicap when it stops them taking advantage of the full range of opportunities available to other members of society.

Children and adults with a learning disability have the right to develop in every aspect of their lives. People with learning disabilities may call on the services of health and social care professionals and voluntary organisations to enable them to live as fulfilling a life as possible.

My Health Book has been developed to help your patients/clients with a learning disability use their GP's and other health services more effectively. It contains information and pictures to help explain common health events in most people's lives.

Having a learning disability does not mean that the person will never understand the advice or treatment you give. Some people with learning disabilities have good communication skills. However, sometimes a few carefully chosen pictures or simplifying the way you explain things can make all the difference. Many people with a learning disability need time and patient support to understand information.

People with a learning disability often rely on a family member, advocate or care worker to help with communication at health appointments. However, most people want to take responsibility for their own health, so My Health Book has been designed to help them to do this.

Consent

My Health Book can also help with the issue of consent. According to the relevant section of Assessment of Mental Capacity, 1995, BMA/Law Society, the assessment of an adult patient's capacity to make decision about his/her medical treatment is a matter for clinical judgement, guided by professional practice and subject to legal requirements.

It is the personal responsibility of any doctor proposing to treat a patient to judge whether that person has the capacity to give valid consent.

To demonstrate capacity individuals should be able to:

- Understand in simple language what the treatment is, its purpose and nature and why it is being proposed.
- Understand its principle benefits, risks and alternatives
- Retain the information for long enough to make an effective decision
- Make a free choice (i.e. free from pressure)

Seeking consent is part of a respectful relationship with people with learning disabilities, and should usually be seen as a *process*, not a one-off event. When you are seeking a person's consent to treatment or care, you should make sure they have the time and support they need to make their decision, unless the urgency of their condition prevents this.

Suggested health surveillance and health promotion

In addition to inclusion in population based screening/health promotion

- **Establish primary cause** of learning disability if possible, since it may have further health implications
- **Vision** – problems are more common
- **Hearing** – problems are more common
- **Mobility and posture** – check for spinal deformity and evaluate need for therapy and /or equipment
- **Sleep** – problems are common
- **Weight** – changes may indicate poor diet, lack of exercise, thyroid disorder or depression, all relatively commonly missed during diagnoses
- **Immunisation** – especially important where people still live in large institutions – Hepatitis A & B and influenza
- **Drugs** – avoid long term unmonitored use of drugs, especially neuroleptics and polypharmacy
- **Epilepsy** – regular review of seizures, medication and side effects
- **Oral Health** – you may need to ask about different toothpastes and looking after your teeth. For example, what support you need and do you use special equipment.

- **Emotional distress and behavioural disturbance:**
 - (1) may be response to abuse, bereavement or other life changes.
May need referral for behavioural, psycho-therapeutic or drug treatment.
 - (2) may be a response to physical illness or a symptom of pain.
 - (3) depression and early onset dementia occur more often
- **Carer's health** and plans for the future
- Care – signs of poor care, e.g. halitosis, blepharitis, pressure sores, may indicate a deterioration in the person's function or that carers are not coping.
- **Carers Self Help Groups** – Obtainable from:
www.carersgloucestershire.org.uk
- **Carers (Needs) Assessments** - Most carers have a legal right to an assessment of their own needs. It is your chance to discuss with the social services department of your local authority what help you need with caring.

Other Information

Hospital Traffic Light Assessment

a grab sheet that could accompany a person with a learning disability into a hospital, whether a planned or emergency admission.

It could be kept with your Health Action Plan or separately.

Red – Things you must know about me – for example: names, likes to be known as, religion, allergies, current medications, level of communication

Amber – Things that are really important to me – for example: how to communicate with me, moving around, how I take medication, personal care, levels of support, how you know when I am in pain.

Green – Things I would like to happen and likes/dislikes – how to make the hospital stay better. My usual routines and what would make me feel much more comfortable and safe.

Hospital Traffic Light Assessment forms can be obtained from the Health Facilitation Team or downloaded from: www.2gether.nhs.uk Health Facilitation documents and resources webpage, or completed on line.

FIRST POINT OF CONTACT CENTRE

CONTACT INFORMATION TO FOLLOW



Community One Stop Teams

Contact numbers and information to follow

IHOT (Intensive Health Outreach Team):

Charlton Lane Centre 01242 634175

Health Facilitation Team:

Ambrose House	01452 321015
or Freephone:	0800 019 3346

Resources

Learning Disability Documents

A picture of Health – making health information easier

www.apictureofhealth.southwest.nhs.uk

CHANGE

www.changepeople.co.uk

Death by Indifference – 2007 Mencap Report

www.mencap.org.uk/

Disability Discrimination Act 2005

www.mencap.org.uk

Easyhealth

www.easyhealth.org.uk

End of Life Care and Bereavement Information

<http://www.guide-information.org.uk/>

Equity and Excellence: Liberating the NHS July 2010

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117351.pdf

Facing the Facts DOH – Nov 1999

www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH

Our health, our care, our say: a new direction for community services.

This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, www.dh.gov.uk

Independent Inquiry into Healthcare for people with learning disability.

