

Cardiff Health Check for People with a Learning Disability.

Date Name
Marital status Ethnic origin
Principal carer Age Sex
Address

Weight (kg/stone)..... Height (meters /feet)

Blood Pressure Urine Analysis

Smoke (per day) Alcohol (units per week)

Body Mass Index Cholesterol/
(weight in kg / height in m2) Serum lipids

Immunization - People with learning disability should have the same regimes as others and the same contra indications apply. (please circle)

Tetanus in last ten years? Yes No

If no has tetanus been given? Yes No

Has influenza vaccine been given? Yes No

Is Hepatitis B status known? Yes No

Result?

Cervical screen – people with a learning disability have same indications for cervical cytology as others.

Is a smear indicated? Yes No

If yes when was last smear?/...../..... When is next due?/...../.....

What was the result?

Mammography – this should be arranged as per local practise.

Has mammogram been performed. Yes No

CHRONIC ILLNESS - Does your patient suffer from any chronic illnesses.

Diabetes Yes No

Asthma Yes No

SYSTEMS ENQUIRY – the answer to these will not always be available.

Respiratory cough Yes No

Haemoptysis Yes No

Sputum Yes No

Wheeze Yes No

Dyspnoea Yes No

Cardiovascular system

Chest pain Yes No

Swelling of ankles Yes No

Palpitations Yes No

Postural nocturnal dyspnoea Yes No

Cyanosis Yes No

Abdominal

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 overleaf

Faints Yes No

Parasthesia Yes No

Weakness Yes No where

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

Would you consider other investigations? Yes No

Gynae

Dysmenorrhoea Yes No

Inter menstrual bleeding Yes No

PV discharge Yes No

Is patient post menopausal? Yes No

Contraceptives Yes No

Other.....

EPILEPSY

Yes

No

Type of fit

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.....
.....

BEHAVIOURAL DISTURBANCE.

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.

Aggression

yes

no

more than once a month

less than once a month

very infrequently

Self injury

yes

no

more than once a month

less than once a month

very infrequently

Overactivity

yes

no

more than once a month

less than once a month

very infrequently

Other

more than once a month

less than once a month

very infrequently

PHYSICAL EXAMINATION

General appearance

Anaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lymph nodes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clubbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jaundice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydration	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CARDIO VASCULAR SYSTEM

Pulsebeats/min	Blood pressure	/
Heart sounds (describe)	S.O.A.	Yes <input type="checkbox"/> No <input type="checkbox"/>

RESPIRATORY SYSTEM

Respiratory ratebreaths/min		
Breath sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheeze	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tachypnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(describe).....		

ABDOMEN

Masses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liver	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spleen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PR indicated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results		

CENTRAL NERVOUS SYSTEM – 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

VISION

Normal vision Minor visual problem Major visual problems

Is the carer/key worker concerned? Yes No

When did the patient last see an optician?/...../.....

Is there a cataract? Yes No

Result of Snellen chart

Any other data

HEARING

Normal hearing Minor hearing problem Major hearing problem

Is the carer/ key worker concerned? Yes No

Does he/she wear a hearing aid? Yes No

Any wax? Yes No

Does your patient see an audiologist? Yes No

Other investigation

COMMUNICATION

Does your patient communicate normally? Yes No

Does your patient communicate with aids? Yes No

Does your patient have a severe communication problem? Yes No

Does your patient see a speech therapist? Yes No

MOBILITY

Is your patient fully mobile? Yes No

Is your patient fully mobile with aids? Yes No

Is your patient immobile? Yes No

Has immobility been assessed? Yes No

DERMATOLOGY

Any abnormality? Yes No

Diagnosis

BREAST

Any lumps? Yes No

Any discharge? Yes No

Nipple retraction? Yes No

OTHER INVESTIGATIONS

Are there any further investigations necessary? Yes No

If yes please indicate

SYNDROME SPECIFIC CHECK - Certain syndromes causing learning disabilities are associated with increased morbidity (information can be found in the education pack provided) 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 chromosomal analysis? Yes No

Result?

Is the degree of learning disability?

mild moderate severe profound

Is a formalised IQ test available?

Yes

No

If yes, what were the results?

If your patient has Down's syndrome he/she should have a yearly test for hypothyroidism.

Has this been done?

Yes

No

OTHER MEDICATION

Drug	Dose	Side Effects	Levels (if indicated)

THANK YOU.