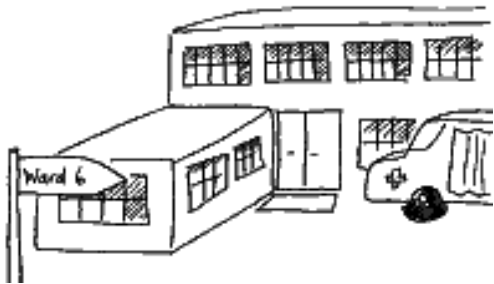


My Health

Name:.....



Date Completed.....

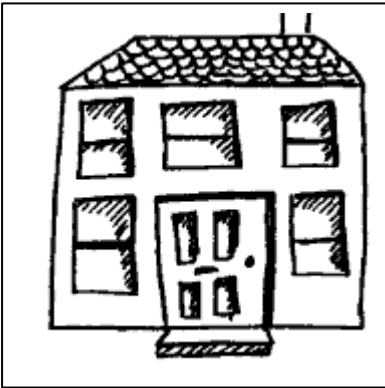
This Booklet is about my Health and is part of my Person Centred Plan.



My Dreams and Wishes are:

There are things I would like to do which are more difficult because of my health. I need help from people to improve my health, so that I will be more likely to have my dreams come true.

About Me



Name.....

Date of Birth.....

Address.....

.....

.....

Postcode.....

National Insurance Number.....

National Health Number.....

(if known)

Religion.....

Next of Kin:



Relationship.....

Address.....

.....

.....

Postcode.....

Telephone Number.....

These People Support me with my day-to-day health:

(relatives, day support staff, teacher, respite service)

Name.....

Relationship.....

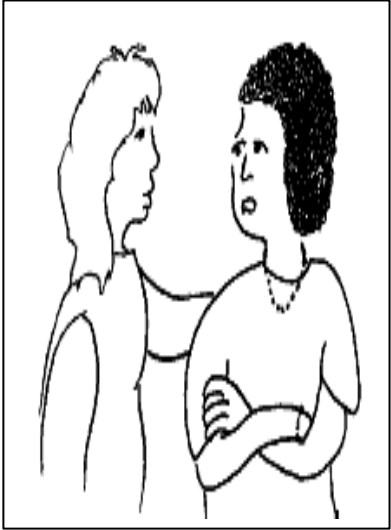
Address.....

.....

.....

Postcode.....

Telephone Number.....



Name.....

Relationship.....

Address.....

.....

.....

Postcode.....

Telephone Number.....

Name.....

Relationship.....

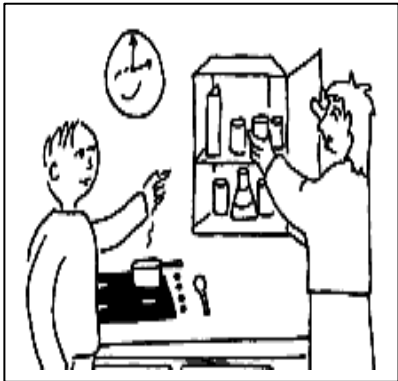
Address.....

.....

.....

Postcode.....

Telephone Number.....



Name.....

Relationship.....

Address.....

.....

.....

Postcode.....

Telephone Number.....

These People support me with other health needs:

Please note when the professional last saw me:

Name.....

What the person does.....

Last time they saw me.....

They work at.....

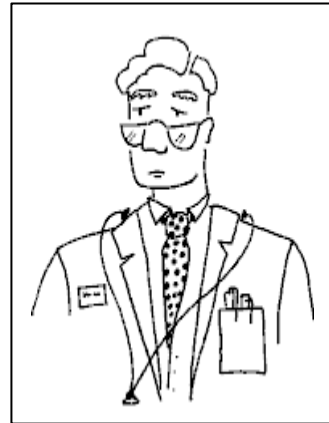
Postcode.....

Telephone Number.....

Next Appointment (if known).....

Reason for Follow up.....

.....



Name.....

What the person does.....

Last time they saw me.....

They work at.....

Postcode.....

Telephone Number.....

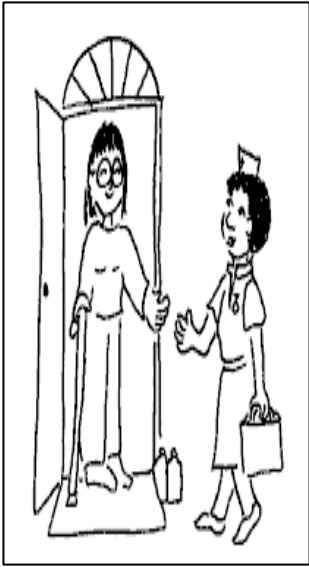
Next Appointment (if known).....

Reason for Follow up.....

.....



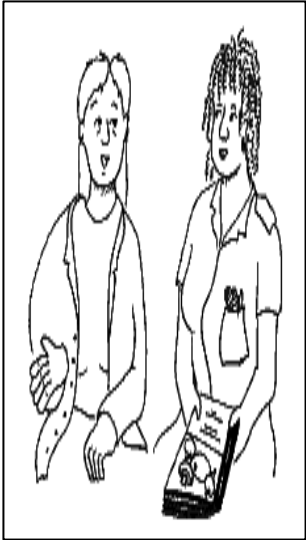
Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....



Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....

Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....

Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....



Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....

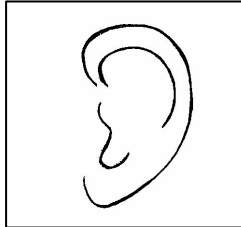
Name.....
What the person does.....
Last time they saw me.....
They work at.....
.....
Postcode.....
Telephone Number.....
Next Appointment (if known).....
Reason for Follow up.....
.....

My Health at the moment:

I sometimes need help with or need support to maintain:

My Hearing

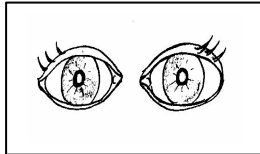
Yes or No



I need help with:

My Eyes

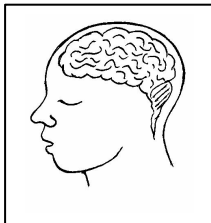
Yes or No



I need help with:

My Head

Yes or No



I need help with:

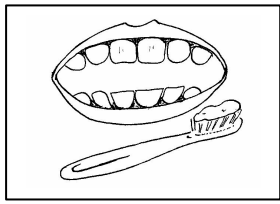
My Skin or Washing & Bathing

Yes or No



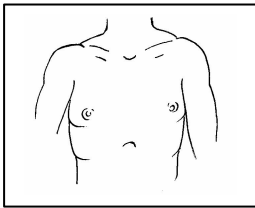
I need help with:

My Teeth or Cleaning them Yes or No



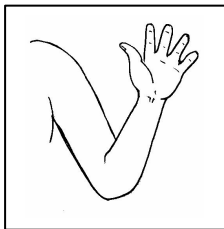
I need help with:

My Chest or Breathing Yes or No



I need help with:

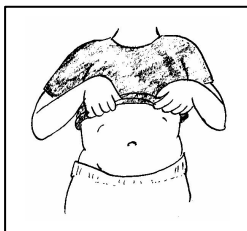
My Arms or Hands Yes or No



I need help with:

My Tummy

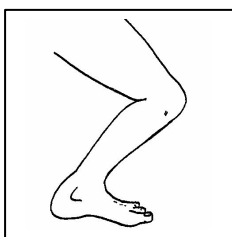
Yes or No



I need help with:

My Legs or Feet

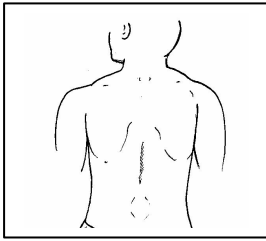
Yes or No



I need help with:

My Shoulders and Back

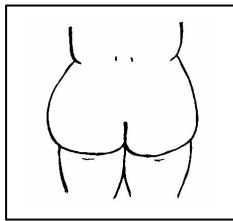
Yes or No



I need help with:

My Bottom and Hips

Yes or No



I need help with:

Going to the Toilet

Yes or No



I need help with:

My Eating

Yes or No



I need help with:

