

My health action plan



supported by



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What is a health action plan?





What is a health action plan?

A Health Action Plan is a personal plan about what I need to do to stay healthy. It lists any help that I might need in order to stay healthy and makes it clear about what support I might need.

All information about my health is written down in the Health Action Plan and it can be used to show other people about my health or it can just be used for me to record any information I want about my health.



How will this health action plan help me?

- It helps me to think about my health and how I can stay healthy and well.
- It allows me to control my own health – this means I have the responsibility for my health.
- It will help me to share information about my health with others who support me.
- It will allow me to make sure I have all the health checks I need to stay healthy.
- It will help me to communicate to others about my health and how I am feeling.
- I will learn more about my health and what I need to do to keep healthy, such as eating healthy foods or doing more exercise.



Filling in the health action plan

- Some parts of the health action plan ask me to tick yes or no to a question. If I tick yes then I can fill in the space provided to add more detail of any support I might need.
- This health action plan should only be shared with others if I decide I want to share it.
- I may need support from someone to fill in some or all of the health action plan. I can choose who this person is.
- I will choose someone I trust.
- I can fill in all of the health action plan or only some parts of it. This may depend on what areas of my health I want to look at.
- I can take my health action plan to the Doctors' surgery if I want to show them certain areas.

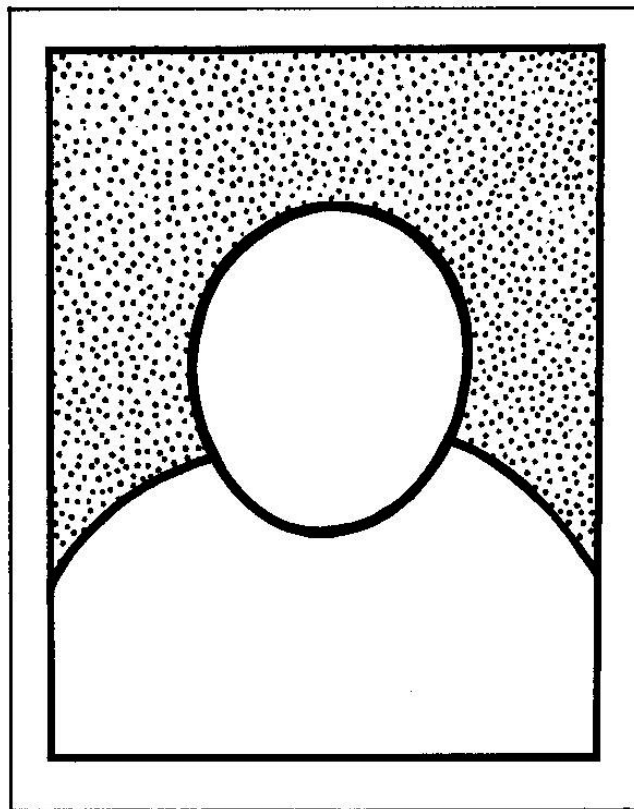
Section 1

Personal information



My health action plan

This is a photo of me
(please add a photo of yourself here)



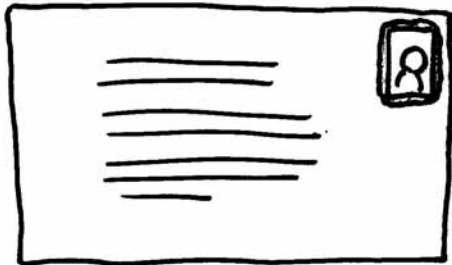
This is my plan. Please ask me if you want to have a look at it.

