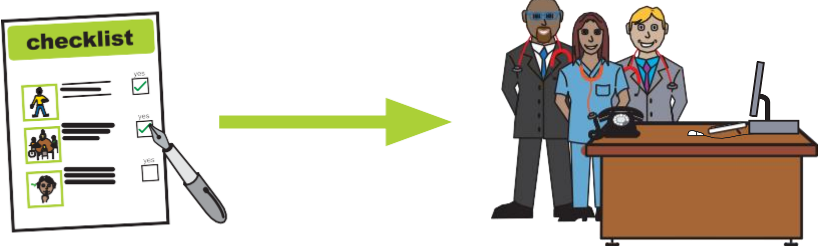
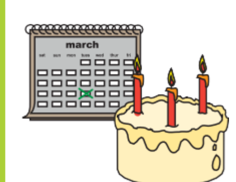
Get Checked Out **Checklist**

Please fill this book in and bring it back to the GP surgery



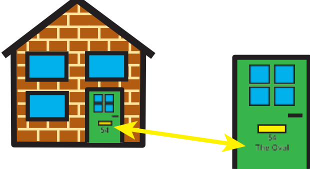
Name:

I prefer:



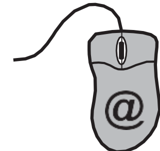
Date of birth:

Who is important to you?



Address:

Telephone:



Email:

The Equality Act (2010) Reasonable adjustments – Care Plan

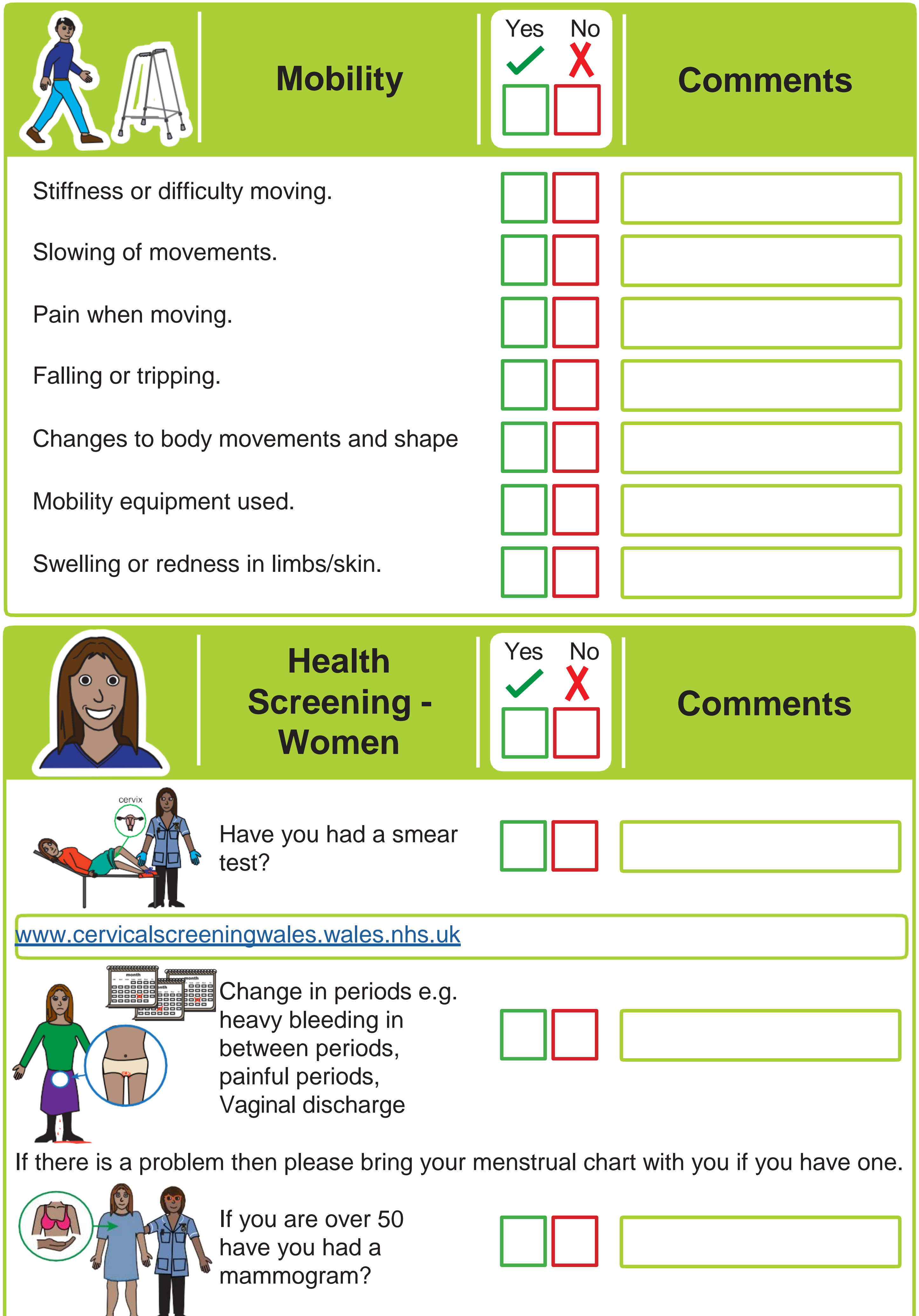
A reasonable adjustment is a small change that can be made.
This change will make it easier for you to attend your annual health check.
The table below has some examples of reasonable adjustments that can be made.
You can ask for these reasonable adjustments to be available at your next annual health check

Reasonable Adjustment	How you can help me	Yes ✓	No ✗	Comments
your	I need easy read documents.			
	I need information in Braille			
large print	I need information in large print.			
	I need information in another language – if so what language?			
entrance	I use a wheelchair and will need a hoist if I need a physical examination. I may need a home visit instead.			
	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.			
	Bright lights or a loud noise may affect me.			
	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?			

https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities



Mobility

Mobility	Yes ✓	No ✗	Comments
Stiffness or difficulty moving.			
Slowing of movements.			
Pain when moving.			
Falling or tripping.			
Changes to body movements and shape			
Mobility equipment used.			
Swelling or redness in limbs/skin.			

Health Screening - Women

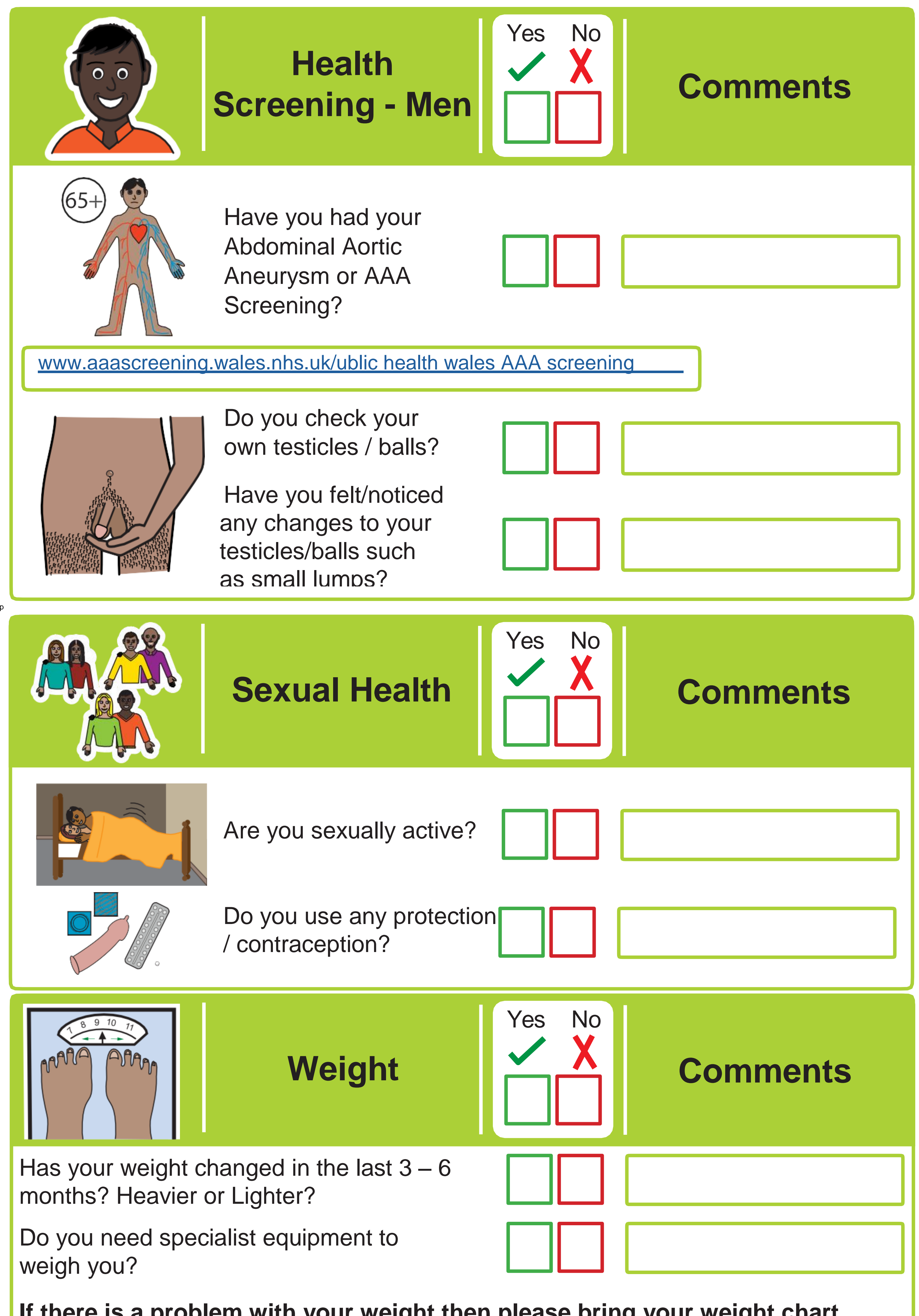
Health Screening - Women	Yes ✓	No ✗	Comments
Have you had a smear test?			

www.cervicalscreeningwales.wales.nhs.uk

	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?	☐	☐	

www.aaascreening.wales.nhs.uk/ublic health wales AAA screening

	Yes ✓	No ✗	Comments
Do you check your own testicles / balls?	☐	☐	
Have you felt/noticed any changes to your testicles/balls such as small lumps?	☐	☐	

