



New England Division of General Practice

Annual Health Check for People with Intellectual Disability

This questionnaire is to be completed prior to visiting to the General Practitioner.

The information provided by answers to the questionnaire are a very important part of the annual health screen. Communication difficulties can be a significant barrier in people with an intellectual disability receiving optimal care. This questionnaire will assist greatly in ensuring good communication between the doctor and his patient.

Client / Patient

Disability diagnosis

Communication (Verbal or non-verbal?).....

Please write "Yes" or "No" or "Don't know" or "Unsure" after each of the following questions.

D.O.B.
/ /

1. Vision and Hearing

1.1 Does the client have difficulty hearing?

(? Sit close to the TV or have TV turned up loudly...or not be aware of someone behind speaking to or calling them)

1.2 Does the client have difficulty with vision?

(? Not recognising familiar people as they approach...not seeing motor vehicles approaching while crossing roads)

2. Nutrition and Swallowing

2.1 Has the client had a Nutrition / Swallowing Risk Assessment?

2.2 Does the client have difficulty with swallowing?

3 Pain

3.1. Does the client seem to be in pain when eating?

(? Distressed when chewing or reluctant to eat or choosing soft foods)

3.2 Does the client become distressed with using the toilet?

(Constipation? Blood in toilet bowel due to anal fissure? Abdominal swelling? Urine infection? Going to toilet frequently)



New England Division of General Practice

<p>3.3 <u>Is the client reluctant to walk?</u> (? Foot or knee or hip pain)</p> <p>3.4 <u>Does the client favour one limb over the other?</u> (? Shoulder or elbow or wrist or hand pain)</p> <p>3.5 <u>Does the client have disturbed sleep?</u></p> <p>3.6 <u>Has there been a change in behaviour of the client?</u> (? Tearfulness, withdrawal, increased irritability or punching/kicking. A change in behaviour may be the only indication that a person is experiencing discomfort.)</p>	<hr/> <hr/> <hr/> <hr/>
<p>4. <u>Continence</u></p> <p>4.1 <u>Does the client lose control of bladder or bowels?</u> (Urine soaked underwear or faecal soiled underwear) If yes, please give brief description of problem(s).</p>	<hr/>
<p>5. <u>Mental Health</u></p> <p>5.1 <u>Do you think the client has any mental health problems?</u> If yes, please give brief description of problem(s)</p>	<hr/>
<p>6. <u>Medication</u></p> <p>Please bring ALL medication taken by the client, both prescribed and over the counter. This can be as a Webster pack or Dosette Box or in a plastic bag.</p>	
<p>General Practitioner.....</p> <p>Carer/Keyworker..... Date/...../.....</p>	