My personal information



My name is

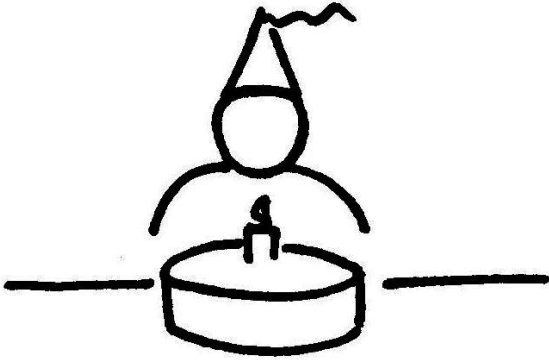
My surname is



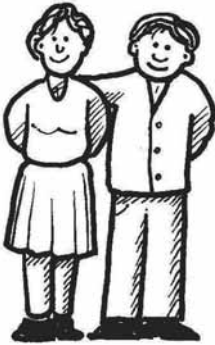
My address is



My telephone number is



My birthday is on the



My next of kin is

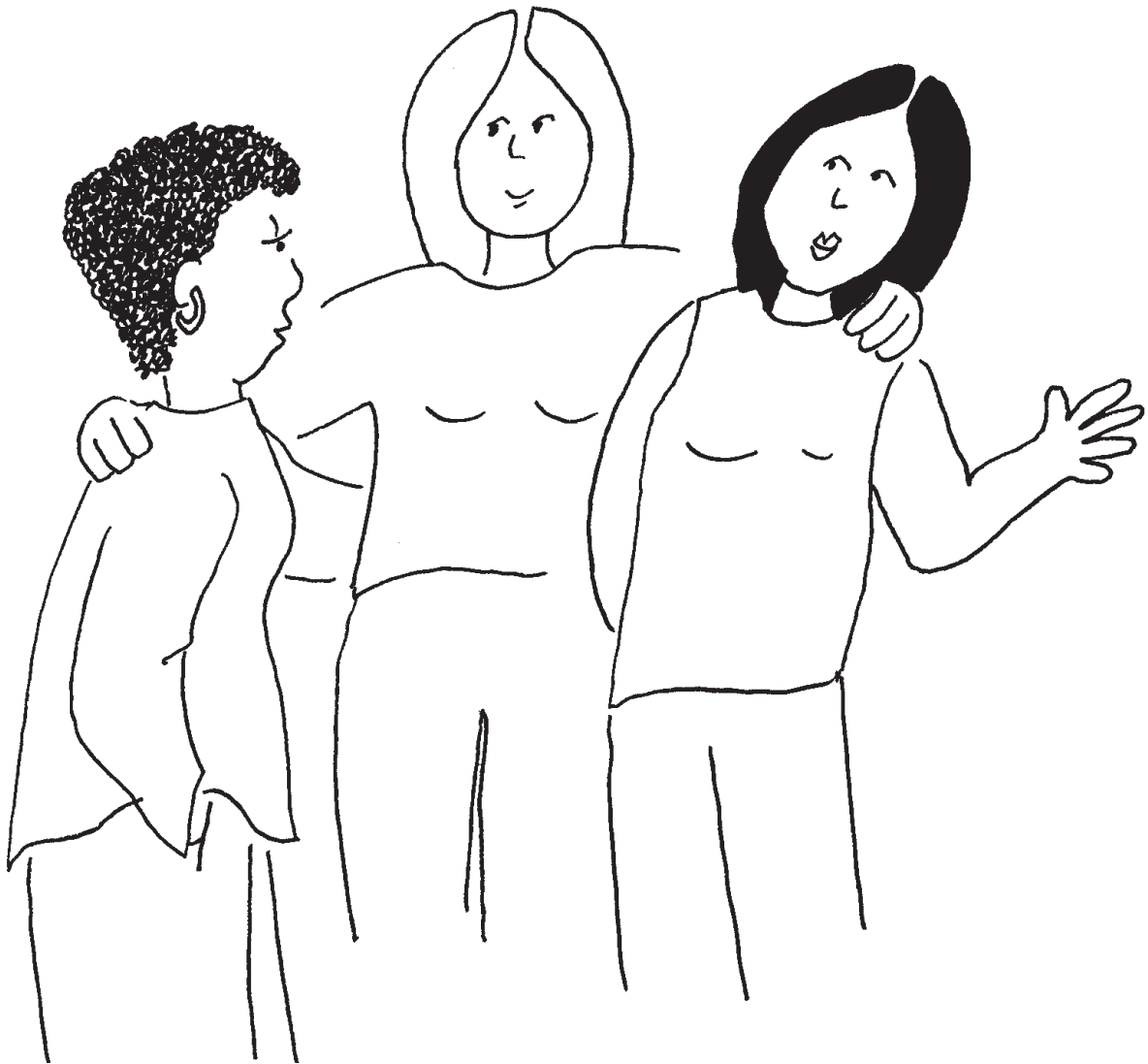


Their telephone number is

My religion is

Section 2

People who help me



People who help me

These are people who know about my health and know what I need to do to keep myself healthy.



| Supporter | Name | Address | Telephone |
|------------------|------|---------|-----------|
| Family member* | | | |
| Friend | | | |
| Doctor | | | |
| Community nurse | | | |
| Dentist | | | |
| Dietician | | | |
| Optician | | | |
| Carer | | | |
| Speech therapist | | | |

* for example mum, dad, support worker

Section 3

Communication





Communication

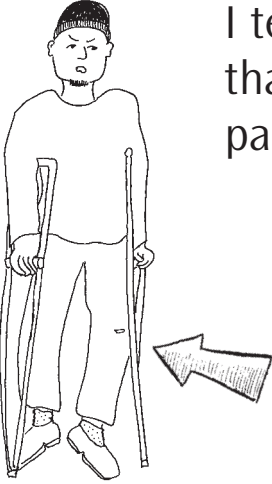
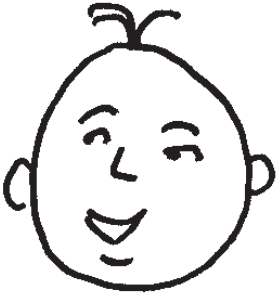

The languages I speak are

Circle yes or no

| Verbal communication | | I can understand | | Other information |
|----------------------|----------------------|------------------|----|-------------------|
| | | Yes | No | |
| | Single words | Yes | No | |
| | Short sentences | Yes | No | |
| | Long sentences | Yes | No | |
| Communication aids | Sign language | Yes | No | |
| | Photos | Yes | No | |
| | Simple writing | Yes | No | |
| | Symbols | Yes | No | |
| | Objects of reference | Yes | No | |

My feelings

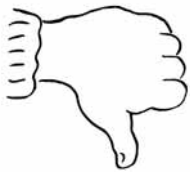
How I tell someone about how I am feeling

| | |
|--|--|
|  <p>I tell someone that I am in pain by</p> | |
| <p>I tell someone that I am happy by</p>  | |
| <p>I tell someone that I am sad by</p>  | |

I tell someone
that I need
to go to the
toilet by



I say “no” to
something by



I say “yes”
something by





Other important information about how I
tell someone how I am feeling

Section 4

Medicine





Medicine

I take medicine daily

Yes

No

How do I take my medicine? (For example, crushed, with food or with drink)

| What is my medicine called? | How many doses do I take? | How often do I take a dose? | Why do I take it? |
|-----------------------------|---------------------------|-----------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I have allergies

