



Yellow Health Book

Confidential: This means only the people I want can see this



Designed and made "Easy Read" by Bournemouth People First using:



This is a book about my health



My name is:

1980
1964 1972

The year I was born is:



My phone number is:



My NHS number is:



My blood group is:

I am:

Male

☐

Female

☐

Stick photo here



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Women only



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Introduction



This is your Yellow Health Book.



This book is for you to fill in information about your health and what support you need to stay healthy and safe.



You don't need to fill in all the pages but it will help your Doctors and Nurses if you fill in as many as you can.



You can ask someone you trust to help you.



You should take this book with you when you go to the Doctor, Dentist, Optician and Hospital.

Introduction



You should also take it with you when you go on holiday or if you stay away from home.



It's your book, but you can ask someone you trust to remind you to take it with you.

Who should see my book?



It is your book so you can say who you want to see it.



The most important people that need to see your book are the people that help you look after your health.

Introduction

Where should I keep my book?



The information in your book is private so it is a good idea to keep it in a safe place. You could keep it:



In your bedroom



In a safe cupboard or drawer



Or you can ask someone you trust to help you put it somewhere safe

Introduction

On the front of your book there is a box called "Red Alert"

A red-bordered box with the text 'Red Alert' in red, followed by a blue circle with a white 'i' icon. Below the text are several horizontal dotted lines for writing.

Its important that you write anything in here that people might need to know about you straight away.



For example if you are allergic to something or if you have epilepsy.

Introduction



If you would like more information about your book
OR... if you need extra pages, you can contact anyone below:



**Dorset Learning Disability
Partnership Board**



01305 216613

Download extra
pages from:



<http://dorset.ldpb.info>



Dorset People First



01305 257600





Dorset Advocacy



01305 261 483

Community Learning Disability Teams

West Dorset  01308 422 234

Weymouth and Portland  01305 760 139

North Dorset  01258 472 652

Christchurch  01202 474 106

East Dorset  01202 877 445

Purbeck  01929 553 456



All About Me



A person I trust that I would like you to contact in an emergency is:

.....



Their phone number is:

.....



Their mobile number is:

.....



I have a partner:

Yes  ☐

No  ☐



Do they live with me?

Yes  ☐

No  ☐

All About Me



I have a carer:

Yes  ☐

No  ☐



I have children:

Yes  ☐

No  ☐



Their Nursery, School or College number:

.....



I have pets:

Yes  ☐

No  ☐

The pets I have are:



The person who looks after my pets when I am not there is:

.....

All About Me

I need help making choices and giving consent:

Yes

☐

Sometimes

☐

No

☐

Who I want to help me make choices or make decisions for me:

.....

My religious or cultural beliefs are:



.....

.....

.....

.....

All About Me



My GP's Name:



GP's Address:

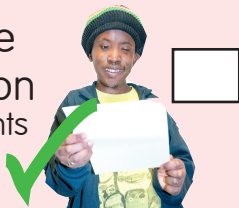
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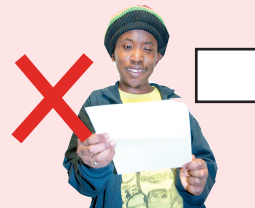


GP's phone number:

I have an advance
statement/ decision
(this says what treatments
I DO NOT want)



I do not have an
advance statement
/decision



All About Me



My sleeping pattern














Food I like












**Who I would like to
support me**



My Other Important Information

 What's it called?	 What's in it?	 Who can I ask about it?
<p>Medication Sheet (MAR)</p> 		 Phone Number:
<p>Medical Assistive Technology (alarms, oxygen etc)</p> 		 Phone Number:
<p>Care Plan</p> 		 Phone Number:
<p>Postural Management Plan</p> 		 Phone Number:

My Other Important Information

 <p>What's it called?</p>	 <p>What's in it?</p>	 <p>Who can I ask about it?</p>
<p>Communication Passport</p> 		 Phone Number:
<p>Sensory Passport</p> 		 Phone Number:
<p>Other</p> <p>.....</p>		 Phone Number:
<p>Other</p> <p>.....</p>		 Phone Number:

