Learning Disability - Health Check Action Plan

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| Details of the person completing form: | Name: Free Text Prompt  Date form completed: Short date letter merged Position: Free Text Prompt |
| About Me: | Name: Title Calling Name Surname  DoB: Date of Birth Gender: Gender(full) Registered GP: Free Text Prompt |
| Health goals for my doctor to do | Single Code Entry: Learning disabilities health action plan completed  Single Code Entry: Learning disabilities health action plan reviewed |
| Help for me at the end of my life | Single Code Entry: End of life advance care plan EPACCS Further details EPACCS Click for further information  Comments |

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| Other people my doctor wants me to see | Single Code Entry: Referral to learning disability team  Single Code Entry: Referral to mental health team Single Code Entry: Referral to specialist children's service |
| Health goals for me to do: | Comments: |
| Health goals for me to do: | Comments: |
| Allergies: | Allergies |

