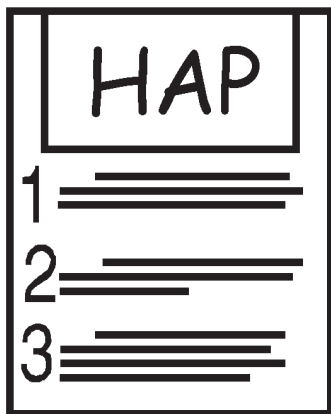
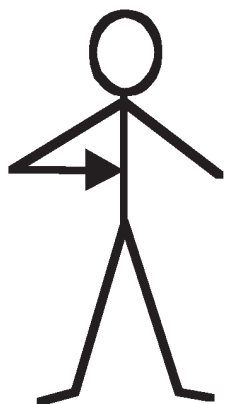


My Personal Health File and Health Action Plan

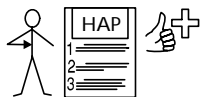


Private – to be kept safe

This book has things in it that are very personal to me. You should only be reading it if I have said that it is OK.

Bassetlaw PCT
Nottingham City PCT
Nottinghamshire County TPCT
Working in Partnership

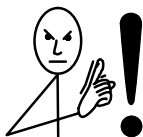
Introduction



The personal health file and health action plan is to help you learn more about your health.



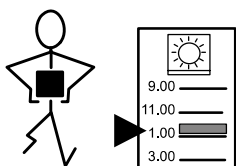
Your supporter or health professional can help you to fill in the personal health file.



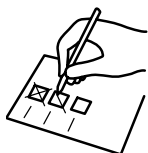
It is very important that you read them carefully first



Remember to keep it safe and private.



Bring it with you to your health appointments.



There is a form to fill in to tell us if you think the personal health file is useful or not.

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If you would like to use or adapt this document for use in areas outside Nottinghamshire, please contact David Levell at Nottinghamshire Teaching PCT. Your organisation would need to have the appropriate licences for the symbol software (see below)

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Makaton symbols © The Makaton Vocabulary Development Project 1996.

Special thanks to:

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The Accessible Information Worker is funded by the Nottingham City Learning Disability Partnership Board.

My personal Health File and Health Action Plan
First edition May 2008

If you need extra copies or pages, this file and guidance notes can be downloaded from the Nottingham and Nottinghamshire Partnership Board websites:

www.nottinghamcitythewayforward.net
www.nottinghamshirelearningdisabilitypartnershipboard.org/



About Me



My name is



I live at



My date of birth is

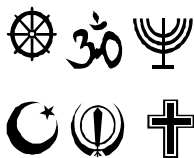


My nearest relative is

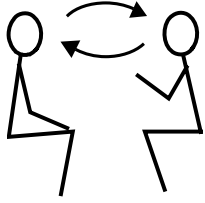


My ethnicity is

(this means if you are black, white, Chinese, Asian etc...)



My religion is



My Communication



The language I speak and understand best is

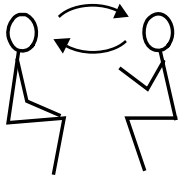
English

ਪੰਜਾਬੀ اُردو

हिन्दी ગુજરાતી

العربية język polski

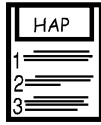
粵語 shqip



Other things to know about my communication



**Other information
about me and how
best to support me**



Who helps me with my health plan?



The person who helps me with my plan is called



Their address is



Their telephone number is



My Care Coordinator



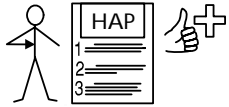
My care coordinator is called



Their address is



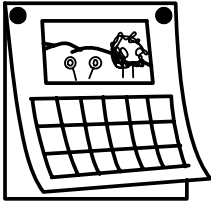
Their telephone number is



My Health Action Plan

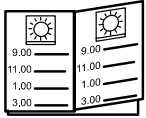
My health need	What needs to happen?	Who will help me?	When should it be done by?	Was it done?

My health need	What needs to happen?	Who will help me?	When should it be done by?	Was it done?



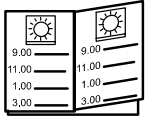
When was the last time my plan was checked?

Date	Who checked it?



Appointments Diary

January	February
March	April
May	June



Appointments Diary

July	August
September	October
November	December



Lifestyle - Smoking



Information



What support do I need?



Lifestyle - Alcohol



Information

Blank space for writing information.



What support do I need?

Blank space for writing about support needs.



Lifestyle - Drugs (recreational)



Information

A large, empty rectangular box with a thick black border, intended for writing information.



What support do I need?

A large, empty rectangular box with a thick black border, intended for writing about needed support.



Lifestyle - Exercise



Information







What support do I need?

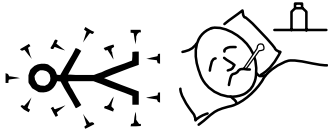


My weight, blood pressure and B.M.I



My height is:

 Date	 Weight	 Blood Pressure	 B.M.I.




