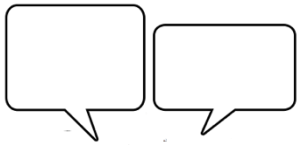
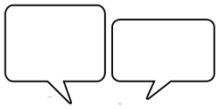
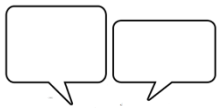
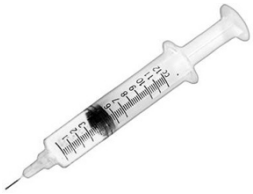
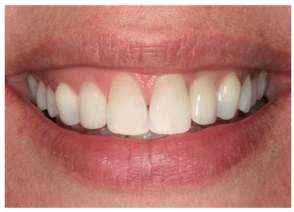
Annual Health Check

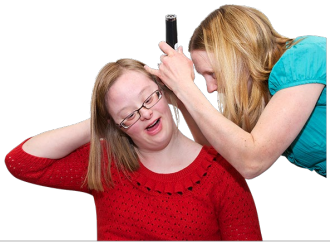
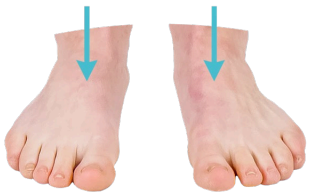
Pre-check questionnaire

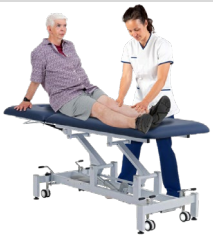
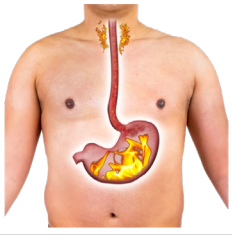
	My name is..... I like to be called..... My date of birth..... My phone number.....		
☑	Please tick **yes** or **no** for each question	**yes**	**no**
	Is it okay to share information about you with other health professionals?	☐	☐
	Did anyone help you with this form?	☐	☐
	Your first language.....		
	Do you have any communication difficulties?	☐	☐

☑	Please tick **all that apply** I communicate by...	✅
	talking	☐
	signing	☐
	using a communication aid	☐
	pointing	☐
	using gestures	☐
?	other – please give details below	☐
	.....	
	.....	
	I can understand information if it is...	✅
Aa 	written words	☐
	with pictures	☐
	spoken	☐
	interpreted by a carer	☐
?	other – please give details below	☐
	.....	
	.....	

	My next of kin is..... My main carer is..... I live with.....		
☑	Please tick **yes** or **no** for each question	✓ **yes**	✗ **no**
	Do you see anyone from CLDS, or another learning disabilities service?	☐	☐
	Do you have a health action plan?	☐	☐
	Do you have a hospital passport?	☐	☐
	If you do have a health action plan or a hospital passport, please bring these to your annual health check appointment		
	Do you have any allergies?	☐	☐
	If you ticked **yes**, please list your allergies here		

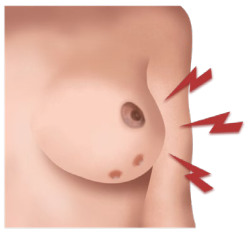
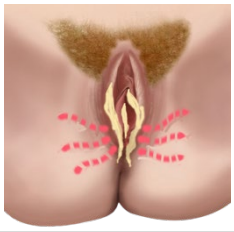
☑	Please tick **yes** or **no** for each question	✓ **yes**	✗ **no**
	Do you have any problems taking your medication?	☐	☐
	Do you take any over-the-counter medication?	☐	☐
	Do you have any medical fears or phobias, e.g. blood tests, blood pressure tests, injections?	☐	☐
	Do you have any problems with your teeth or mouth?	☐	☐
	When did you last see a dentist?		
	Do you have any problems with your vision?	☐	☐
	When did you last see an optician?		

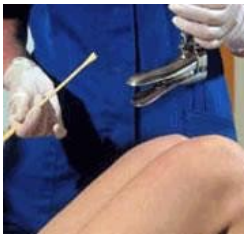
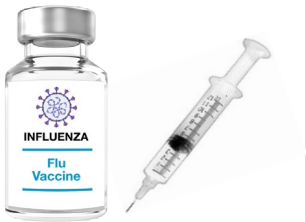
		yes	no
	Do you have any hearing difficulty?		
	Do you wear a hearing aid?		
	Have you had your hearing checked?		
	Do you have any problems with your feet?		
	Do you see a podiatrist?		
	Do you have any problems with your mobility?		
	Do you use any mobility aids, like a wheelchair, walking frame or stick?		

		yes	no
	Please tick **yes** or **no** for each question		
	Do you see a physiotherapist or occupational therapist (OT)?	☐	☐
	Do you have any problems with eating and drinking?	☐	☐
	Do you see a dietician?	☐	☐
	Do you have any problems with swallowing?	☐	☐
	Do you see a speech and language therapist?	☐	☐
	Do you have any heartburn or indigestion?	☐	☐

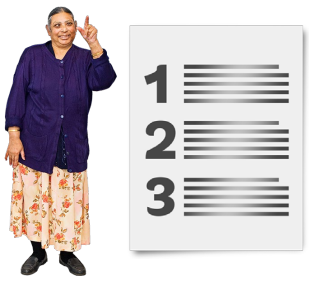
		yes	no
	Please tick **yes** or **no** for each question		
	Do you have any problems going for a poo, e.g. constipation, diarrhoea or incontinence?	☐	☐
	Do you have any problems going for a wee, e.g. pain, blood or incontinence?	☐	☐
	Do you have epilepsy?	☐	☐
	If you ticked **yes**, how many seizures have you had in the past month?		
For men and women aged 50 to 74			
	Have you been sent a kit to test for bowel cancer?	☐	☐
	When did you last do the test?		

☑	Please tick **yes** or **no** for each question	✓ **yes**	✗ **no**
For men and women aged 55 to 74 (who smoke or have smoked)			
	Have you had lung cancer screening?	☐	☐
?	When was your phone questionnaire?		
?	If invited, when was your CT scan?		

For men			
	Have you had any pain or swelling in your testicles?	☐	☐
For women			
	Have you noticed any pain or lumps in your breasts?	☐	☐
	If you are **over 50**, when did you last go for breast screening?		
	Do you have regular periods?	☐	☐
	Any problems with your periods, e.g. are they heavy, painful or irregular?	☐	☐
	Do you have any vaginal discharge that is smelly or makes you sore?	☐	☐

☑		yes	no
For women aged 25 to 64			
	Have you had a cervical smear test?	☐	☐
?	When was your last smear test?		
For everyone			
	Would you like advice about safe sex and contraception?	☐	☐
	Would you like advice about healthy eating?	☐	☐
	When did you last have a flu jab?		
	Do you drink alcohol?	☐	☐

☑		yes	no
	How much alcohol do you drink?		
	Do you take any recreational drugs?	☐	☐
	Do you smoke?	☐	☐
	If you ticked **yes**, how much do you smoke?		
	How are you feeling?		
	Is there anything that you're worried about?		



Please use this space to tell us anything else you'd like us to know