




I agree that my information can be shared with other health professionals **Yes**   
**No**



I have a Hospital Passport **Yes**   
**No**

**The advice I have been given at my health check is:**




**If you need more advice you can contact**  
 Your GP surgery Tel:

This leaflet has been designed by Peterborough City Council's Learning Disability Team working in partnership with Cambridgeshire Clinical Commissioning Group.

# HEALTH ACTION PLAN

from my

## Annual Health Check



<b>Name:</b>
<b>Date of Annual Health Check:</b>
<b>Person filling in this form:</b>

**It is important that you attend your health check every year. This is so we can help you to stay as healthy as possible.**

# My Health Action Plan

This is what we talked about at your doctors surgery



Health Need	Action	By Whom
Exercise		
Diet		
Smoking		
Alcohol		
Weight		
Flu jab		
Asthma <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Diabetes <input type="checkbox"/>		
Womens/Mens Health		
Sleeping		



Health Need	Action	By Whom
Eyes		
Ears		
Teeth		
Feet		
Sexual Health		
Mental Health		
Toilet Needs wee/poo		
Eating/Drinking		
Mobility		
Behaviour		
Skin		
Breathing		