My Communication

I use these things to communicate

Talking

☐

Writing

☐

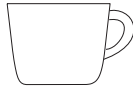
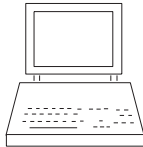
Communication board or book

☐

Communication aid

☐

Symbols

☐

Photos

☐

My hands-signs or gestures

☐

My hands-pointing

☐

My Communication

I use these things to communicate

Objects

☐

Leading people

☐

Sounds

☐

My eyes

☐

My face

☐

My body

☐

My Communication

What you can do to help

Give me
enough space



Make sure I can
see your face and
hear your voice



Make sure I have my
communication board,
book or aid



Tell me one thing
at a time



Use easy words
and short sentences



Speak slowly and
clearly but don't
shout



My Communication

Show me what you
are talking about



Give me time
to understand
and respond

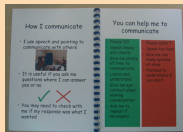


Check I have
understood



More information about my communication

I have a Communication Passport



My General Health

I have:

Had an accident
in the past

☐

An ongoing illness
which affects me

☐

Had a serious
illness in the past

☐

Had to go to
hospital

☐

Heart problems

☐

High blood
pressure

☐

Diabetes

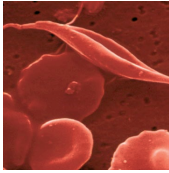
☐

Cancer

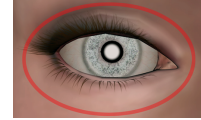
☐

My General Health

Sickle cell disorders

☐

Glaucoma
(A disease of the eyes)

☐

More Information on my general health and past operations:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



My Family History

People in my family have had:

Heart problems

☐

Asthma

☐

Diabetes

☐

Cancer

☐

High blood pressure

☐

Allergies

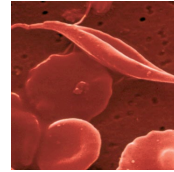
☐

My Family History

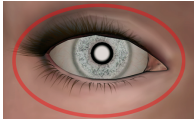
Mental health
needs

☐

Sickle cell
disorders

☐

Glaucoma
(A disease of
the eyes)

☐

Other

☐

More information and details on my family history:



My Allergies



Asthma

☐

Some foods

☐

Hayfever

☐

My Allergies



Medicine

☐

Other

☐

My Teeth



My dentist is:

.....

I have:

My own teeth

☐

False teeth

☐

When I have a check I am:

☐☐☐

When I have a treatment I am:

☐☐☐

In the past I have needed:

I need sedation

☐

General
Anaesthetic

☐

My Teeth

What support I need to look after my teeth, mouth and gums

I look after my teeth myself. Please ask me if everything is ok.

☐

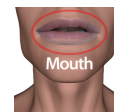
Hand over hand help from my carer

☐

I need my carer to prompt and encourage me

☐

I need my carer to look after my mouth care

☐

I do some of my own mouth care but need my carer to finish it

☐

Other help

☐


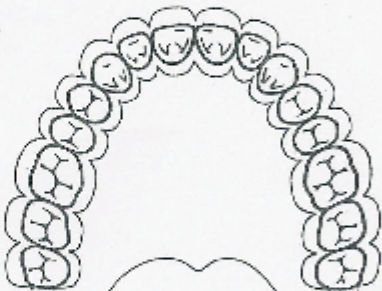
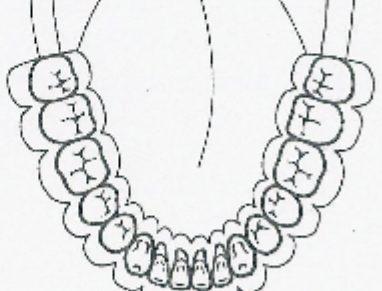
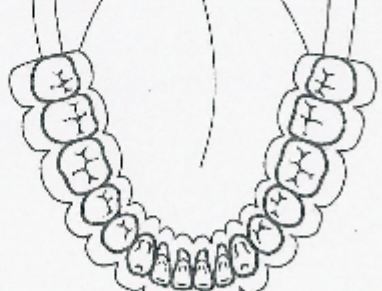


