My vital information for delivering healthcare

I have a learning disability

Name | **I like to be called**

Pronouns I like to use (He/She/They): | **Date of Birth:**

Address:

NHS No: | **Ethnicity:**

NI Number: | **Religion:**

Languages I understand (including Makaton):

GP Name and Address:

Is your next of kin actively involved in your life? ◯ **YES** ◯ **NO**

Next of Kin Name, Relationship and Contact Details:

Other Key Person's Name and Contact Details:

Who they are to me:

I give permission for health professionals to talk to these people about me:

◯ **YES** ◯ **NO** ◯ **Best Interest consideration**

Details:

Continued Overleaf

Name

I like to be called

Date of birth:

I have an active DNACPR in place. See guide. ◯ **YES** ◯ **NO**

Details:

Spiritual/cultural needs:

I receive Benefits: ◯ **YES** ◯ **NO**

Details:

I believe I am allergic to these drugs:

I believe I am allergic to these foods:

Name | I like to be called | Date of birth:

Lasting power of attorney for health & welfare/personal welfare deputyship

Does anyone have lasting power of attorney/deputyship for your health needs?

Circle or highlight the answer below:

◯ **YES** ◯ **NO**

If **YES** store a copy of the lasting power of attorney/deputyship with this document and record here the name & contact details of your attorney/deputy:

Name		**Telephone number:**	

Address:

The nature of my learning disability

Brief overview of your diagnosis and/or how the learning disability impacts you in everyday life. Please highlight any essential information e.g. triggers or indicators that you may become so anxious you could harm yourself or others.

Vaccines

Annual Flu Vaccine dates						
Was Flu given via nasal spray ◯ **YES** ◯ **NO**						
Covid-19 Vaccine dates						
Covid-19 Booster Vaccine dates						
HPV Vaccine dates						
Childhood Vaccines received e.g. Diphtheria, Polio, Measles, Mumps, Rubella etc ◯ **YES** ◯ **NO**						
Pneumococcal Vaccine dates						
Last Tetanus date						

Continued Overleaf

Name **I like to be called** **Date of birth:**

The reasonable adjustments I need to be help me accept health appointments, investigations, and treatment (**in line with the Equality Act 2010**)

ⓘ Think about **T.E.A.C.H** – Time, Environment, Attitude, Communication and Help – see guidance notes

-

-

-

-

-

The communication needs I have to be able to accept Health appointments, investigations, and treatment (in line with the **Accessible Information Standard 2016**)

i See guidance notes – make sure the GP practice and social care (if involved with you) are aware of these communication requirements and have them **flagged** on their system.

-

-

-

-

-

Name | I like to be called | Date of birth:

Top tips on supporting me within health settings

ⓘ Write information that would help someone who had never met you before to know how to help you to make you feel at ease and reduce anxiety if you were in a strange health environment.

Helping you to understand me

Helping me to understand you

Eating and Drinking (highlight in capitals and bold any known swallow difficulties)

How I use the toilet, wash, and dress

Taking medication

Continued Overleaf

Name | I like to be called | Date of birth:

Sexual and personal health

Moving around and mobility

Known barriers, fears, phobias to health investigations and/or treatment and ways to overcome

i Please use additional pages for specific reasonable adjustments to support blood taking and needle phobias

☐ I am not happy having blood tests and/or injections, please see 'reluctance to accept blood taking or injections' page for information on how to support me.

Any other equipment I need and what they are used for

i Include information about hearing aids, dentures, glasses etc and any top tips on how to help me use them

Name **I like to be called** **Date of birth:**

My signs of being unwell or in pain

ⓘ What I am like when I am well (this is how I behave, communicate, and move).
If you have a **'Me on my Best Day'** video please make a note here

ⓘ What I am like when I am unwell or in pain (this is how I behave, communicate, and move):

Summary of any long-term conditions that I have

Summary of any long-term medication that I take

Continued Overleaf

Name **I like to be called** **Date of birth:**

My baseline health measurements

ⓘ This information is to be updated annually with the Annual Health Check. Please use additional recording pages if these are being measured more frequently (i.e., weight management)

Date						
Weight						
BMI BMI Classification						
Blood pressure						
Pulse						
Oxygen Saturation						
Respiration						
Height						

If I were to become very unwell suddenly, these are the things I need

ⓘ See guidance notes to see who also may require additional information

☐ **I have an End of Life plan in place**

See guidance to establish who should have an advanced care plan.

Name | I like to be called | Date of birth:

Health Professionals Involved relating to my health conditions

(historically or currently)

Name and role:

Contact details:

Nature of involvement: | **Date involved from/until:**

Name and role:

Contact details:

Nature of involvement: | **Date involved from/until:**

Name and role:

Contact details:

Nature of involvement: | **Date involved from/until:**

Name | I like to be called | Date of birth:

Key additional people involved in my health and wellbeing

This is social workers, key care support etc that have not been mentioned on previous page

Name and role:

Contact details:

What they do to help me:

Name and role:

Contact details:

What they do to help me:

Name and role:

Contact details:

What they do to help me: