**Social Care – Health Action Planning Review**

'A Health Action Plan details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these. It is a mechanism to link the range of services and supports they need, if they are to have better health. The plan is primarily for the person with learning disabilities and is usually co-produced with them.'

**Name**: ……………………………………………..

**DOB**: …………/………/………… **Date of Review:** ……/………/…….

**Address**:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

**Out of Borough Placement: [ ] Local Residential Placement: [ ]**

**GP**:…………………………………………………

**GP Address:** ……………………………………………………………………………………… …………………………………………………………………………………………………………

**GP Phone No**:………………………………………..

**Person Completing this review:** ……………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **Questions to ask** | **YES** | **NO** |
| Does the person have a Health Action Plan? |  |  |
| Is the person registered with a local GP, where they are placed? |  |  |
| Has the person been offered an annual health check at their GP practice? |  |  |
| Did the person attend their health check appointment at their surgery? |  |  |
| If yes, when was this health check carried out? | ……./……../…….. |
| Has the person been given a health check review date? |  |  |
| Does the Health Action Plan clearly identify health need and any actions arising from each need? |  |  |
| Does the person have any difficulties attending appointments at the surgery? |  |  |
| Does the person have a Health Facilitator? |  |  |
| If yes, who is the Health Facilitator? – Name: | ……………………………………………… |
| Does the Person have a ‘Personal Health Profile’ or similar (local version) hand held personal health record that incorporates the Health Action Plan? |  |  |
| If yes, was this personal health record given by the GP? |  |  |