

Welsh Health Check for Adults with a Learning Disability and on the Social Services Register

M Kerr, RG Jones, M Houghton, H Houston, J Perry. AJ Thapar & J Tomlinson

Date:	
Name:	
Marital status:	Ethnic origin:
Date of Birth:	Sex:
Address:	
Tel	
Next of Kin	
Tel	
Principal Carer:	
Tel	

Key Health and Social Care Contacts:		
Consent to share the review with Carer?	Yes	No
Consent to share the review with other named relevant professionals?	Yes	No
Names of other individuals to whom the review should be sent:		

This is a good time to ask the carer, person with a learning disability if they have any specific concerns or issues they wish to cover whilst performing the health check

Weight (kg/stone)	Height (meters /feet)
Blood Pressure	Urine Analysis
Smoke (per day)	Alcohol (units per week)
Body Mass Index (weight in kg / height in m ²)	Cholesterol has been performed if indicated
& random Blood glucose if indicated	

Immunisation		
People with learning disability should have the same regimes as others and the same contraindications apply. A high risk of hepatitis 'b' has been seen in population of individuals with learning disability		
Has the patient completed a full course of currently recommended vaccinations?	Yes	No
If No, has the patient been offered the recommended top up vaccinations?	Yes	No
Is the patient included in the annual influenza vaccination programme?	Yes	No
Patient declined / contraindicated	Yes	
Screening uptake		
Where screening cannot be performed due to refusal it can be helpful to support from the community learning disability teams to support the individual through the procedures		
Cervical Cytology People with a learning disability have same indications for cervical cytology as others.		
Note: Smear could be declined by patient		
Is a smear indicated?	Yes	No
If yes when was last smear?		
When is next due?	Date:	
Patient declined	Yes	
Mammography uptake		
This should be arranged in line with national screening programme and as per local practice.		
Is mammography indicated and has it been offered?	Yes	No
Performed?	Yes	No
Declined	Yes	No
Bowel Cancer uptake		
This should be arranged in line with national screening programme and as per local practice.		
Indicated and offered?	Yes	No
Performed?	Yes	No
Declined	Yes	No
Aortic aneurysm uptake		
This should be arranged in line with national screening programme and as per local practice.		
Indicated and offered?	Yes	No
Performed?	Yes	No
Declined	Yes	No
Chronic Illness		
Does your patient suffer from any chronic illness?	Yes	No
If yes please specify:		

Systems Enquiry		
Respiratory Be especially concerned if frequent chest infections as these can indicate that swallowing is impaired and referral needed		
Persistent cough	Yes	No
Haemoptysis	Yes	No
Abnormal sputum	Yes	No
Wheeze	Yes	No
Dyspnoea	Yes	No

Cardiovascular system		
Chest pain	Yes	No
Swelling of ankles	Yes	No
Palpitations	Yes	No
Paroxysmal nocturnal dyspnoea	Yes	No
Cyanosis	Yes	No

Abdominal Be aware of possibility of unrecognised reflux oesophagitis as a cause weight loss, sleep disturbance or dyspepsia		
Constipation	Yes	No
Weight loss	Yes	No
Diarrhoea	Yes	No
Dyspepsia	Yes	No
Melaena	Yes	No
Rectal bleeding	Yes	No
Faecal incontinence	Yes	No
Feeding problems	Yes	No

C.N.S. – for epilepsy see below		
Faints	Yes	No
Parasthesia	Yes	No
Weakness	Yes	No

Genito-urinary		
Dysuria	Yes	No
Frequency	Yes	No
Haematuria	Yes	No
Urinary Incontinence	Yes	No
If Yes has M.S.U. been done	Yes	No
Have other investigations been considered?	Yes	No

Gynaecological		
Dysmenorrhoea	Yes	No
Inter menstrual bleeding	Yes	No
PV discharge	Yes	No

Is patient post menopausal?	Yes	No
Contraceptives		
Needed	Yes	No
Used Note: Oral, Intra-uterine device, Depot, Transdermal, Subcutaneous, Diaphragm, Contraceptive sponge, No contraception	Yes	No
Other Note: e.g. PMT, pregnancy		

Epilepsy Note: Consider specialist review if no review in last 3 years	Yes	No
Date of last specialist appointment: Less than 3 years	Yes	No
Greater than 3 years	Yes	No
Type of fit:		
Focal seizures: simple partial, complex partial or secondary generalised	Yes	No
Generalised seizures: absence seizures, myoclonic, clonic, tonic, tonic-clonic or atonic	Yes	No
Unclassified seizures	Yes	No
Frequency of seizures (fits/month)		
Over the last year have the fits	Worsened	Remained the same Improved
Antiepileptic medication		
Name Dose/frequency Levels (if indicated)		
Side effects observed in the patient		

