









My Health Check Action Plan





Date of my annual health check:

About Me

	My name	
	Date of birth	
	NHS number	
	Gender	
	Ethnicity	
	My address	
	Home Telephone No.	
	Mobile Telephone No.	

Relationships

	Next of Kin. This is your closest family member or who you want people to contact in an emergency.	
	Carer or Support Worker	

Your medical problems



Allergies



Observations



Blood Pressure



Pulse








Temperature




Breathing Rate





Weight

	Height	
	BMI (this measure takes your height and weight to work out if your weight is healthy)	
	How much exercise / movement do you do?	
	How much alcohol do you drink? Drinks like wine, beer, cocktails.	
	Smoking	



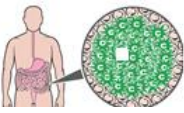




Recent Vaccinations

	
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Medication Review

 PRN	Medication taken for a short time (not on repeat prescription)	
	Repeat Medication	

Screening (if applicable)

	<p>Latest Breast Screening</p> <ul style="list-style-type: none"> - Do you know how to check your breasts? 	
	<p>Latest Cervical Screening</p>	
	<p>Latest Bowel Screening</p>	
	<p>Latest Testicular Screening</p> <ul style="list-style-type: none"> - Do you know how to check your balls? 	
	<p>Memory Screening</p> <ul style="list-style-type: none"> – Do you have difficulty remembering things? - Are there any changes in your mood or behaviour? 	
	<div data-bbox="328 1485 587 1601">  <p>Recommended Summary Plan for Emergency Care and Treatment</p> </div> <p>The RESPECT form is a short plan about what should happen if you need health care or treatment in an emergency.</p> <p>Understanding what matters in your life helps to make a better plan.</p>	

(Above images courtesy of Macmillan.org.uk in partnership with CHANGE)



What I need TO DO to stay healthy

	Keep taking my regular medication
 GP Surgery	Go to all Doctor and Nurse appointments
	Eat a healthy diet
 Be active	Do more exercise if you can
 Dentist	Go to all Dentist appointments
	Go to all Eye appointments
	Go to screening appointments when invited
	Do something every day that makes you smile to help your mental health



My Health Check Action Plan



My health issues

What needs to happen?

**Who will do it,
who can help**

**Date we will
check this if
before your
next AHC**



**My next
Annual Health Check is
due on:**



Signed

Printed

Date