Yes

No

I am allergic to

My reaction is

I take vitamins

Yes

No

These vitamins are called

I take supplements

Yes

No

These supplements are called

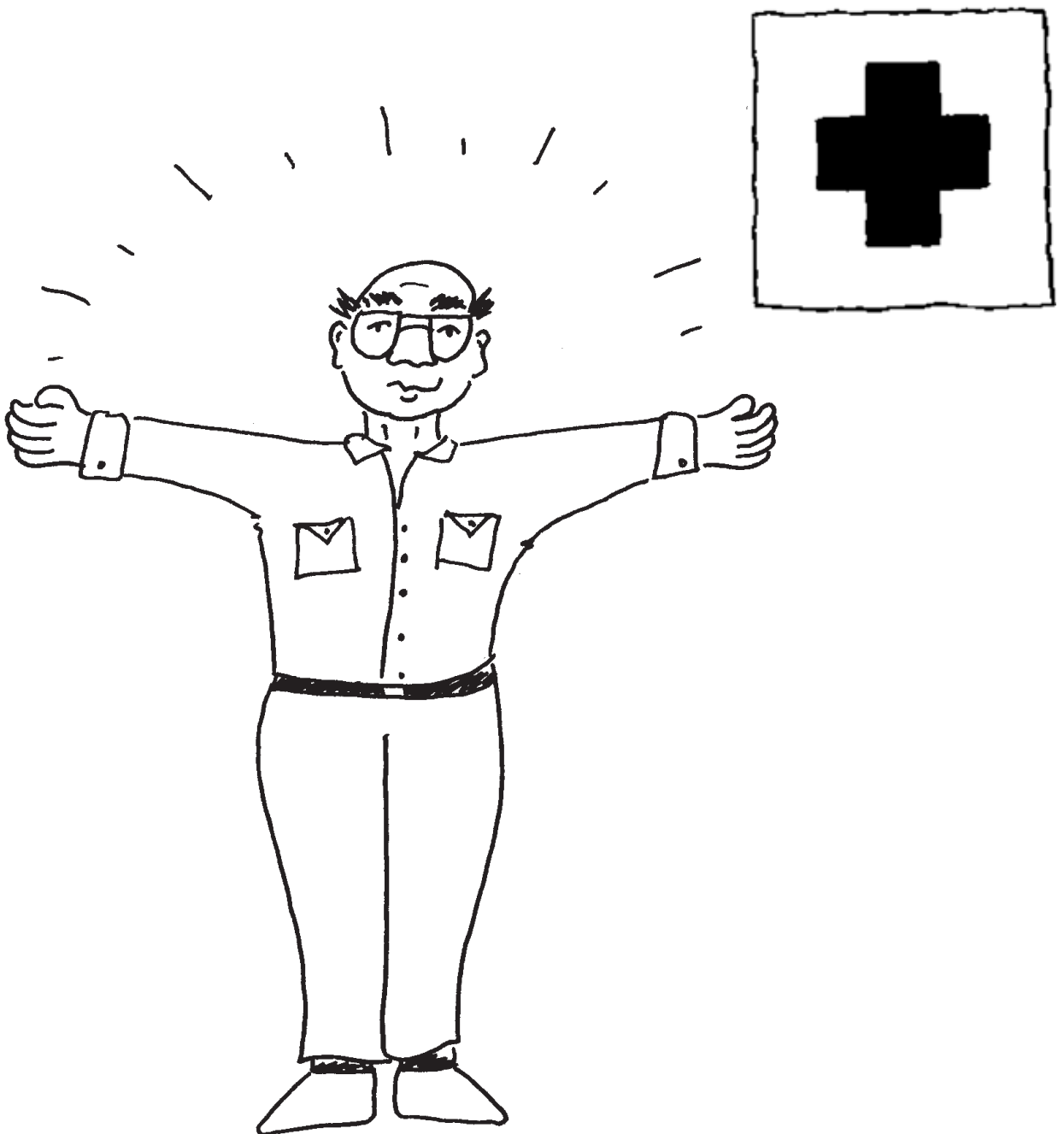
Appointment table

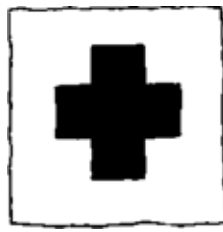
The table below allows me to keep track of any appointments I might have to attend in the future with health professionals.

| | Name | Address | Telephone |
|------------------|------|---------|-----------|
| Doctor | | | |
| Community nurse | | | |
| Dentist | | | |
| Dietician | | | |
| Optician | | | |
| Carer | | | |
| Speech therapist | | | |
| Ear specialist | | | |
| Councillor | | | |
| Diabetic nurse | | | |

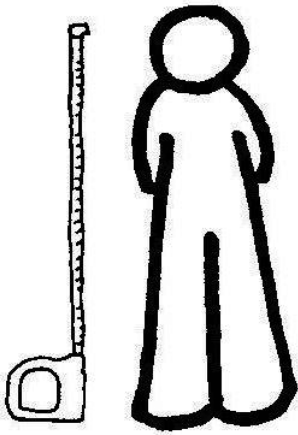
Section 5

My general health

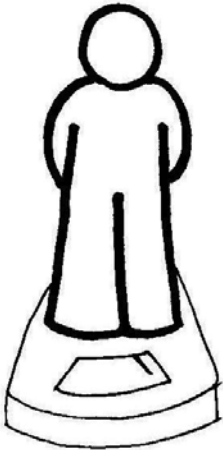




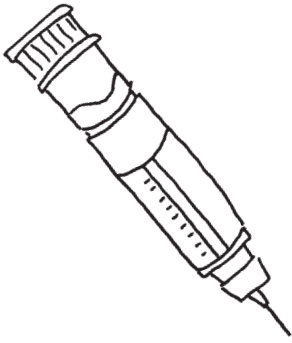
My general health



My height is



My weight is



Injections

If you have had any of these then please tick

Polio

Date

Tetanus

Date

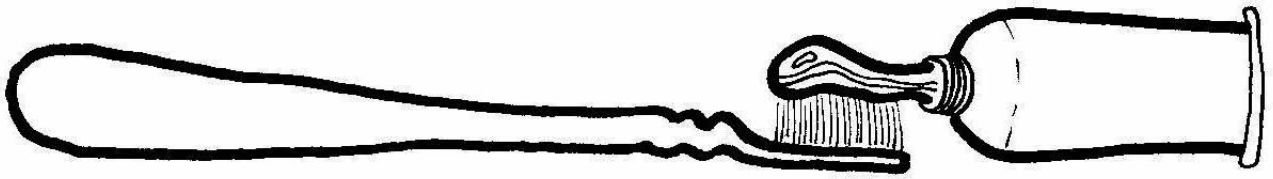
Diphtheria

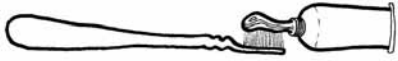
Date

Any other injections

Section 6

My dental care





My dental care

Teeth should be looked after properly and checked by a dentist at least once a year.

