

Dear



I would like to invite you for a Health Check at the surgery.



Someone from the surgery will contact you to make an appointment.



It is fine to bring someone with you.



Your Health Check will take about 1 hour.



You will see a nurse. Then you will see me.



You may need to have some tests, like blood tests or a wee/pee test.



I will check that your body is healthy. I will ask you questions about your health. I will listen to your lungs and heart, and feel your tummy.



Before your Health Check please answer the questions on the form we have sent you with this letter. It is fine for someone to help you.



You might also like to think about things that are worrying you. Write them down and we can talk about them when you come in.

From: Doctor

In this letter VoiceAbility used





Questions to answer before your Health Check



Please put 1 tick in a box or write the answer for each question.

It is fine for someone to help you.



My Name: _____



1. We would like to share information about you with other health care professionals. They could be people like:

- Dentists who check your teeth.
- Opticians who check your eyes.
- Hospital doctors.

Is this OK? Yes



No



2. Are you getting help to fill in this form?

Yes



No



If yes, who is helping you to fill in this form?

Name: _____



3. Do you know your diagnosis? This is the health problem your doctor says you have.

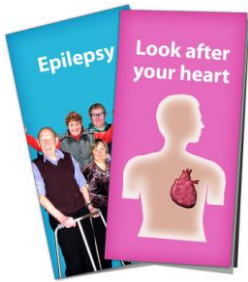
Yes

No

Don't know



If yes, please tell us about it:



4. Do you have any other health problems? This could be epilepsy, diabetes or something else.

Yes

No

Don't know



If yes, please tell us about them:



5. Have you ever had an operation?

Yes

No

Don't know



If yes, please tell us about it:



6. Is there any history of illness in your family?

Yes

No

Don't know



If yes, please tell us about it:



7. Do you go to a dentist to have your teeth checked?

Yes

No

Don't know



If yes, when was the last time you went to a dentist?



8. Do you go to an optician to have your eyesight checked?

Yes

No




Don't know



If yes, when was the last time you went to an optician?






9. Do you go to a chiropodist or podiatrist to have your feet checked?

Yes	No	Don't know
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

When was the last time you went to a chiropodist or podiatrist?






10. Have you had your hearing checked?

Yes	No	Don't know
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

When was the last time you had your hearing checked?



11. Do you have epilepsy? This is an illness which means you may have fits and fall down.


Yes	No	Don't know
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>


If yes, how many fits do you have each month?

If yes, who is your Epilepsy Doctor or Nurse?




12. Do you have any problems going to the toilet?


Yes


No


If yes:


Do you have problems having a wee or pee?
This is also called passing urine.

Yes


No


Do you have problems having a poo? This is also called passing a stool.

Yes


No




13. Is there anything else you want to tell us?
This could be about aches or pain you get a lot of the time.



Your Feelings

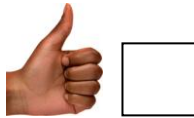
1. How are you feeling?



2. Do you have any worries?



Yes



No



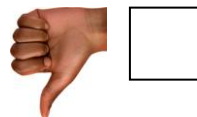
If yes:

Have you spoken to anyone to get help with these worries?

Yes

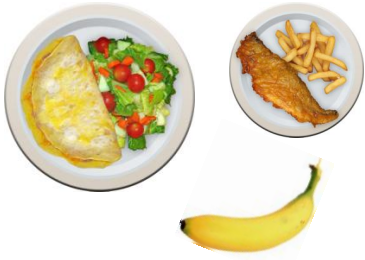


No



Don't know





The food you eat

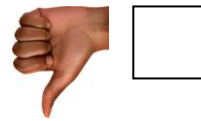
1. Do you have problems eating your food?
This could be with chewing or swallowing.



Yes



No

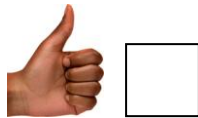


If yes, please tell us about the problems:

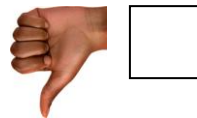


2. Are there any foods you cannot eat?
Are there any foods you need to eat?
This could be because you have a particular
medical problem. Some people will be ill if
they eat the wrong things.

Yes



No



Don't know






If yes, please tell us about this:



3. Have you seen a Speech and Language Therapist or a Dietician about eating?

A Speech and Language Therapist can help you if you have problems with eating.
A Dietician can help you work out the right food to eat.

Yes No Don't know



4. Can you choose what you eat?

Yes No



5. What foods do you like to eat?





How I live my life

1. Do you smoke?



Yes



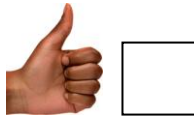
No



2. Do you drink alcohol?



Yes



No



3. Do you want information about how to stop smoking or drinking?



Yes



No



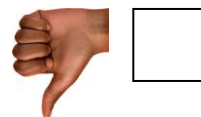
4. Do you exercise?



Yes



No



5. Do you get the chance to exercise?



Yes



No

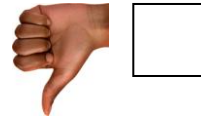




6. Do you have any hobbies?

Yes

No



If yes, what are your hobbies?

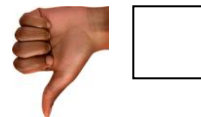
Four horizontal lines for writing an answer.



7. Do you have a job?

Yes

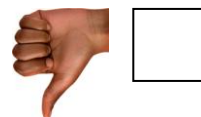
No



If no, do you want a job?

Yes

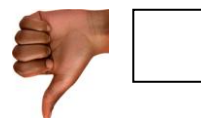
No



8. Are you a volunteer? This means working but not getting money for it.

Yes

No



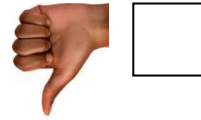


9. Do you live in a house or flat on your own?

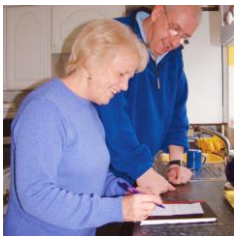
Yes



No



If no, who else do you live with?

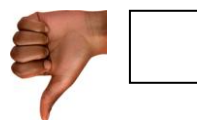


10. Are you getting support to do the things you want to do?

Yes



No



Don't know



You need to bring these things with you to your Health Check:



1. A jar with your wee or pee in it. This is called a urine sample.



2. Your tablets or medicines, if you have any.

Please list the names of your tablets and medicines here:







3. Your Health Action Plan if you have one.



4. Your Hospital Passport if you have one.

Medicines Reminder Chart

- You can fill in this chart with the names of the tablets or medicines you need to take each day.
- You can write down when you should take them and how much you need.
- This will help you to remember to take your tablets and medicines.

				
Medicine or tablets	Breakfast	Midday	Evening meal	Bedtime

The pictures in this document are from



helped put this document into easy read.