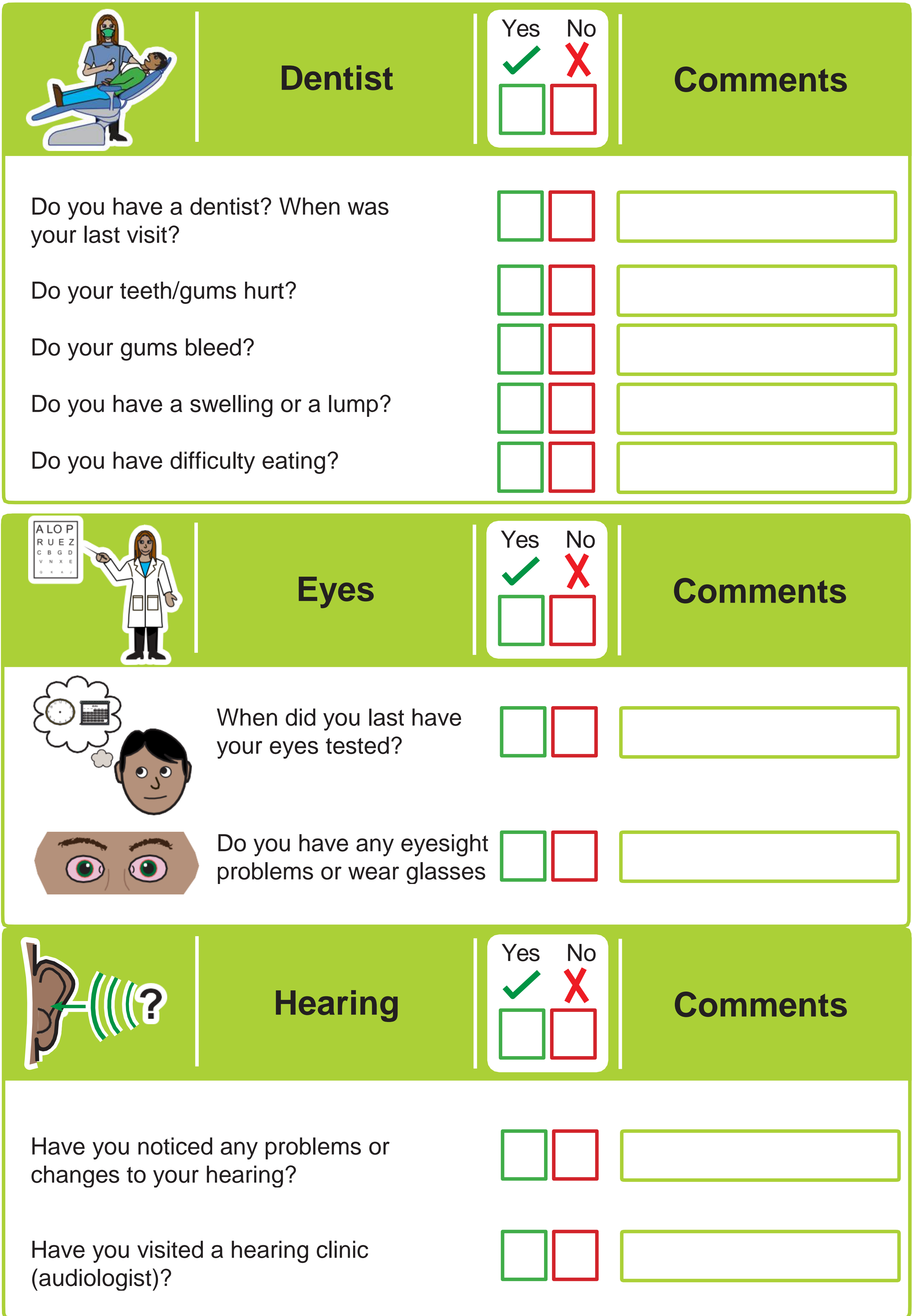
Sexual Health

	Yes ✓	No ✗	Comments
Are you sexually active?	☐	☐	
Do you use any protection / contraception?	☐	☐	

Weight

	Yes ✓	No ✗	Comments
Has your weight changed in the last 3 – 6 months? Heavier or Lighter?	☐	☐	
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/gums 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)?			