I need help with brushing my teeth

Yes

No

The help I need is

I have false teeth

Yes

No

I need help with my false teeth

Yes

No

The help I need is

My gums bleed when I brush my teeth

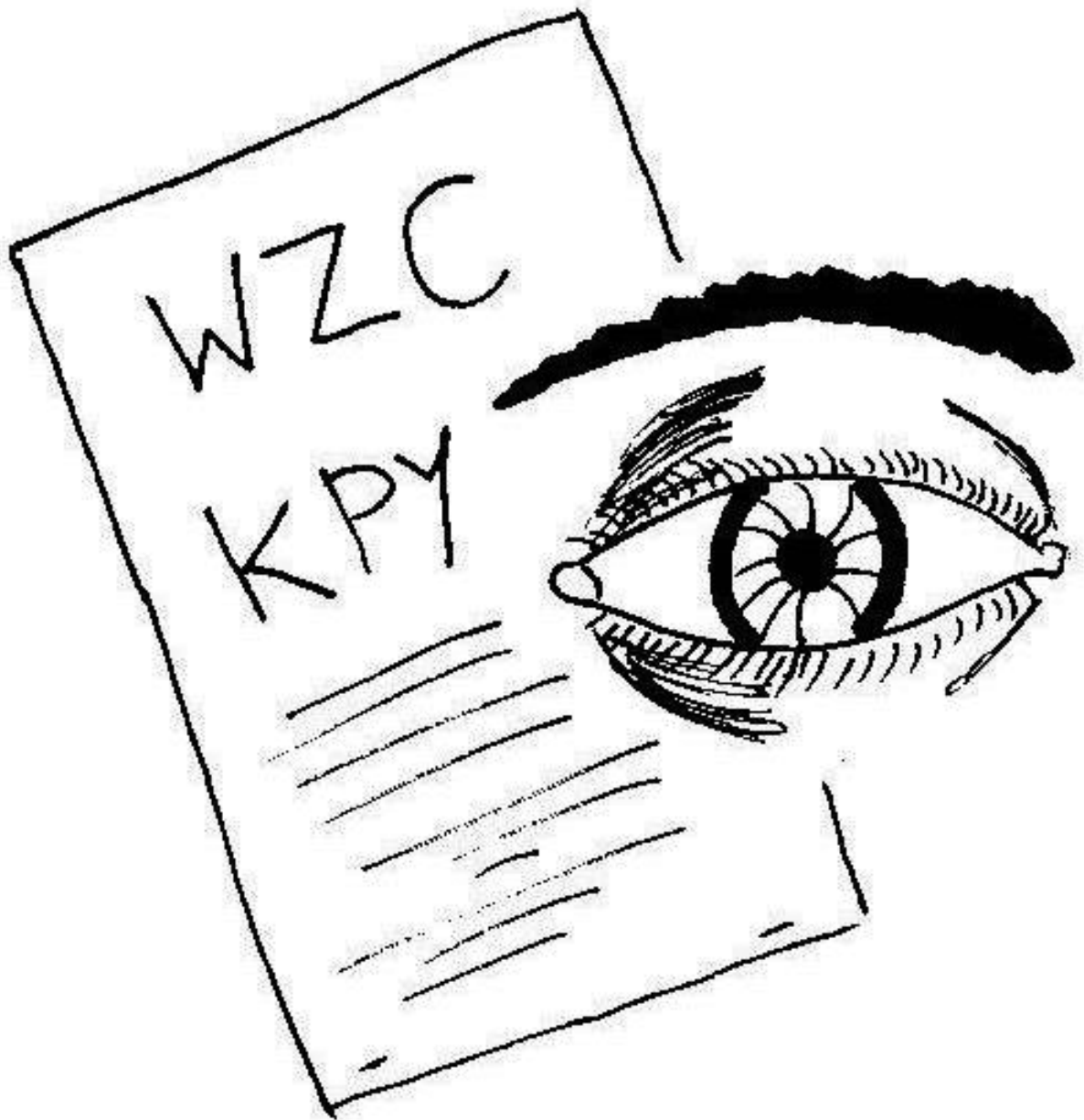
Yes

No

More information about my teeth

Section 7

My eyesight





My eyesight

Lots of people have problems with their eyes. It is important to get your eyes checked regularly. Speak to your support worker to find out if you are allowed a free eye test.

I wear glasses

Yes

No

I wear contact lenses

Yes

No

I am short-sighted

Yes

No

I am long-sighted

Yes

No

I am registered blind or partially sighted

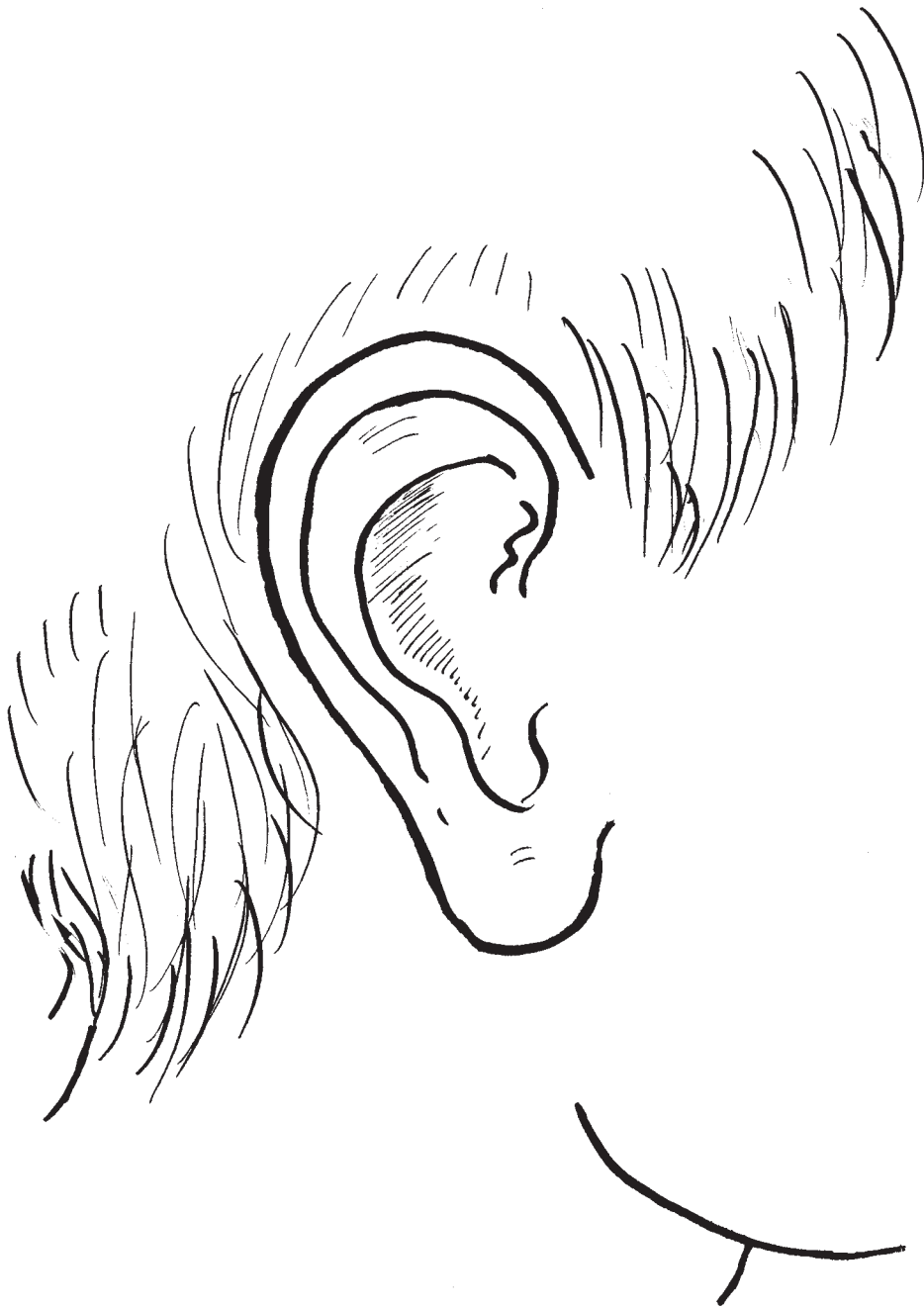
Yes

No

More information about my eyes and my eyesight

Section 8

My hearing





My hearing

It is very important to be able to hear properly.

Your ears need to be checked regularly to make sure that you can hear as well as you used to or to see if there have been any changes in the way your ears work.

Sometimes people's hearing changes as they get older.

