
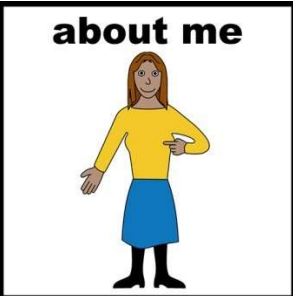

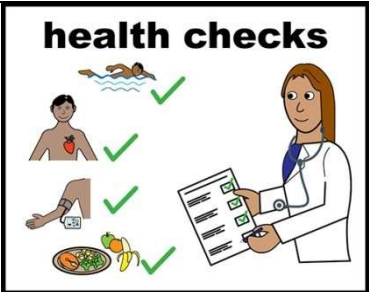


Learning Disability – Health Check Action Plan

Details of person completing this form		Name	
	Date form completed		
	Position		
About Me		Forename	
	Surname		
	Date of Birth		
	Gender		
	Registered GP		
	NHS Number		
Allergies		Allergies	
			

Health Goals for me to do		
	Diet	
	Exercise	
	Weight	
	Smoking	
	Drugs	
	Alcohol	

Learning Disability – Health Check Action Plan

	Sexual Health	
	Contraception	
	Mental Health	
	Epilepsy	
	Menopause	

Learning Disability – Health Check Action Plan

	Screening advice	
	Other Goals	
Health Goals for my Doctor to do		
<div data-bbox="262 754 535 1031" data-label="Image"> <p>keep a record</p> </div>		
Extra Advice from my Doctor		