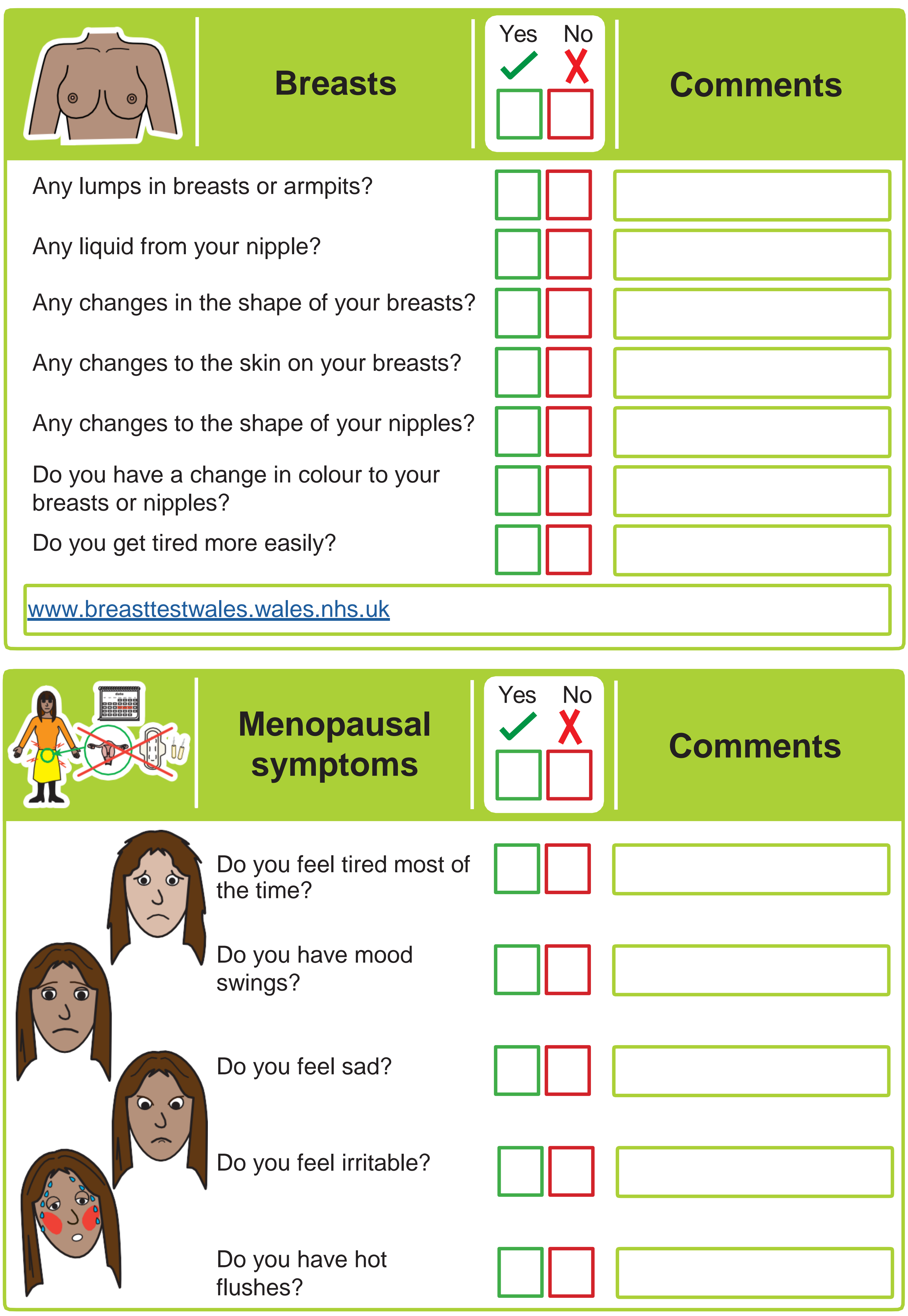
Breathing	Yes ✓	No ✗	Comments
Coughing that won’t go away (more than 3 weeks)	☐	☐	
Chest infection	☐	☐	
Coughing up blood	☐	☐	
Unusual coloured spit	☐	☐	
Wheeze	☐	☐	
Hay fever, allergies, asthma or chronic obstructive pulmonary disease	☐	☐	
Breathlessness/difficulty breathing	☐	☐	
Do you smoke/vape?	☐	☐	

Eating and Drinking	Yes ✓	No ✗	Comments
Does eating make you feel unwell?	☐	☐	
Food allergies/intolerances/special diet?	☐	☐	
Ben sick in last 6 weeks	☐	☐	
Has your appetite changed? More/less food than normal?	☐	☐	
Do you eat things that are not food?	☐	☐	
Difficulty swallowing	☐	☐	
Cough or choke when eating or drinking	☐	☐	
Do you use any supplements like multi vitamins, fish oils, Complan etc.?	☐	☐	