Other information, for example likes and dislikes when at the dentist:

My Teeth

The coloured areas are where I need to brush better

Please see my care plan ☐



Upper	Upper
	
	
Lower	Lower
 Date: _____	 Date: _____

My Teeth

What I use to look after my mouth:

Special toothpaste

☐

High fluoride toothpaste

☐

An electric toothbrush

☐

A normal (manual) toothbrush

☐

Corsodyl gel

☐

Mouthwash

☐

Other:

Personal Care

I look after my own personal care

☐

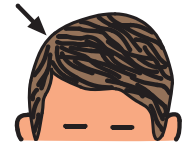
I need support with washing and/ or bathing

☐

I need support with shaving

☐

I need support with looking after my hair

☐

I need help to clean my ears

☐

I need support with using deodorant

☐

Personal Care

I need support
with cutting my toe
and finger nails

☐

I get help with
my feet from a
podiatrist

☐

I need other
help

☐

My Ears and Eyes

My hearing is fine

☐

I have problems
with my hearing

☐

Please check my
ears for wax

☐

I am sensitive
to some sounds
For example:

☐

.....

.....

.....

Ear



My Ears and Eyes

I wear a hearing aid...

In my left ear



In my right ear



Please check my batteries are working, and the mould is clean every week!

I have another kind of hearing aid...



For more information please see "My Communication" Pages, or contact Audiology

Ear



My Ears and Eyes

I wear glasses

☐

I wear contact lenses

☐

I am blind

☐

I can't see very well

☐

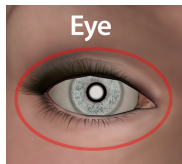
I need my eyes tested regularly

☐

I need help with my glasses/contact lenses

☐

I have an eye condition

☐

I have diabetes

☐



Eating and Drinking

I get fed by a tube (gastrostomy) please see my care plan.

☐

My eating/drinking are fine.

☐

I have some problems with eating/drinking

☐

My carers and I need to know about what helps me to eat and drink safely

☐

I have a Care Plan (dated.....) on how I eat/drink

☐

I have guidelines from a Speech and Language Therapist (dated.....)

☐

Eating and Drinking



My eating and drinking needs may change over time, especially if I am ill.



If anyone is worried about my eating and drinking please contact the Speech and Language Therapy Team on:  01202 705549

Things to look out for:

I am anxious about eating and drinking

☐

I refuse to eat or drink

☐

Changes while I eat like:
coughing,
choking,
or gasping for breath.

☐

Changes while I eat like:
Face changing colour,
sweating,
or eyes watering.

☐

Eating and Drinking

Food or drink coming
back up into my mouth
or down my nose



Anything else you should know about my eating and drinking, for example
my favourite foods:

***Please also check “My Allergies” pages**



Toileting

I need support
with going to
the toilet

☐

I wear a catheter

☐

I wear pads

☐

I get constipation

☐

I get urine
infections easily

☐

Other

☐

Toileting

Medicine I take to help with my toileting



.....

.....

.....

Other information about my toileting needs



.....

.....

.....

My Skin

I have:

Sensitive skin
and/or eczema

☐

Very dry skin
and /or scalp

☐

Fair skin

☐

Skin that's very
sensitive to The sun
(photosensitive)

☐

Painful acne

☐

Skin and mole
checks

☐

Creams and medicine I use for my skin are:





Mobility and Posture

I am independent

☐

I use a wheelchair

☐

I need help with transfers

☐

I need special equipment

☐

I wear special shoes

☐

I need special care for my feet

☐

Please read my Postural Management Plan

☐



My Epilepsy



I have epilepsy

☐

when I have a seizure I:

I take medicine to control my seizures

☐

I have regular seizures

☐

I have guidelines/ Care Plan for seizures

☐

I keep a record of my seizures

☐

My Epilepsy



When I have a seizure you can support me by:

My epilepsy is reviewed by:

Sensory Needs and Therapies

Touch

☐

Taste

☐

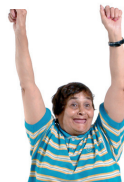
Movement

☐

Smells

☐

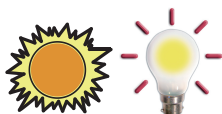
Body position

☐

Looking at things

☐

Sunlight/ Light

☐

Sounds

☐

Please see my sensory plan/passport

☐

Sensory Needs and Therapies

Therapies I have to help my health generally are:

Massage

☐

Reflexology

☐

Spiritual healing
(Reiki etc)

☐

Yoga

☐

Aromatherapy

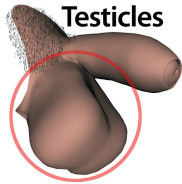
☐

Other

☐

Men Only

I need regular
testes checks

☐

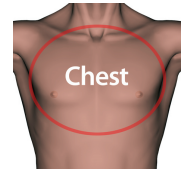
I sometimes have
trouble peeing

☐

I need help shaving

☐

I need regular
breast checks

☐

I use contraception

☐

Men Only



Women Only

I have periods

☐

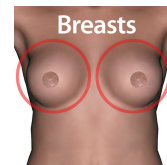
I do not have periods

☐

I have bad period pains and PMT

☐

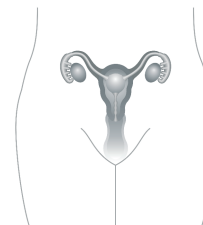
I need regular breast checks

☐

I need regular cervical smears

☐

I have a gynaecological history

☐

Women Only

I use contraception

☐

I need help with
feminine hygiene

☐



Mental Health and Wellbeing



Things that make me
scared, anxious or unhappy:

Please support me to feel less anxious or upset by:



Mental Health and Wellbeing



I have a mental health need

☐

I need support with:

I see someone about my mental health

☐

I do not see anyone about my mental health

☐

If so, who?



Their phone number is:

What I Do In The Week



About where I live



Adult Learning/ College



Day Centre

What I Do In The Week








Where I work








Other





My Height, Weight & Blood Pressure

 Date	 Height	 Weight	 Blood Pressure	 B.M.I (Body Mass Index)

My Height, Weight & Blood Pressure

 Date	 Height	 Weight	 Blood Pressure	 B.M.I (Body Mass Index)

Vaccines

 Vaccine/ immunisation	 Date	  Date of booster
Diphtheria		
Flu		
Measles		
Mumps		
Rubella		

Vaccines



Vaccine/ immunisation



Date



Date of booster

Tetanus






Hepatitis B

.....






.....

.....






My Health Contacts

	 <p>Name and address</p>	 <p>Phone number</p>
 <p>Supporter</p>		
 <p>Hospital Staff</p>		
 <p>Key Worker</p>		


My Health Contacts

	 <p>Name and address</p>	 <p>Phone number</p>
 <p>Social Worker</p>		
 <p>Speech and Language Therapist</p>		
 <p>Occupational Therapist</p>		






My Health Contacts

	 Name and address	 Phone number
 Community Nurse		
 Dentist		
 Physio		







My Health Contacts

	 Name and address	 Phone number
 Psychiatrist		
 Psychologist		
 Foot Podiatrist		

My Health Contacts

	 Name and address	 Phone number
 Dietician		
 Optician		
		

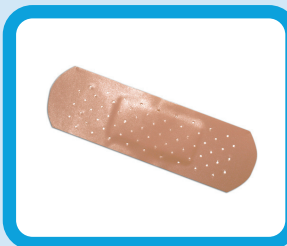
My Health Contacts

	  Name and address	 Phone number
		
		
		

