My health action plan
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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.
<table>
<thead>
<tr>
<th>Supporter</th>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dietician</td>
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<td></td>
<td></td>
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<tr>
<td>Optician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Speech therapist</td>
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</tr>
</tbody>
</table>

* for example mum, dad, support worker
Section 3
Communication
The languages I speak are

Circle yes or no

<table>
<thead>
<tr>
<th>Communication aids</th>
<th>I can understand</th>
<th>Other information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single words</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Short sentences</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Long sentences</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sign language</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Photos</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Simple writing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Symbols</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Objects of reference</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>My feelings</td>
<td>How I tell someone about how I am feeling</td>
<td></td>
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<tr>
<td>-------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><img src="image1" alt="Pain" /></td>
<td>I tell someone that I am in pain by</td>
<td></td>
</tr>
<tr>
<td><img src="image2" alt="Happy" /></td>
<td>I tell someone that I am happy by</td>
<td></td>
</tr>
<tr>
<td><img src="image3" alt="Sad" /></td>
<td>I tell someone that I am sad by</td>
<td></td>
</tr>
<tr>
<td>I tell someone that I need to go to the toilet by</td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------------------------</td>
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<tr>
<td>![Toilet Image]</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I say “no” to something by</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Thumb Down]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I say “yes” something by</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Thumb Up]</td>
</tr>
</tbody>
</table>
Other important information about how I tell someone how I am feeling
Section 4
Medicine
I take medicine daily

☐ Yes  ☐ No

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

<table>
<thead>
<tr>
<th>What is my medicine called?</th>
<th>How many doses do I take?</th>
<th>How often do I take a dose?</th>
<th>Why do I take it?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>Doctor</td>
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<tr>
<td>Community nurse</td>
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<tr>
<td>Dentist</td>
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<td>Dietician</td>
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<td>Optician</td>
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<tr>
<td>Carer</td>
<td></td>
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<tr>
<td>Speech therapist</td>
<td></td>
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<tr>
<td>Ear specialist</td>
<td></td>
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<tr>
<td>Councillor</td>
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<tr>
<td>Diabetic nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of first appointment</td>
<td>Date of second appointment</td>
<td>Date of third appointment</td>
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<tr>
<td>--------------------------</td>
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</tbody>
</table>
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

**Diptheria** ☐
Date

Any other injections
Section 6
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

The help I need is

I have false teeth

I need help with my false teeth

The help I need is

My gums bleed when I brush my teeth
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
I am in a relationship

I would like to talk to someone about relationships

I know what safe sex is

I would like to talk to someone about safe sex
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
- Diabetes
- Epilepsy
- Heart disease
- High blood pressure
- Low blood pressure
- Thyroid problems
- Breast cancer
- Cervical cancer
- Prostate cancer
- Testicular cancer
- 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

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
This is the final page of my health action plan. I can use this page to write down anything else that I feel I haven’t said yet.
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