Presence of Behavioural disturbance		
Note: Behavioural disturbance in people with a learning disability is often an indicator of other morbidity. For this reason it is important to record it as it can point to other morbidity. The presence of behavioural or emotional change when physical illness has been excluded warrants referral to learning disability services		
Has there been a change in behaviour since the last review: eg aggression, self injury, over-activity.	Yes	No
Are you aware of any risk or change in the level of risk to the patient or others:	Yes	No
If yes, has this been communicated to key health and social care professionals	Yes	No

Physical Examination		
General appearance		
Are there any abnormal physical signs or key negative findings.	Yes	No
If yes please specify:		

Cardiovascular System		
Are there any abnormal physical signs or key negative findings	Yes	No
If yes please specify:		
Pulse (beats/min)		
Blood pressure		
Ankle Oedema	Yes	No
Heart sounds (describe)		
Patient declined	Yes	

Respiratory system		
Are there any abnormal physical signs or key negative findings	Yes	No
If yes please specify:		
Patient declined	Yes	

Abdomen		
Are there any abnormal physical signs or key negative findings	Yes	No
If yes please specify:		
Patient declined	Yes	No

Dermatology		
Any signs or symptoms	Yes	
Diagnosis		
Patient declined	Yes	

Breast		
Are you aware of any breast symptoms or signs	Yes	No
If yes, please indicate what action has been taken:		

Note: If no, please indicate why (e.g. consent issues)		
Patient declined	Yes	

Testis		
Has an examination of testis been performed	Yes	No
Patient declined	Yes	

Central Nervous System		
Note: It is often difficult and not relevant to perform a full neurological examination, however, people with a learning disability are particularly prone to abnormalities in vision, hearing and communication – a change in function would suggest further investigation is necessary		

Presence of vision difficulties		
Does the patient appear to have eyesight problems e.g. eye rubbing?	Yes	No
Normal vision? Note: include normal vision corrected with glasses/ contact lenses	Yes	No
Minor visual problem?	Yes	No
Major visual problems? Note: include registered blind	Yes	No
Is the carer/key worker concerned?	Yes	No
Recommend the carer takes the patient to an optometrist	Yes	No
Is there a cataract?	Yes	No

Presence of hearing difficulties		
Normal hearing?	Yes	No
Minor hearing problem?	Yes	No
Major hearing problem?	Yes	No
Is the carer/ key worker concerned?	Yes	No
Does he/she wear a hearing aid? Note: if no has he/she been fitted for a hearing aid?	Yes	No
Any wax?	Yes	No
Does your patient see an audiologist?	Yes	No
Other investigation		
<ul style="list-style-type: none"> • Has the patient ever had a hearing screen? • For those aged 40 and over, has the patient had a hearing screen within the past 3 years? • For those with Down's syndrome (regardless of age), has the patient had a hearing assessment with the past 3 years? 		

Presence of communication difficulties		
Does your patient communicate normally?	Yes	No
Does your patient communicate with aids? Note: e.g. writing pad, signing	Yes	No
Does your patient have a severe communication problem?	Yes	No
Does your patient see a speech therapist?	Yes	No

Where communications problems exist have practice staff been made aware & medical record tagged?	Yes	No
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Presence of mobility difficulties		
Is your patient fully mobile?	Yes	No
If no, please specify nature and severity of mobility loss such as presence of contractures e.g. uses a wheelchair, walking stick, walking frame, crutches, splints, surgical boots		
Has there been any change in mobility and dexterity of patient since the last review?	Yes	No
If yes, please specify:		

Other Investigations		
Are there any further investigations necessary?	Yes	No
If yes please indicate		

Syndrome Specific Check		
Note: Certain syndromes causing learning disabilities are associated with increased morbidity for this reason it is important to record:		
Is the cause of learning disability known?	Yes	No
If yes, what is it?		
Has the patient had a genetic investigation?	Yes	No
Result?		
If your patient has Down's syndrome he/she should have a yearly thyroid profile		
Has this been done?	Yes	No

Medication Review			
Drug	Dose	Side Effects	Levels (if indicated)

<p>Please list the key findings from the medication review.</p>			

Actions		
<p>Please list the actions that have arisen as a result of the medication review and indicate how these have been dealt with.</p>		
Every year the patient should have a review by a dental practitioner – has this been done?	Yes	No
Every year the patient should have a review by an optometrist – has this been done?	Yes	No
Has a summary letter with appropriate responses been sent to the patient or carer?	Yes	No
Has a copy of the letter been sent to the community learning disability team if involved?	Yes	No