

Health Care Information

GP Support

People who have a learning disability and/or autism are entitled to a yearly health check with their GP. This is particularly important for those who do not have any ongoing health issues as it is a good way of monitoring their health. The GP Surgery should make reasonable adjustments to make their visit easier.

Community Learning Disability Health Team

For people whose health needs cannot be met by other services in Oxfordshire a referral to the [Community Learning Disability Health Team](#) can be made.

Hospital Visits

If your relative has a hospital appointment a Learning Disability Nurse can help plan their appointment. They can be contacted on:

Tel: 01865 743324 (Monday – Friday 9.00 am – 5.00 pm)

Email: learning.disability@ouh.nhs.uk

Name of your relative:	
Date of birth of your relative:	
Name of person completing the form:	
Date completed:	
National Health Number	

GP

Name	
Address	
Contact Details	
Annual Health Check	
Date of last check	
Health Action Plan	
Does your relative have one?	

Is a copy in this folder?			
Does your relative see the GP on a regular basis:		Details:	
Do they have any medical issues? Details: 1. 2. 3. 4. 5.		How is it dealt with?	
Do they take regular medication (include both prescription and non-prescription medication)			
Name	Dosage	Frequency	How is it taken?
Where is the medication kept?			

Any other information we should know?	

Other Health Service Involvement?

Does your relative see other health professionals?	
Speech and language Therapist	How often?
Occupational Therapist	How often?
Physiotherapist	How often?
Does your relative have mental health issues? If so, how are these been addressed?	
Is the Intensive Support team Involved?	
Has your relative been diagnosed with Dementia or Alzheimer's	
Specialist Health Professional	Who/Where/How often?
Any other important health information	

Continuing Health Care (CHC)

Does your relative receive Continuing Health Care?	
Is all their funding through CHC or split with Adult Social Care?	
Date of last assessment	

Dentist

Name	
Address	
Tel:	
Is this a community dental service? If not, do they pay to see a dentist? How often do they see the dentist? How often do they see the hygienist?	
Are they able to have x-rays taken? When was the last X-ray taken?	
Teeth Cleaning Do they need help to clean their teeth?	
Do they have any specific requirements when visiting the dentist?	

Opticians

Has your relative ever had an eye test?	
Date of last eye appointment	
Opticians Address Telephone	
Does your relative wear glasses? When was prescription last updated?	
Do they have any special requirements when visiting the optician?	
Does your relative see an optometrist?	

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Hospital Visits

<p>Has your relative ever been to hospital?</p> <p>Do they need to visit regularly?</p> <p>How often?</p> <p>Who do they see?</p> <p>Contact details?</p>	
<p><u>Hospital Passport</u></p> <p>Do they have one?</p> <p>When was it last updated?</p> <p>Where is a copy?</p>	
<p>What support does your relative need when visiting the hospital?</p>	

Hearing

<p>Has your relative ever had their hearing checked?</p>	
<p>When was their last hearing check?</p>	
<p>Who do they see for their hearing checks?</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p>	
<p>Does your relative use hearing aids?</p>	
<p>When were they last checked?</p>	
<p>Is there anything else someone should know about your relative's hearing?</p>	

Communication Plan

Does your relative have a communication plan?	
Do you have a copy? Is there a copy in this folder?	
Who do they see to support them with their communication plan? Name: Tel:	
Is there anything else that someone needs to know about your relative's communication?	

Staying Healthy

Do you have any concerns about your relatives <ul style="list-style-type: none">• Weight• Exercise	
Do they see anyone about either their weight or exercise?	Please describe how they are supported to monitor both.
Is there anything else someone needs to know about either your relative's weight or exercise?	

Mobility

Does your relative have any mobility issues?	
Does your relative use a wheelchair?	

<p>Who supplies the wheelchair?</p>	
<p>Does your relative need other aids to help them move around?</p>	
<p>Does your relative use a mobility vehicle?</p> <p>Details of vehicle</p> <p>Date of renewal</p>	
<p>Does your relative need any mobility aids inside or outside to help them access their home?</p> <p>Please list all that are needed:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Notes</p>

Any other health concerns

Use this space to mention any other health concerns your relative may have that will help them receive the right support.

Does your relative use the NHS App?

<p>Log in details</p>	
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