

# This is my Health Action Plan



My name is:

I prefer to be called:

Date completed:

Venue:

Health check completed by:

Health Action Plan completed by:



Date of Birth:



Address:



NHS No.

Tel No.



Religion:

Religious requests:

Please take this Action Plan to all health appointments you have e.g. GP, Nurse, Dentist etc. and ask the health professional to review the Actions and fill in a review sheet at the back of this booklet.

Reasonable Adjustments:

## Diet & Nutrition



My Actions:

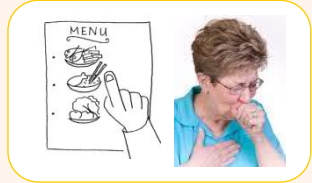
Others Actions:



My Actions:

Others Actions:

## Swallowing Problems



My Actions:

Others Actions:

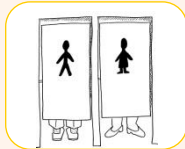
## Bowels



My Actions:

Others Actions:

## Urinary System



My Actions:

Others Actions:

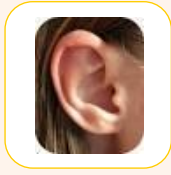
## Eyes & Vision



My Actions:

Others Actions:

Ears & Hearing



My Actions:

Others Actions:

Oral Hygiene



My Actions:

Others Actions:

Skin



My Actions:

Others Actions:

Feet



My Actions:

Others Actions:

Mental Health



My Actions:

Others Actions:

Sleep



My Actions:

Others Actions:

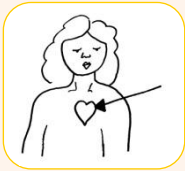
Breathing



My Actions:

Others Actions:

Circulation



My Actions:

Others Actions:

Women's Health



My Actions:

Others Actions:

My Actions:

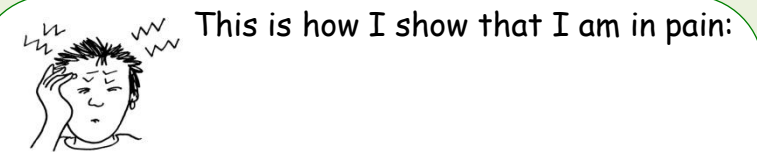
Others Actions:

Communication



This is how I speak or communicate:

Do I have a communication passport?  
Yes  No



This is how I show that I am in pain:

Do I need a DisDAT pain assessment? Yes  No   
(This is a distress assessment tool. It is designed to help people identify distress cues in people who have limited communication.)

## Diagnosis Information & Past Medical History

Here is a brief medical history and relevant health conditions which might be useful to you :



## Physical Health Screening



Height

Weight

BMI



BP

Pulse

Ears



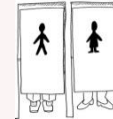
Left

Right

Smoking



Alcohol



Urinalysis

Leu  
Nit  
Pro  
pH  
GLU  
BLD SAN  
SG DEN  
KET CET


## Medication



Last Medication Review

Date:

By:

Medication

Dose

Frequency

Medication

Dose

Frequency

# Review Sheet

## Review or Other Actions

My Actions:

Others Actions:

Review Date:

My Actions:

Others Actions:

Review Date:

Below are some of the people who are involved with my care :

Main Carer (contact) :		Family <input type="checkbox"/>	Paid <input type="checkbox"/>
Name	Profession/ Relationship	Contact Number	

### Acknowledgments

This Health Action Plan has been produced in collaboration with & to be used across Coventry & Warwickshire.  
With acknowledgment & thanks to Change Picture Bank.

Designed and created by Peter Croghan (2010)

Publication Date: September 2010

Review Date: September 2011