My Drinking

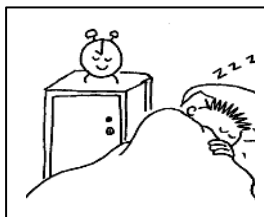
Yes or No



I need help with:

My Sleeping

Yes or No



I need help with:

My Walking or Moving

Yes or No



I need help with:

My moods

Yes or No



I need help with:

My Anxiety

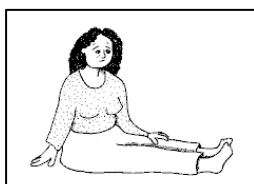
Yes or No



I need help with:

My Periods (women)

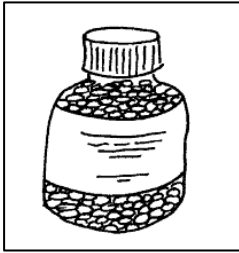
Yes or No



I need help with:

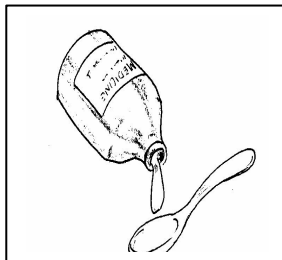
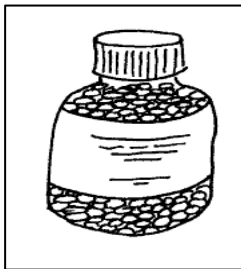
Taking Medicines or Tablets

Yes or No



I need help with:

I am currently taking the following medicines or tablets:



Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

Name.....
Dose.....
This often.....
I take it because of my.....

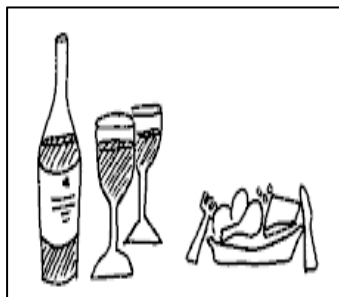
I have the following things to help me:
(for example hearing aid, walking stick, glasses)

I take the following exercise:
(walking, swimming, keep fit, dancing, football, or other things)

List:



I do the following things, which may not be good for my health: (smoking, drinking alcohol, eating a lot of sugary things like sweets or eating lots of fatty foods like chips or crisps, or other things).



My Health in the Past:

My doctor has said that I have the following health problems:



People in my family have had the following conditions which means that I may get them too:



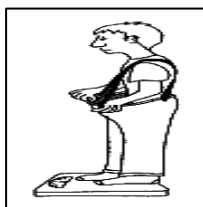
These things have happened in my life or before I was born that have affected my health:

When I am well this is what I am like:

(this is how I behave and communicate)



My normal weight is about:



My normal Blood Pressure is about:

My normal temperature is about:



Other things that are normal for me are:

When I am unwell this is what I am like:

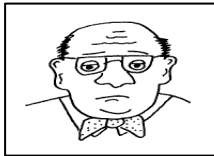
(this is how I behave and communicate)



This is how I say I am in Pain



This is how I say I am Fed Up



This is how I say I am Happy



This how I say I am feeling unwell



This how I say I am feeling tired



This is how I say yes

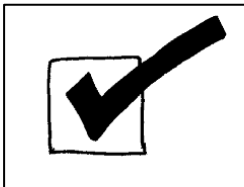


This is how I say no

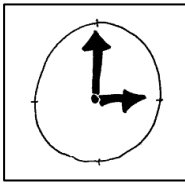


I need you to check whether I am able to agree to things that you might want to do to improve my health. Ask these people who know and care about me what they think.

I have agreed or my advocate has agreed on my behalf to the following actions, which will improve my health:



When I have a health appointment I want to be supported in the following way:



I would like you to help me understand about the best way to keep well by: (health education, exercise, healthy eating, hygiene, having fun and enjoying life, health screening and check ups)



This is other information that may affect my health:

Important Dates:

Developed in Partnership with User & Carers in the New Forest with:

Eastleigh and Test Valley South 
Primary Care Trust

New Forest 
Primary Care Trust

West Hampshire 
NHS Trust

 Hampshire
County Council

For Further information Please Contact :

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