Bowels	Yes ✓	No ✗	Comments
Constipation – hard poo that is difficult to pass or can't go to the toilet			
Diarrhoea– watery poo and going more than normal			
Bleeding from your bottom			
Difficulty getting to the toilet on time			
Changes to your toilet routine			
Are you tired a lot of the time?			
Are you aged 60-74? Have you received your bowel screening kit?			

www.bowelscreening.wales.nhs.uk

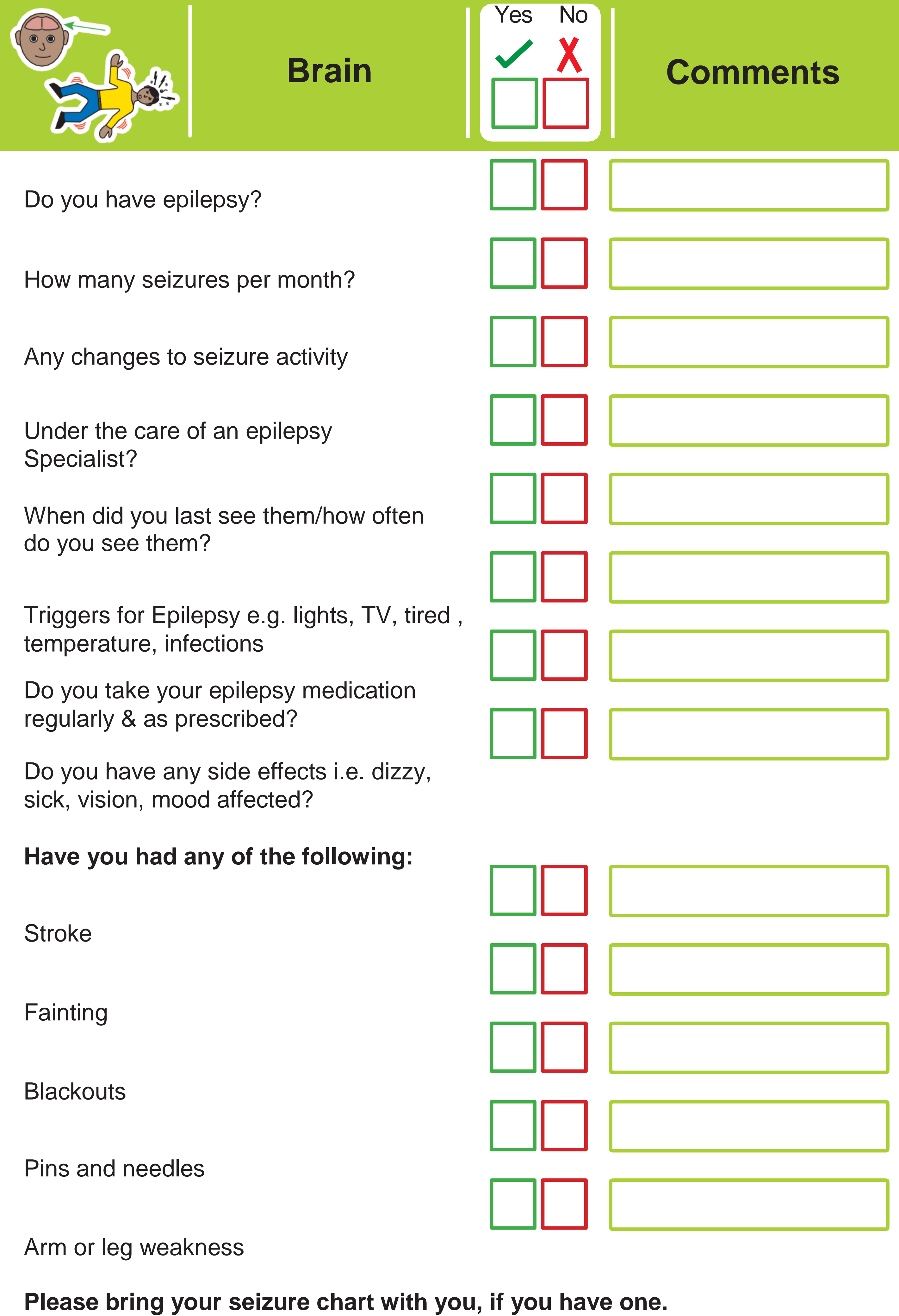
Urine	Yes ✓	No ✗	Comments
Pain when you wee?			
Does your wee smell or a darker colour?			
Do you have to wee more?			
Do you find it difficult to start weeing?			
Does your wee start and stop when you are weeing?			
Is your wee pink or red in colour?			
Difficulty in getting to the toilet in time?			