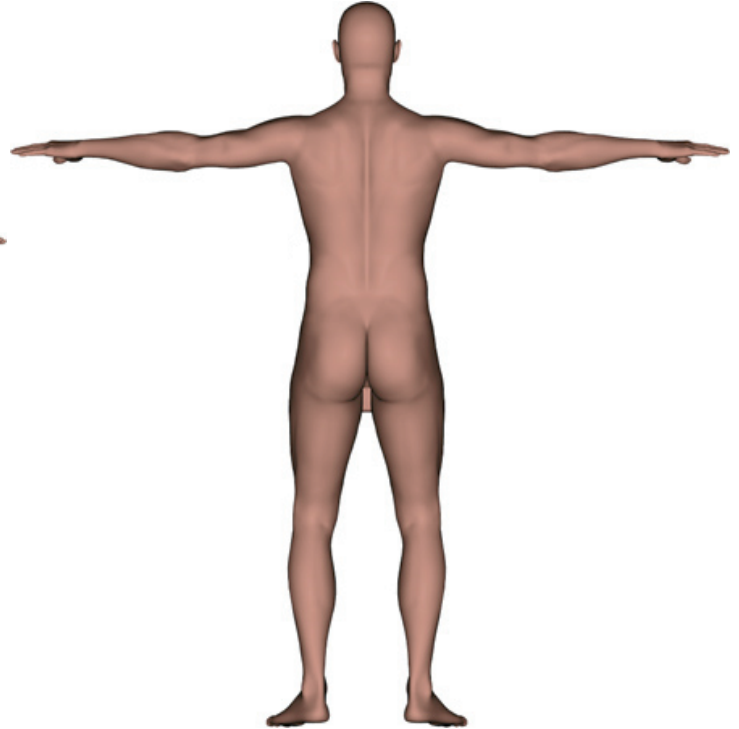
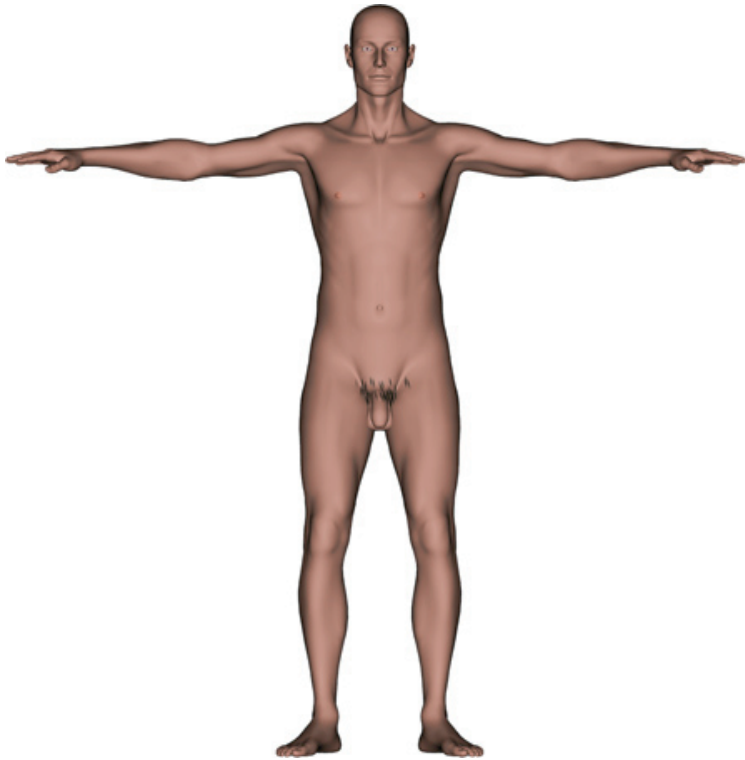
Where Does It Hurt? For Men



You can use these pictures to point to the place on your body where you have a pain or injury



