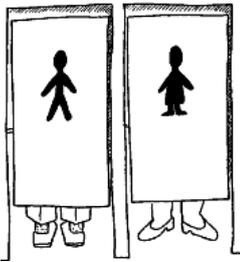


Health Check and Health Action Plan Consent

Name	Date of Birth
<p>I would like a Health Check and Health Action Plan</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <p>I understand that this may include the following medical check up:</p>	
<p>• Being weighed</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <div style="text-align: right;"></div>	
<p>• Being measured</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <div style="text-align: right;"></div>	
<p>• Having blood pressure taken</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <div style="text-align: right;"></div>	
<p>• Having a urine test</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <div style="text-align: right;"></div>	
<p>• Ear examinations</p> <p>YES 😊 <input type="checkbox"/> NO ☹️ <input type="checkbox"/></p> <div style="text-align: right;"></div>	

• Injections to keep you well

YES 😊

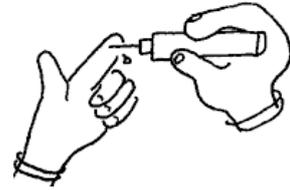
NO ☹️



• Medical Investigation, e.g. blood tests

YES 😊

NO ☹️



• Anything else that will be helpful to me

YES 😊

NO ☹️

The Health Check and Health Action Plan has been explained to me

YES 😊

NO ☹️



I understand what a Health Check and Health Action Plan is

YES 😊

NO ☹️



I agree for the information from my Health Check and Health Action Plan to be shared with my Social Worker/Community Nurse and the people directly involved with my care

YES 😊

NO ☹️

Are you happy for your Health Action Plan to be checked by the Co-Ordinator to make sure it is completed properly

YES 😊

NO ☹️

Name

Signed

Date