

Date:



DRAFT

# Health Action Plan



Kingston Learning Disability Parliament

# About me

Photo

Name:

Date of Birth:

My Phone number:

My Doctors Name:

Phone Number

Address:

NHS number

Best way to talk to me:

How I will talk to you:

# Medication



| Name of medication | How much | When | Date to be reviewed | Who will review this |
|--------------------|----------|------|---------------------|----------------------|
|                    |          |      |                     |                      |
|                    |          |      |                     |                      |
|                    |          |      |                     |                      |
|                    |          |      |                     |                      |
|                    |          |      |                     |                      |

# My health needs

Insert picture here

- Write health need here

# To stay healthy

Insert picture here

- I will:

# My health needs

Insert picture here

- Write health need here

# To stay healthy

Insert picture here

- I will:

# I should ask for help when:-

Insert picture here

# This is what I will do when I need help:-

Insert picture here

# For better health I will..

Insert Pictures here

# My Annual Health Check



| My Health Need | What should happen next | Who will help | By when |
|----------------|-------------------------|---------------|---------|
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |

# My Annual Health Check



| My Health Need | What should happen next | Who will help | By when |
|----------------|-------------------------|---------------|---------|
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |
|                |                         |               |         |

Date of my next annual Health check:

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# Health Appointments

| Appointment  | Date | Why?     | What happened?                          | Support staff |
|--------------|------|----------|---|---------------|
| e.g. dentist |      | Check up | Filling needed in follow up appointment |               |
| Optician     |      |          |   |               |
|              |      |          |   |               |
|              |      |          |   |               |
|              |      |          |   |               |
|              |      |          |   |               |
|              |      |          |   |               |
|              |      |          |   |               |

# My Important Health People

Please fill in this table with pictures if possible

| To talk to someone about my | Name and address | Phone number |
|-----------------------------|------------------|--------------|
| General Health              | Doctor           |              |
| Eyes                        |                  |              |
| Teeth                       |                  |              |
| Hearing                     |                  |              |
| Feet                        |                  |              |

# My important health people.

Please fill in this table with pictures if possible

| To talk to someone about my | Name and address | Phone number |
|-----------------------------|------------------|--------------|
| Speech/Communication        |                  |              |
| Annual Health Check         |                  |              |
| Health Action Plan          |                  |              |
| Hospital passport           |                  |              |
| Hospital appointment        |                  |              |

# Health Action Plan

List to check actions happen

| Date | Health Need | Progress/ comments | Person responsible | Date Achieved |
|------|-------------|--------------------|--------------------|---------------|
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |
|      |             |                    |                    |               |

- These people can look at my Health Action Plan and talk to me about it:
- My Health Action Plan should be kept in a safe place
- I can take my Health Action Plan to all Health Appointments.
- I can ask Health professionals to write any new information.
- I must agree with what is written in it.

Signature:

Name:

Date:

Date to check actions:

# How to complete a Health Action Plan

- You should be involved in making your health action plan whenever possible.
- This plan is **your plan** you should say what goes in it and what does not.
- **Medication page**.. Remember to write any injections, creams, inhalers and sprays you use as well as medicines and tablets. Also remember to write down the medication you use occasionally.
- **My health needs**... examples could be Epilepsy, depression, eczema, diabetes, problems seeing or hearing, problems moving around, being overweight or any other health need.
- It is easier to use a new page for each health need, your plan can be as long or as short as you like.
- **To stay healthy**...should list the actions needed to help each health need, for example, if you have asthma, when do you need to use your inhaler?

When do you need to see your asthma nurse?

**I should ask for help when**.... For example, if you have 3 seizures in one day or if your blood sugar is below 4.

**This is what I will do when I need help**.... For example call your doctor, or take dextrose tablet

**For better health I will**... The things you need to do to lead a long healthy life, for example exercise, relaxation and healthy diet

# More how to complete a Health Action Plan

- **Annual health check** you need to contact your own doctor to arrange an Annual health check. Ask your doctor or nurse to help fill in this bit.
- **Health Appointments** write down all health appointments, you can ask the health person (e.g dentist optician nurse) to help you write out why and what happened. It is really important to write any actions the health person recommends.
- **My important health people..** There are some health things listed, you might have others to add, these are any people who you think help with health needs, eg moving about- physio, my mood- psychiatrist.
- **Health Action Plan..** This should sum up your plan and help you check actions are happening.

Before you write in the person responsible bit, you need to ask the person if they are willing to take that responsibility.

Sometimes the person responsible will be you.