

Questions for Your Annual Review

Please fill this in before you come, a carer or family member could help

Communication

What is your best way of communicating? Please tick

Speech	
Makaton/Sign language	
Communication aids; which?	
Do you see a speech therapist?	
Do you need to see a speech therapist?	

Mobility. Please tick

No problem	
Mobile with aids, eg crutches,	
Wheelchair	
Not mobile	
Do you see a physiotherapist?	
Do you need to see a physiotherapist?	

Immunisations ; please enter date of last immunisation if known

Tetanus	
Hepatitis B	
Influenza	
Pneumococcus	

Screening for women

	Yes	No
Are you due a smear test? (women over 25years)		
Do you need to discuss this more?		
If over 50 years old, have you had a mammogram?		

General Health

Do you have any worries about your health?

For example ; a cough, problems with shortness of breath, chest pain, abdominal pain, incontinence, feeling dizzy, heavy periods?

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Contraception

	Yes	No
Do you need to discuss contraception?		

Mental health and behaviour. Please tick

	Yes	No
Do you ever feel sad?		
Do you have trouble controlling your temper?		
Do you ever harm yourself or think about this?		

Epilepsy

How often do you have a fit?	
When was the last one?	
What are they like? A family member or carer might be able to answer this	

Vision

	Yes	No
Can you see OK?		

When did you last see an optician?

Hearing

	Yes	No
Can you hear OK?		

When did you last have your ears checked for wax?

Skin

	Yes	No
Do you have any skin problems?		

Dentist

	Yes	No
Do you have any problems with your teeth?		

When did you last see a dentist?

Breast

	Yes	No
Have you noticed any lumps or changes in your breasts?		

Testes

	Yes	No
Have you noticed any lumps in your testes (balls)?		

Medicines. Please tick

Do you know what all your medicines are for?	
Are you having any problems with them?	

Are there any other questions you want to ask?