**What I do when I'm
not well or in pain**

A large, empty rectangular box with a thick black border, intended for a person to write their response to the question above.



My Tablets and Medicines

 Name	Why I take this medicine



My Tablets and Medicines



What support do I need to take my tablets and medicines?



My Tablets and Medicines



What happens if I do not take my tablets and medicines?

Blank space for writing the answer to the question: "What happens if I do not take my tablets and medicines?"



How do my tablets and medicines affect me?

Blank space for writing the answer to the question: "How do my tablets and medicines affect me?"



Allergies



Tablets and medicines that I am allergic to:



Food that I am allergic to:



Allergies



Other:



What support do I need?



Blood Tests



What support do I need?

--

Date	Why?	Result



Other Health Tests (like x-rays and urine tests)

Date	What?	Why?	Result



Eating and Drinking



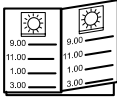
Information



What support do I need?



Eating and Drinking



Appointments

Date	What?



How I get around

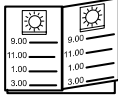


Information

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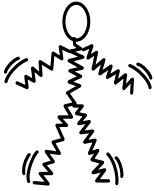


Continence



Appointments

Date	What?



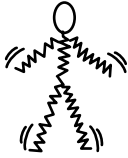
Epilepsy



Information

Type of epilepsy:

Description of seizures:



Epilepsy



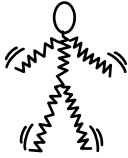
What support do I need?

A large, empty rectangular box with a thick black border, intended for writing answers to the question above.

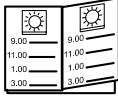


Who supports me and how?
eg. Neurologist, Epilepsy Nurse, Psychiatrist

A large, empty rectangular box with a thick black border, intended for writing answers to the question above.



Epilepsy



Appointments / epilepsy reviews

Date	What?



Diabetes



Information

Blank space for notes or information.

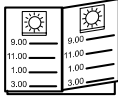


What support do I need?

Blank space for notes or information.



Diabetes



Appointments

Date	What?



Eyes and Eyesight



Information



Who helps me (e.g. Optician)?



Name



Address



Telephone



Eyes and Eyesight

A
FZN
OTGH



Eye Tests

Date	Result



Ears and Hearing



Information

Blank space for writing information.



Who helps me
(e.g. Audiologist)?



Name



Address



Telephone



Ears and Hearing



Tests and Treatments

Date	Result or information on treatment



Teeth



Information

Blank space for writing information.



Who helps me
(e.g. Dentist)?



Name



Address



Telephone



Teeth



Check-ups and Treatments

Date	Result or information on treatment



Feet



Information

A large empty rectangular box for writing information.



Who helps me
(e.g. Podiatrist)?