I use a hearing aid

Yes

No

I need help with my hearing aid

Yes

No

The help I need is

I need people to speak loudly

Yes

No

When I watch the TV or listen to the radio I need it to be loud

Yes

No

I get wax in my ears that I need help with

Yes

No

The help I need is

I have a problem with my left ear

Yes

No

The problems with my left ear are

I have a problem with my right ear

Yes

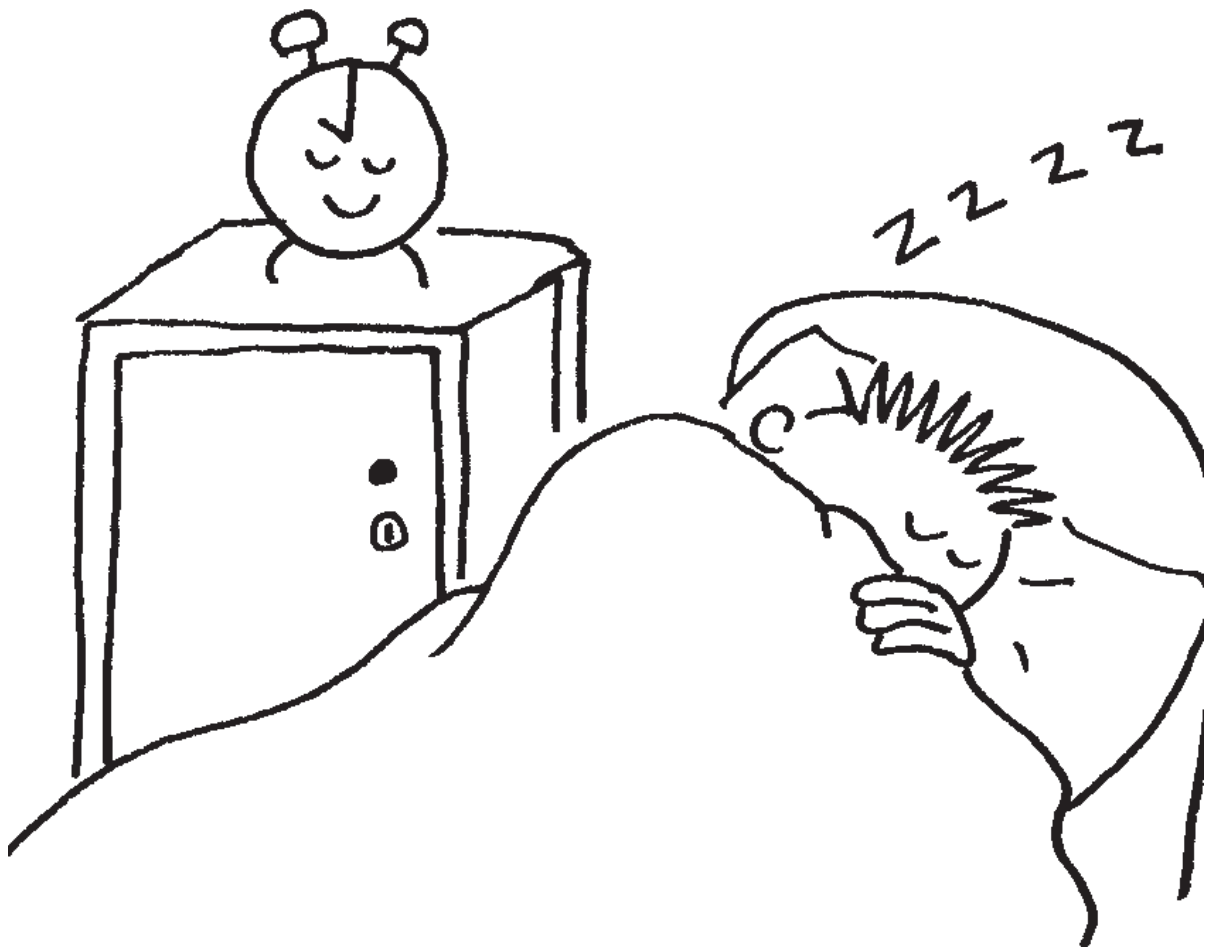
No

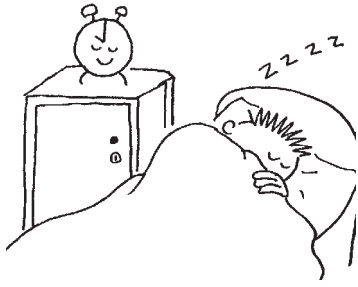
The problems with my right ear are

More information about my ears and my hearing

Section 9

My sleeping





My sleeping

I go to bed when I am ready

Yes

No

I need reminding to go to bed

Yes

No

I have problems sleeping

Yes

No

These problems are

I need support to go to bed

Yes

No

The support I need is

My usual bedtime is at

I get up at

I take medicine to help me sleep

Yes

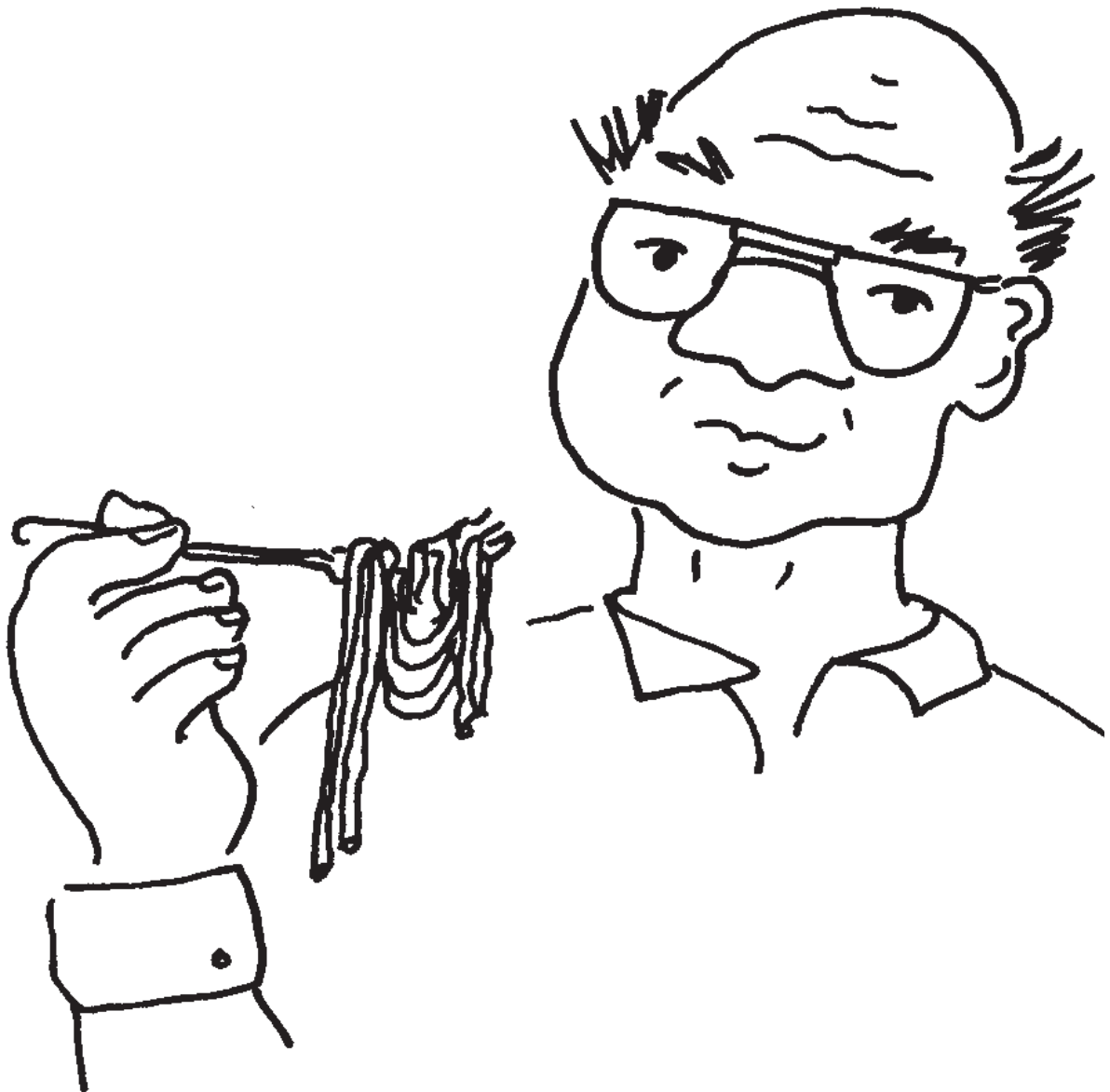
No

It is called

Important information about my sleeping that you need to know about

Section 10

My eating habits





My eating habits

I have problems with eating

Yes

No

I have problems with drinking

Yes

No

I need help and support with eating

Yes

No

I need help and support with drinking

Yes

No

The help and support I need is