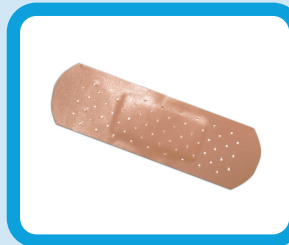
Where Does It Hurt? For Men



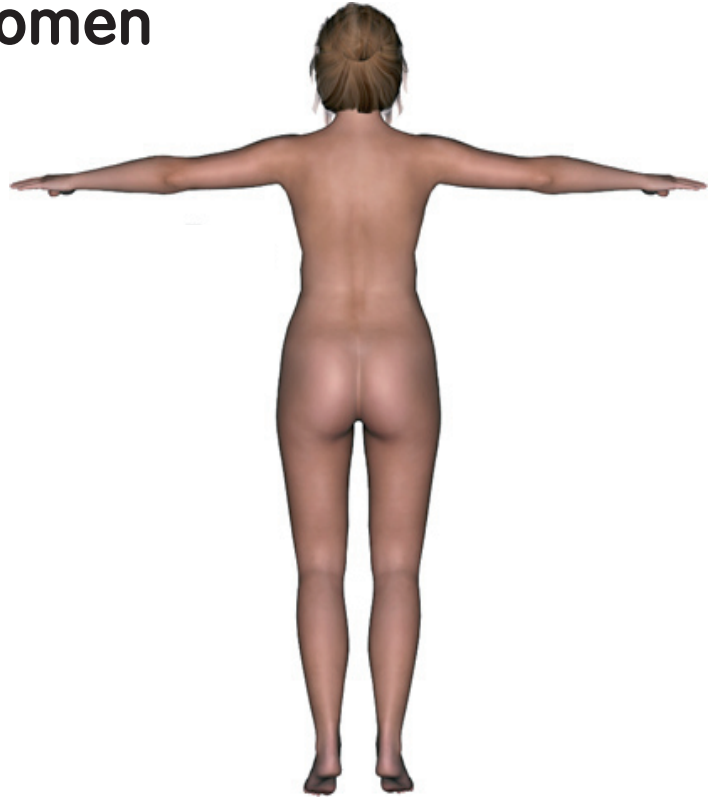
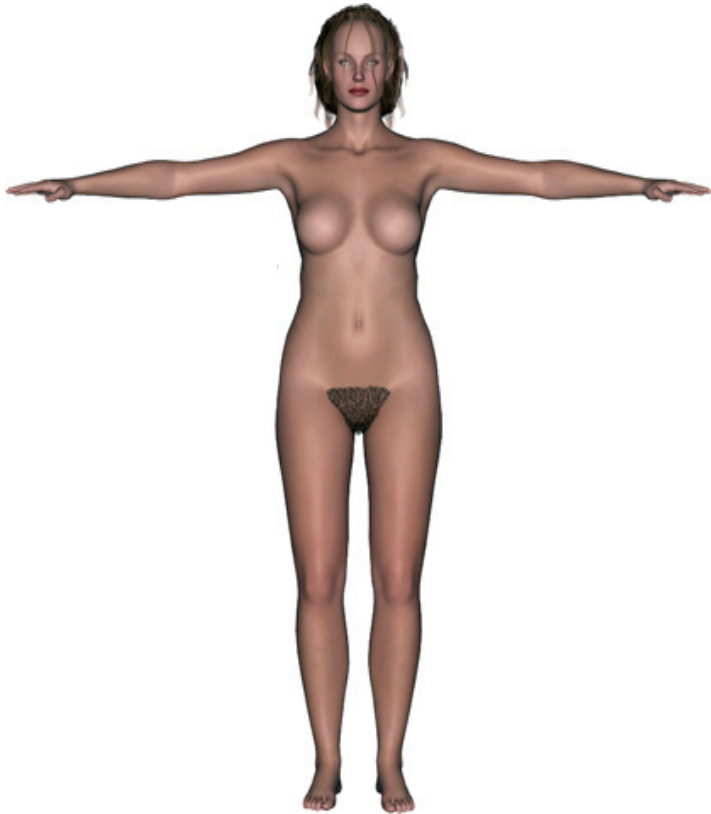
Where Does It Hurt? For Women








You can use these pictures to point to the place on your body where you have a pain or injury








Where Does It Hurt? For Women








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









Self Care

Self Care is about making small steps for yourself , so that you have a healthy, happy life.




 What I will do	 Who will help?	 When will I do this by?
 Step 1.		
 Step 2.		
 Step 3.		

Self Care

 What I will do	 Who will help?	 When will I do this by?
 Step 1.		
 Step 2.		
 Step 3.		



For an easy read booklet on Self Care, please ask at your Doctors Surgery or call Dorset People First on:  01305 257 600