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 the shape of your nipples?	☐	☐	
Do you have a change in colour to your breasts or nipples?	☐	☐	
Do you get tired more easily?	☐	☐	

www.breasttestwales.wales.nhs.uk

Menopausal symptoms	Yes ✓	No ✗	Comments
Do you feel tired most of the time?	☐	☐	
Do you have mood swings?	☐	☐	
Do you feel sad?	☐	☐	
Do you feel irritable?	☐	☐	
Do you have hot flushes?	☐	☐	



Brain	Yes ✓	No ✗	Comments
Do you have epilepsy?			
How many seizures per month?			
Any changes to seizure activity			
Under the care of an epilepsy Specialist?			
When did you last see them/how often do you 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, mood affected?			

Have you had any of the following:

	Yes	No	Comments
Stroke			
Fainting			
Blackouts			
Pins and needles			
Arm or leg weakness			

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

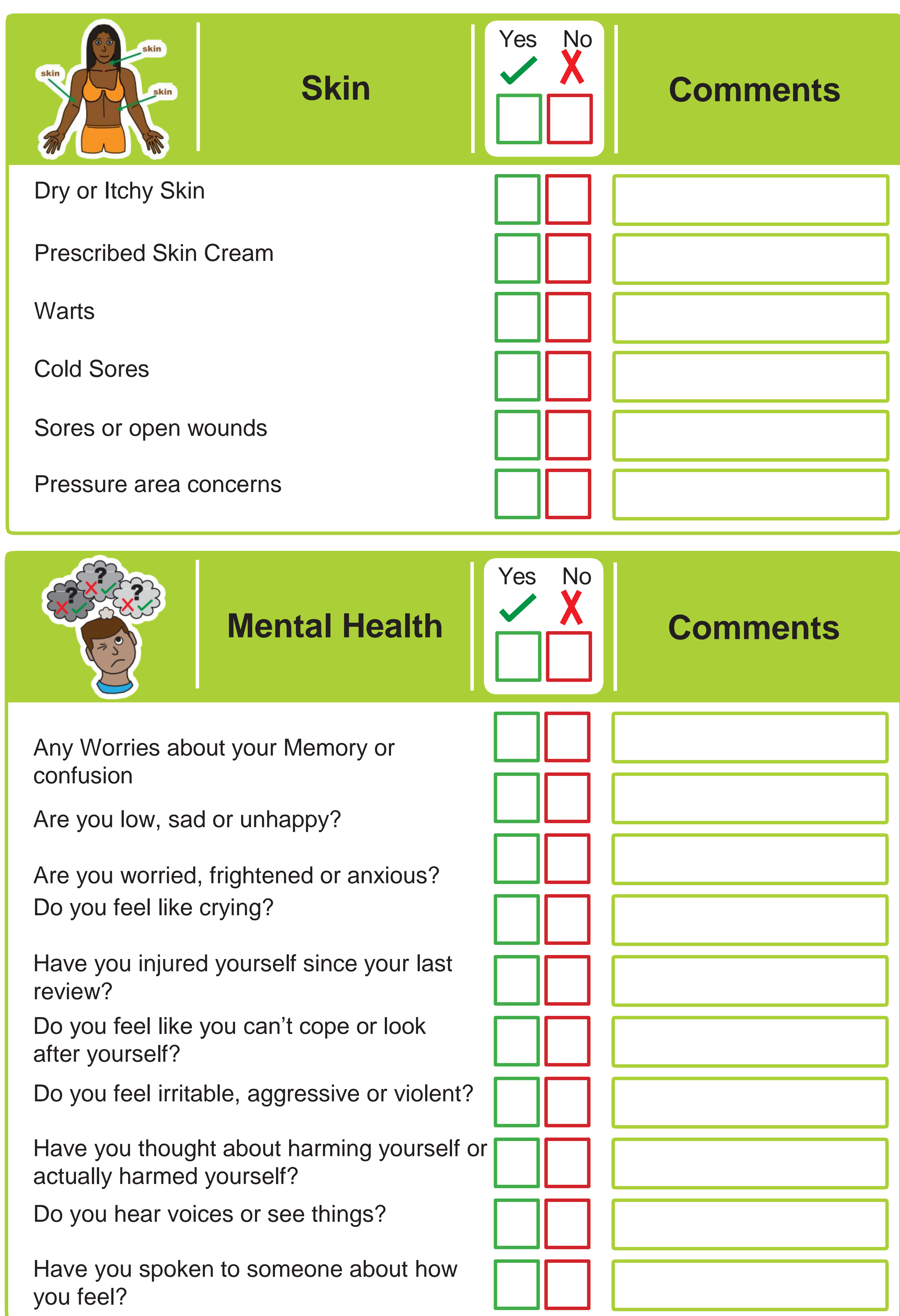
Heart	Yes ✓	No ✗	Comments
Do you have difficulty breathing when at rest during the day or night?			
Chest pain when exercising?			
Palpitations – feeling your heart beat?			
Any swelling to the ankles, hands or body?			