I have difficulty in swallowing

Yes

No

I have problems with my stomach

Yes

No

I have problems with my weight

Yes

No

The problems about my weight are

I am on a diet

Yes

No

The diet is

The foods I can eat on my diet are

The main foods I can not eat on my diet are

I see a dietician regularly. The name of my dietician is

More information about my eating habits

Section 11

Diabetes





Diabetes

I have diabetes

Yes

No

I have a diabetic support plan

Yes

No

This is what happens when my blood sugar is low

This is what happens when my blood sugar is high

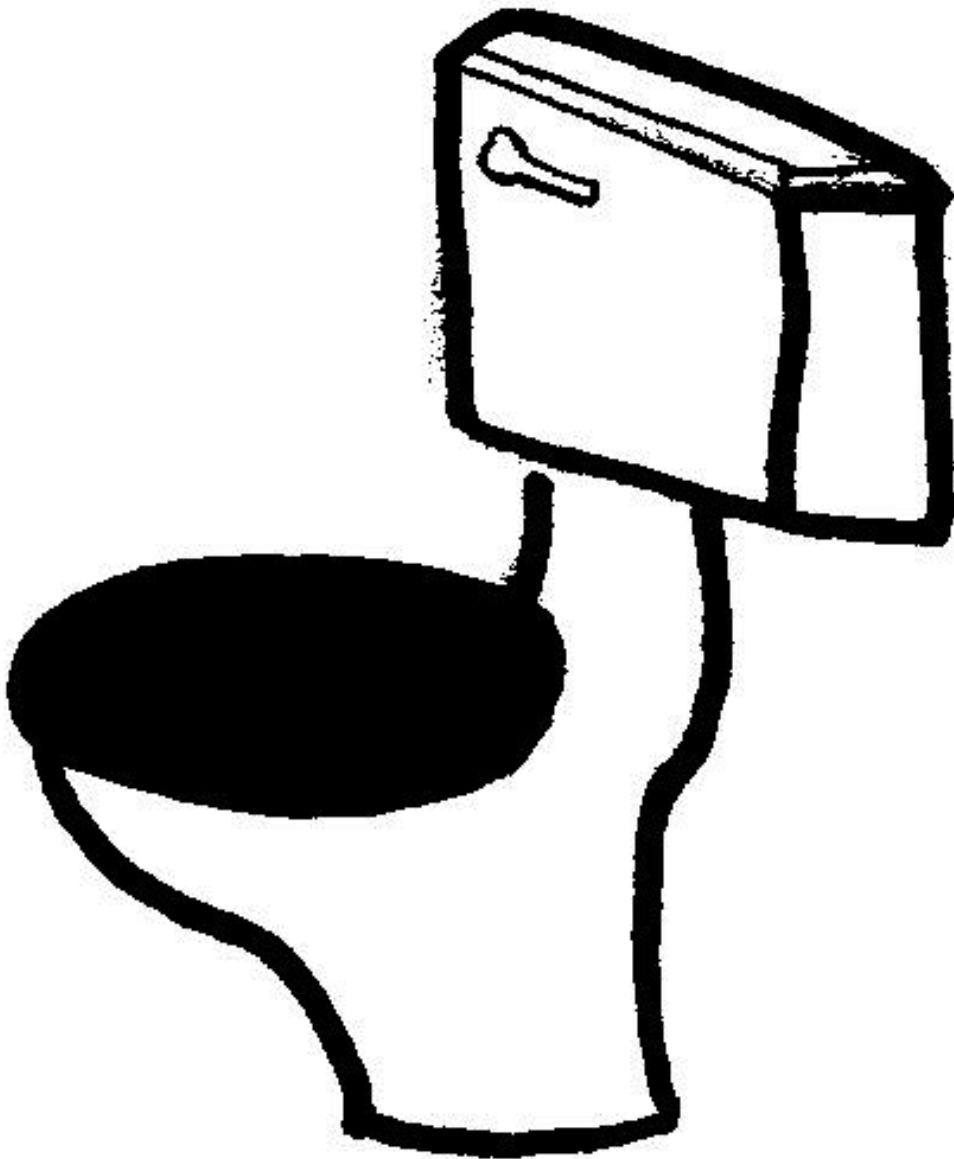
This is the help I need to manage my blood sugar levels

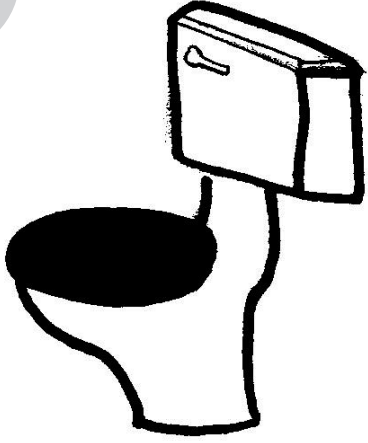
I need to keep my blood sugar levels between

This is the help I need to manage my blood sugar levels

Section 12

My bladder and bowel





My bladder and bowel

I need support with using the toilet

Yes

No

I want support from a

Male

Female

Either

The support I need is

I may need you to remind me to go to the toilet

Yes

No

I have a support plan to help me use the toilet

Yes

No

I have a colostomy

Yes

No

I use a commode

Yes

No

I use pads

Yes

No

I use other things to help me go to the toilet. These are:

My bottom hurts when I go to the toilet **Yes** **No**

It hurts when I have a wee **Yes** **No**

More information about when I go to the toilet

Section 13

Epilepsy





Epilepsy, fits or seizures

I have epilepsy

Yes

No

I have a support plan to help me with this

Yes

No

I have had an assessment for my epilepsy

Yes

No

I take medicine for my epilepsy

Yes

No

I need to have medicine or tablets
to stop my fits

Yes

No

I know when a fit is coming on because

You will know I have had a fit because

More information I think you need to know about my epilepsy

Section 14

My mental health





My mental health

I have diagnosed with emotional problems **Yes** **No**

Sometimes I feel very angry for no reason **Yes** **No**

I am able to relax **Yes** **No**

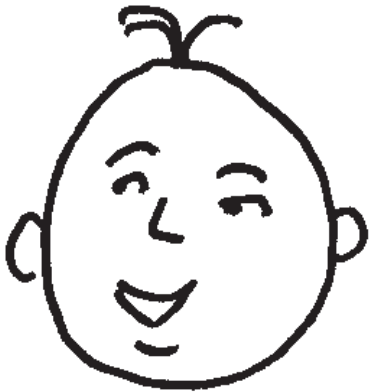
I have a regular sleep pattern **Yes** **No**

There has been a recent bereavement
in my family **Yes** **No**

You can tell when I feel down because



You can tell when I feel happy because



You can tell when I feel nervous because





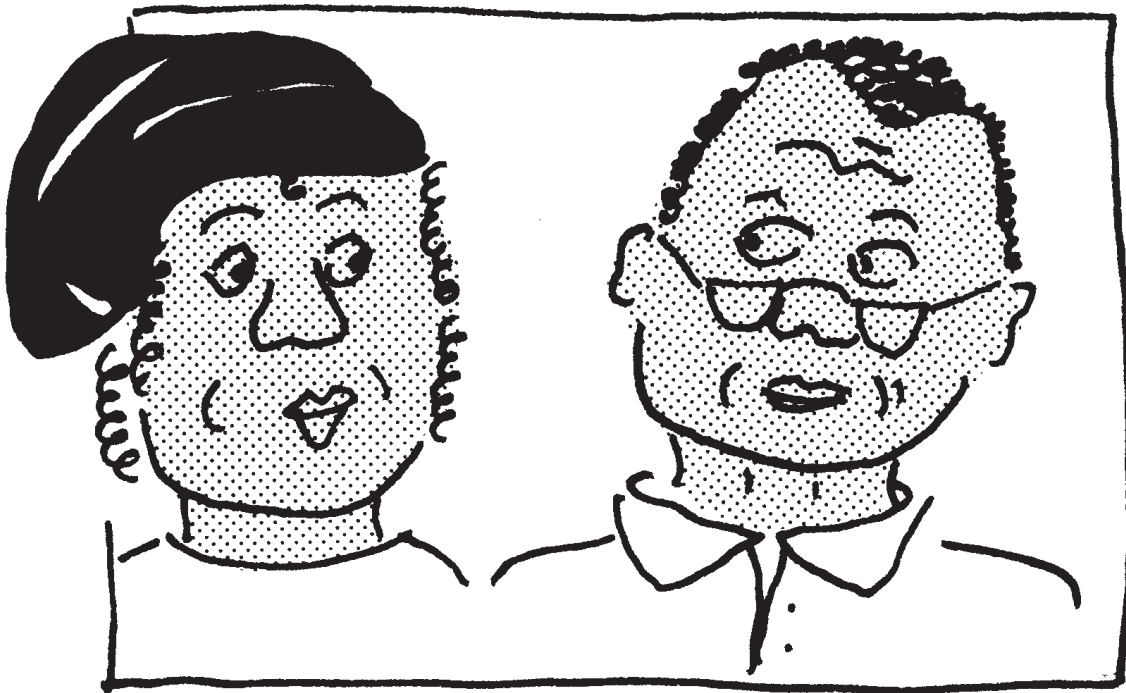
I get upset when

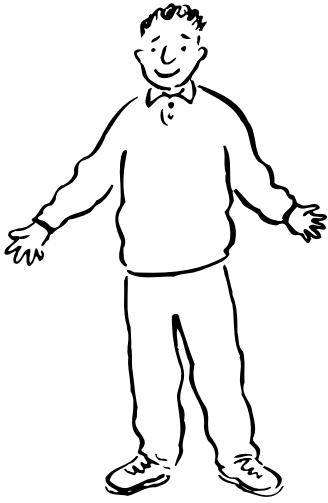
To be able to support me best you must

More important information you need to know about my
mental health

Section 15

Relationships and screening tests for men and women





Relationships for men

I am in a relationship

Yes

No

I would like to talk to
someone about relationships

Yes

No

I know what safe sex is

Yes

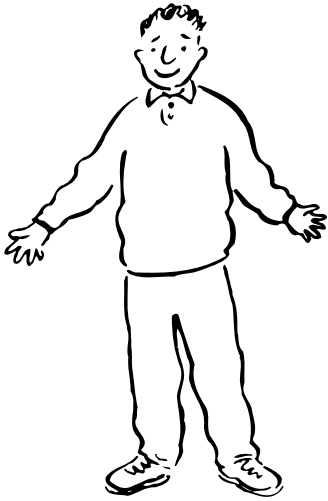
No

I would like to talk to
someone about safe sex

Yes

No

More information about my relationship



Screening checks for men

If you do not understand any of these words please ask someone to explain them to you.

I know how to check my testicles **Yes** **No**

I have had a testicular check **Yes** **No**

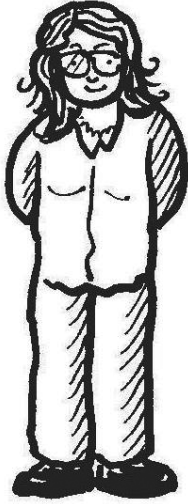
I have had information about prostate cancer **Yes** **No**

I have had a prostate check **Yes** **No**

I have talked about sexual health with someone **Yes** **No**

I want to talk to a professional about screening checks in more detail **Yes** **No**

More information about my screening checks



Relationships for women

I am in a relationship

Yes

No

I would like to talk to
someone about relationships

Yes

No

I know what safe sex is

Yes

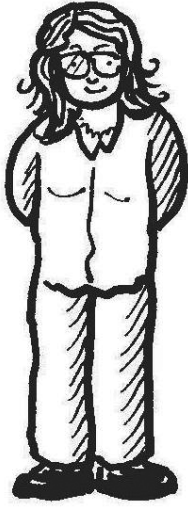
No

I would like to talk to
someone about safe sex

Yes

No

More information about my relationship



Screening checks for women

If you do not understand any of these words please ask someone to explain them to you.

