



NHS Cambridgeshire and NHS Peterborough
working in partnership

Health Action Plan



Peterborough
Learning Disability
Partnership



Name:

Date of birth:

Private – keep this safe



STOP! Have you had an Annual Health Check? This is when your doctor or nurse checks that you are healthy. You should have this check before you start to fill in this Health Action Plan.



STOP! You need to choose someone who will:

- ✓ Help you fill in this plan.
- ✓ Help you keep the plan correct if your health changes.
- ✓ Support you to take action to make your health better.

My Health Action Plan Supporter is:



Name: _____



Phone: _____













Email: _____



You can use this plan to write down important information about your health. This plan will help you look after your health and any problems you may have that last a long time.

Personal Information

	<p>Name: _____</p> <p>I like to be called: _____</p>										
	<p>Date of when I was born: _____</p>										
<div style="background-color: #fff9c4; padding: 5px; border: 1px solid #ccc;"> <p>Jasmin Baines 16 High Street Sunnyfield PT1 1AB</p>  </div>	<p>Address: My address is not on this plan. This is to help keep me safe.</p>										
	<p>Telephone number: _____</p>										
<p>This is your NHS Number</p> <table border="1" style="margin: 0 auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">9</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">7</td> <td style="width: 20px;">6</td> <td style="width: 20px;">5</td> <td style="width: 20px;">9</td> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> </tr> </table> <p style="font-size: small; text-align: center;">(This is an example number only)</p> 	9	4	3	4	7	6	5	9	1	9	<p>NHS number: _____</p> <p>ISIS number: _____</p> <p>Your doctor can give you these numbers.</p>
9	4	3	4	7	6	5	9	1	9		
	<p>Race: _____</p>										
 	<p>Religion: _____</p>										
	<p>How I communicate: _____</p> <p>_____</p> <p>_____</p>										
	<p>The language I speak: _____</p>										



Personal Information – my important contacts



Jasmin Baines
16 High Street
Sunnyfield
PT1 1AB



The person to contact in an emergency is:

Address: _____

Phone number: _____



Jasmin Baines
16 High Street
Sunnyfield
PT1 1AB



My Doctor / GP is:

Address: _____

Phone number: _____



Other professionals involved in my care are:

Name and Job: _____

Address: _____

Phone number: _____

Name and Job: _____

Address: _____

Phone number: _____






Name and Job: _____

Address: _____

Phone number: _____

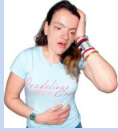





My Medication

<p>My Medication</p> 				
<p>What is it for?</p> 				
<p>How much do I take? How often do I take it?</p>  				
<p>Date doctor last checked medication was still right for me</p> 				
<p>Date medication stopped</p> 				

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My Health problems / Problems I have had a long time


<p>Name of problem – this could be epilepsy or diabetes</p>	<p>How this affects me</p> 	<p>My number 1 goal</p> 	<p>The support I will need</p> 	<p>1st thing I have agreed to do</p> 



Any other information

The pictures in this document are from



 VoiceAbility helped put this document into easy read.
Formerly Advocacy Partners Speaking Up