Name



Address



Telephone



Feet



Check-ups and Treatments

Date	Result or information on treatment



Hair, Skin and Nails

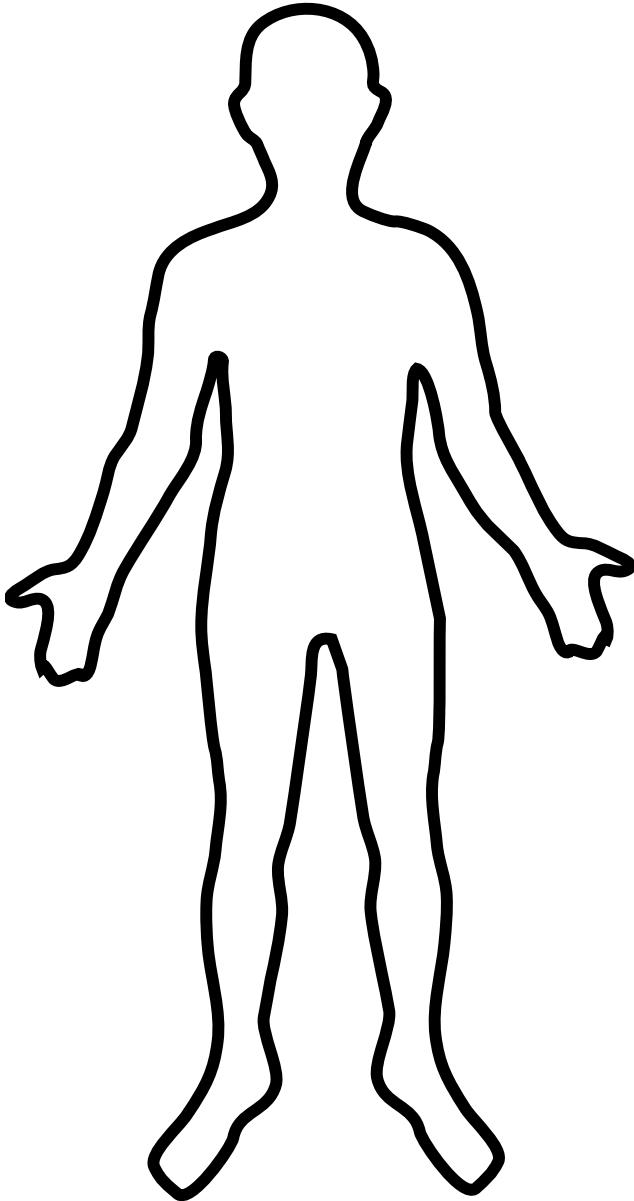


Information

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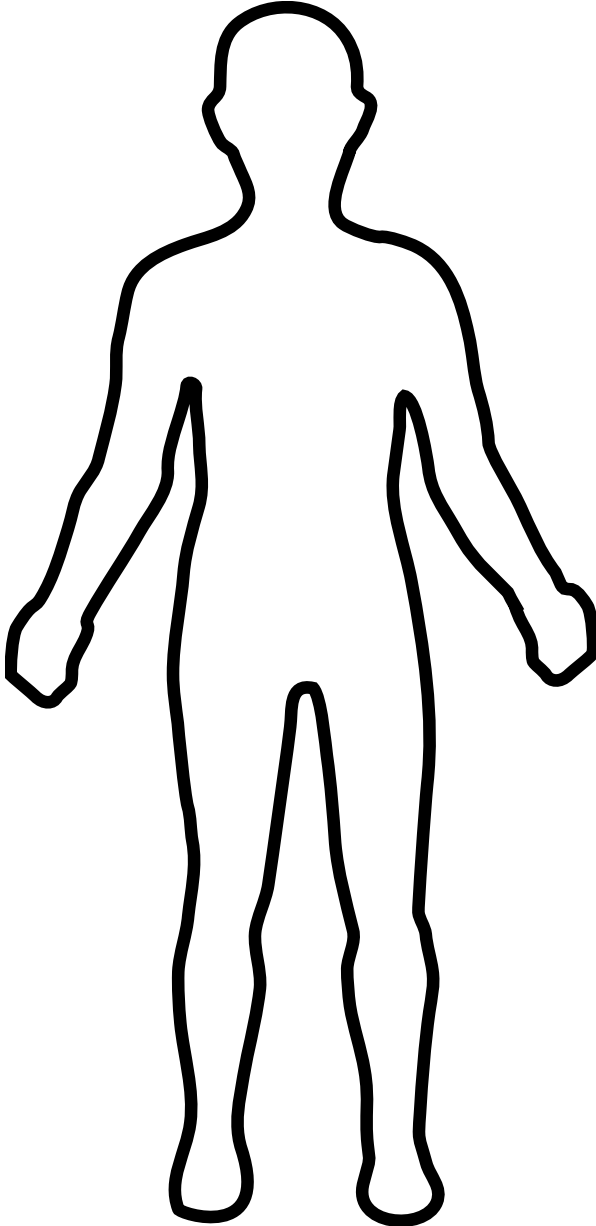


My Body - Front





My Body - Back



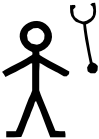


General Health



Information

Blank area for writing information.



Who helps me (e.g. my GP)?



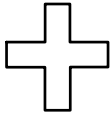
Name



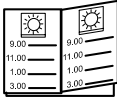
Address



Telephone



General Health



GP Appointments

Date	What for? and Result

Other health issues

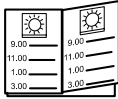


Information



What support do I need?

Other health issues



Appointments

Date	What?



Mental Health and Wellbeing



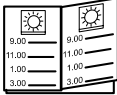
Information



What support do I need?

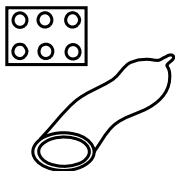


Mental Health and Wellbeing



Appointments

Date	What?



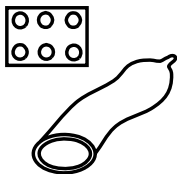
Contraception and Sexual Health



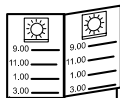
Information



What support do I need?



Contraception and Sexual Health



Appointments

Date	What?



Women's Health Smear Test



What support do I need?

--



Somebody has explained to me why this is important

Date	Result



Women's Health Breast Screening



What support do I need?



Somebody has explained to me why this is important

Date	Result



Men's Health



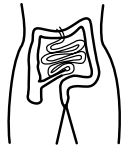
What support do I need?

--



Somebody has explained to me why this is important

Date	Result



Bowel Screening



What support do I need?

--



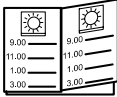
Somebody has explained to me why this is important

Date	Result

(continued)

A large, empty rectangular box with a thick black border, occupying most of the page. It is intended for the user to write additional information.

Use this page to write more information for any section if needed



Appointments

Date	What?

Use this page to add more appointments for any section if needed