I have information about breast awareness

Yes

No

I know how to check my breasts

Yes

No

I have had a breast screening

Yes

No

I attend a well woman clinic

Yes

No

I have had a smear test

Yes

No

I want to talk to a professional about screening checks in more detail

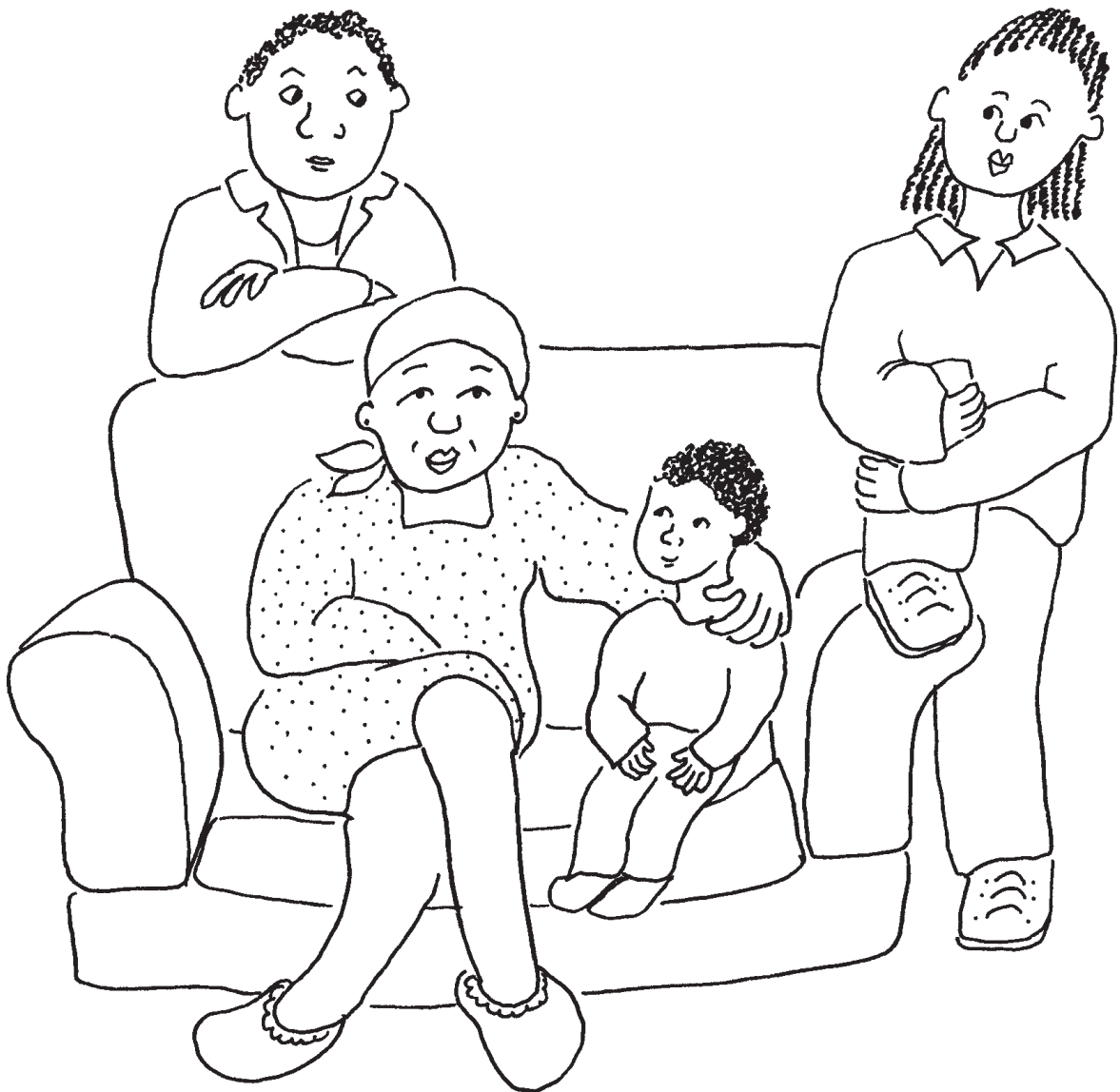
Yes

No

More information about my screening checks

Section 16

Information about me and my family





Information about me and my family

Please tick the boxes that apply to a family member. A family member means your grandparents, parents, brothers or sisters. If you do not understand any of these words please ask someone to explain them to you.

I have a family member who has

Asthma

Thyroid problems

Diabetes

Breast cancer

Epilepsy

Cervical cancer

Heart disease

Prostate cancer

High blood pressure

Testicular cancer

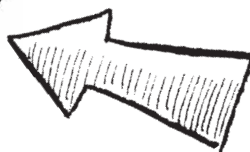
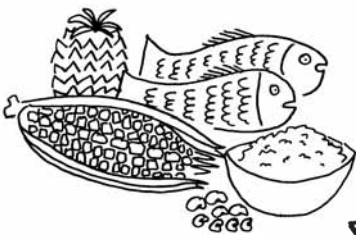
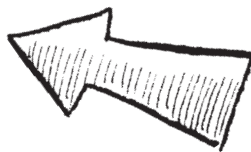
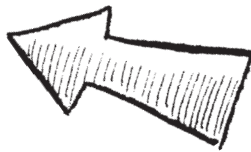
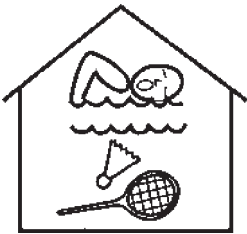
Low blood pressure

Mental health

Other

Section 17

Lifestyle





Lifestyle

I exercise regularly

Yes

No

The exercise I do is

I like to drink spirits (for example, vodka)

Yes

No

I like to drink wine

Yes

No

I like to drink beer

Yes

No

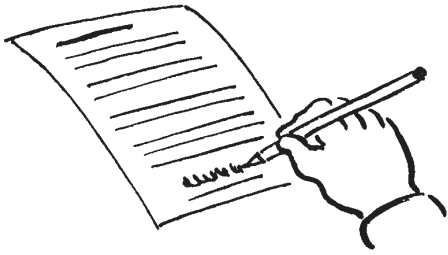
Total glasses of alcohol I drink a week is _____

I smoke **Yes** **No**

I smoke _____ cigarettes a week

I have regular advice on healthy lifestyles **Yes** **No**

More information about my lifestyle



My name

My signature

I filled in this health action plan

Yes

No

If no, the name of person who filled it in on my behalf is

Their name

Their signature

Their relationship to me

EDF Energy and Mencap

This health action plan has been researched, developed and designed by people with a learning disability.

With thanks to EDF Energy and their employees for making this possible through their fundraising efforts during the 2005-2007 partnership with Mencap.

Thanks to Change, Listening to Us, Widgit and Sue Hellard for images