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.

https://www.diabetes.org.uk/Professionals/Resources/shared-practice/for-people-with-learning-disability

Pain	Yes ✓	No ✗	Comments
Do you have any pain?			
Does the advice, management and treatment of your pain help?			



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 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 or checks your feet?	☐	☐	
Do you have any pain in your feet?	☐	☐	

Medication Review

Your doctor/nurse will regularly review the medication that you are on. They will make sure that you are always receiving the right medication and you are taken off medication that you no longer need.

tablets

medicine

How do you take your medication?

Can you swallow a tablet?

Do you need liquid medication?

....

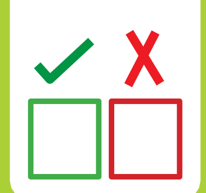
....

Please bring a list of your medication with you

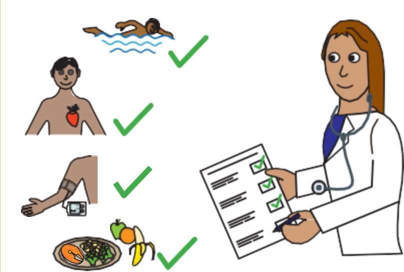
Get me? Get Me Better!

Hospital Passport

Hospital Passport	Yes ✓	No ✗	Comments
Do you have a hospital Passport? 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?	☐ ☐	

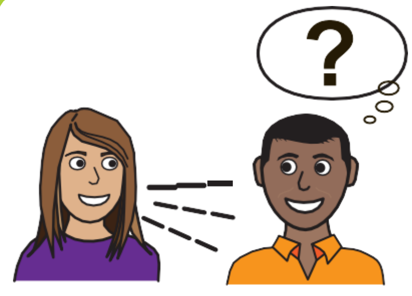
Bring a helper



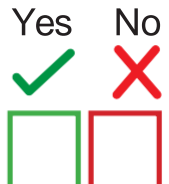
You can ask questions at your health check.

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 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

The Health Liaison Team promotes the uptake of Annual Health Checks by
providing information support and training to Healthcare Professionals, Citizen's and Carers.

Kim Scandariato
Matron Health Liaison LD/Cyswllt Iechyd Matron LD
Mental Health and Learning Disability Division/Uwch Adran Iechydd Meddwl ac Anabledd Dysgu
Betsi Cadwaladr University Health Board/Bwrdd Iechydd Prifysgol Cymru
01978 298576

www.getcheckedoutnorthwales.org