Sir Jonathan Michael Report

www.oldt.nhs.uk/aboutus/news/SirJonathanMichaelReport.

High quality care for all: NHS Next Stage Review final report

Final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 SHA strategic visions: 30 June 2008.

www.dh.gov.uk

Learning Disabilities 2gether Trust carers' charter

[http://nww.glospt.nhs.uk/C18/Service%20Users%20and%20Carers/Document%20Library/Carers Charter 2011.pdf](http://nww.glospt.nhs.uk/C18/Service%20Users%20and%20Carers/Document%20Library/Carers%20Charter%202011.pdf)

Learning Disabilities 2gether Trust website:

www.2gether.nhs.uk

MENCAP – The voice of learning disability

<http://www.mencap.org.uk/>

The Clear Communication People Ltd

<http://www.communicationpeople.co.uk/>

Valuing People: A New Strategy for the 21st century - you can find all these on the 'Valuing People papers' page of the Valuing People

www.valuingpeople.gov.uk/ValuingPeoplePapers.htm

Valuing People Now: a new three-year strategy for people with learning disabilities – March 2008

www.dh.gov.uk/publications

Resources – Useful Local Information

Advocacy Trust Gloucestershire (ATGLos)

<http://community.stroud.gov.uk/default.asp?pid=38>

Carers Gloucestershire

<http://www.carersgloucestershire.org.uk/>

Gloucestershire County Council – Services and support for people with disabilities

<http://www.gloucestershire.gov.uk/index.cfm?articleid=149>

Gloucestershire Hospitals NHS Foundation Trust

<http://www.gloshospitals.nhs.uk/>

Gloucestershire LiNK – (Local involvement network) helping to shape local health and social care services

<http://www.gloslink.org.uk/>

Gloucestershire Voices - user led self-advocacy organisation for adults with a learning disability

<http://www.yourcircle.org.uk/kb5/gloucs/yourcircle/view.page?record=J-UU22E8jA0>

GUIDE & PALS – Patient Advice and Liaison Service

<http://www.guide-information.org.uk/>

Health Facilitation Team – 2gether NHS Foundation Trust

<http://www.2gether.nhs.uk/key-documents-and-resources>

Information for carers attending Gloucestershire Hospitals Foundation Trust

http://www.2gether.nhs.uk/files/GHPI1044_09_10.pdf

Information for carers, useful contacts

http://www.2gether.nhs.uk/files/12044%20CP_006%202gether%20Useful%20Con%208pp.pdf

NHS Direct

<http://www.nhsdirect.nhs.uk/>

NHS Gloucestershire

<http://www.nhsglos.nhs.uk/>

Acknowledgements

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- Bournemouth and Poole Health Action Group
- 2gether NHS Foundation Trust Health Facilitation Team
- Service users
- Primary care teams
- Community learning disability teams
- Health professionals and carers who assisted
- HAG (Health Action Group) Gloucestershire

Review Date: March 2013

Produced by the Learning Disability Health Facilitation Team

Community One Stop Teams

(Further Information Available from April 2012)

**The Community One Stop Teams will help
advise and support people
with Learning Disabilities:**



Who are
18 years or older and
have a Gloucestershire Doctor

**They can help you with your
health and well being.**

2gether
Making life better

Foundation Trust
For Gloucestershire **NHS**

Lots of people work in the Community One Stop Teams:



Administration Staff



Doctors



Occupational Therapists



Nurses



Physiotherapists



Psychologists



Speech and Language Therapists

Any questions?



Ring us:

East County

CLDT

01452 321059

Forest of Dean

CLDT

01594 593075

Gloucester

CLDT

01452 894280

Stroud CLDT

01453 563075

Or

Look at our Website

www.2gether.nhs.uk

Health Action Plan

Summary Sheets

Tick ✓ the box
I have a Health Action Plan for my:



Teeth

☐

Eyes

☐

Ears

☐

Skin and Hair

☐

Hand and Foot care

☐

Tick ✓ the box
I have a Health Action Plan for my:



Bladder and Bowels

☐

Epilepsy

☐

**Mental Health and
Behaviour**

☐

Women's Health

☐

Men's Health

☐

Tick ✓ the box
I have a Health Action Plan for my:



Eating and Drinking

☐

Mobility

☐

Tummy

☐

Medication

☐

Tick ✓ the box

I have a Health Action Plan and for my:



Heart and lungs

☐

Lifestyle

☐

.....

Other Health Need

☐

.....






Other Health Need

☐

Health Action Plan








Eyes

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Teeth

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan



Ears

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Bladder and Bowels

Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Epilepsy

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Skin and hair

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Hand & Foot care

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Mental Health & Behaviour

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan



Women's health

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Men's health

Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Eating and Drinking

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Mobility

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Tummy

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

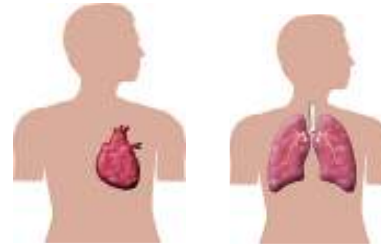
Health Action Plan








Medication

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Heart and Lungs

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan








Lifestyle

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

My End of Life Plan



Picture of Me