

## 7.10 Appendix J – Sample of Health Checks for People with Intellectual Disability.

### (1) Cardiff Health Check for People with a Learning Disability.

Date	Name
Marital status	Ethnic origin
Principal carer    Age	Sex
Address	

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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 .....

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#### 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? .....

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#### 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? .....		

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#### MAMMOGRAPHY

This should be arranged as per local practise.

Has mammogram been performed.	Yes	No
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#### CHRONIC ILLNESS

Does your patient suffer from any chronic illnesses?

Diabetes	Yes	No
Asthma	Yes	No

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#### SYSTEMS ENQUIRY

The answer to these will not always be available.

Respiratory cough	Yes	No
Haemoptysis	Yes	No
Sputum	Yes	No
Wheeze	Yes	No



Name	Dose/frequency	Levels (if indicated)
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Side effects observed in the patient.....

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**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

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**PHYSICAL EXAMINATION**

General appearance

Anaemia	Yes	No
Lymph nodes	Yes	No
Clubbing	Yes	No
Jaundice	Yes	No
Hydration	Yes	No

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**CARDIO VASCULAR SYSTEM**

Pulse .....beats/min	Blood pressure
Heart sounds ..... (describe)	S.O.A.      Yes      No

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**RESPIRATORY SYSTEM**

Respiratory rate .....breaths/min		
Breath sounds	Yes	No
Wheeze	Yes	No
Tachypnoea	Yes	No
Additional sounds (describe).....	Yes	No

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**ABDOMEN**

Masses	Yes	No
Liver	Yes	No
Spleen	Yes	No
PR indicated	Yes	No
Results .....		

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**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

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<b>VISION</b>	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 .....			

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<b>HEARING</b>	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 .....			

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**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

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**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

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**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.**

## (2) Martin GP Checklist (2003)

Annual Health Reviews for patients with severe learning disabilities. Five years of a combined GP/CLDN clinic. Journal of Learning Disabilities, Vol 7, (1), 9-21

Name			Date of Birth / / M/F GP		Date of Check / /
Diagnoses / degree if known					
Physical health	Problem	Change	Comments	Action	Prompts
	Y/N	B/W		Y/N	
Sensory					
Communication					Status re speech / understanding
Sight: R					Check V/A if poss; cataracts?
L					Blepharitis and conjunctivitis common
Hearing: R					Wax? Otitis? Ext.? Hearing aid
L					Mod. Impairment if > 40dB in worst ear
Locomotor:					Walking distance? Wheelchair?
(Mobility etc.)					Chiropody? Corns, fungal, nail infections?
GI: upper					Reflux and helicobacter common
lower					Constipation ? Diet and laxative change
GU: urinary					Continence?
male					Hernia or scrotal swelling?
Female					Menstrual history? Hormone treatments
Skin: general					Intertrigo?
Hair / nails					Fungal infections common
Other: cvs / endocr					Chd/thyroid in Down's syndrome
Mental Health					
Epilepsy					Seizure type? Rectal diazepam use
Seizures / protocol					Most recent, frequency
Anticonvulsant 1					Under consultant / Specialist nurse
Anticonvulsant 2					Side effects? Upgrade anticonvulsants

Other epilepsy					
Behaviour problems					Sensory of clinical underlying problem?
Antipsychotic drugs					Clinically indicated? Tardive dyskineia
Mood					Depression or hypomania?
Emotional health					Social change, bereavement etc?

### (3) The St. George's Health Check Questionnaire

Peju Raji, Malcolm McCoubrie, Wendy Perez, Jackie Downer and Sheila Hollins  
[http://www.intellectualdisability.info/how\\_to/questionnaire.htm](http://www.intellectualdisability.info/how_to/questionnaire.htm)

#### **OFFERING HEALTH CHECKS TO PEOPLE WITH INTELLECTUAL DISABILITIES AS PART OF MEDICAL STUDENTS' PRIMARY CARE COURSE**

Although people with intellectual disabilities have ordinary health care needs and rights of access to health services, their health outcomes fall short when compared with outcomes for people who do not have intellectual disabilities.

The barriers to accessing effective health services which must be lowered or removed arise from the learning and communication difficulties of people with intellectual disabilities and the knowledge, attitudes and beliefs of health professionals.

Fourth year medical students in St. George's Hospital Medical School are trained in communication skills by people with intellectual disabilities and clinicians. Part of this training includes the supervised completion of a basic healthcare check with a person with an intellectual disability. This involves the use of a "health check questionnaire" alongside other clinical procedures. The questionnaire was devised by a General Practitioner and two people with intellectual disabilities employed by the Department of Mental Health - Learning Disability as Training Advisors.

Using the "St. George's Health Check Questionnaire" alerts the medical students to the importance of being proactive in attending to the primary health care needs of people with intellectual disabilities. A wide range of new health problems and old ones not receiving attention are usually found. This information is shared with the people with intellectual disabilities, their families or support personnel, and as importantly, their General Practitioner. It should be noted that the "St. George's Health Check Questionnaire" was developed and is used for the purposes of medical education in primary care. It is not a free-standing instrument for use in isolation from primary care.

<b>How are you feeling now?</b>		
<b>Have you any long standing health problems?</b> <i>If yes, give details</i>		
<b>Are you allergic to anything?</b> <i>If yes, give details</i>		
<b>Do you need help to go out?</b> <i>If yes, who goes with you?</i>		
<b>Do you visit hospital a lot</b> <i>If yes, give details</i>		
<b>Have you seen anyone for help with worries or feelings recently?</b> <i>If yes, please give details</i>		
<b>When did you last see your own doctor?</b>		
<b>Do you take medicine or tablets from the doctor often?</b> <i>If yes, give details</i>		
<b>Do you buy any other medicines or drugs?</b> <i>If yes, give details</i>		
<b>Do you smoke?</b> <i>If yes, give details</i>		
<b>Have you had injections?</b> <i>Tick boxes, putting dates if known</i>	As a child	
	TB	
	Hepatitis A/B	
	Tetanus	
	Flu	
<b>Has anyone you know died recently?</b> <i>Give details</i>		
<b>Have any near relatives died young?</b> <i>Give details if aged less than 60</i>		
<b>If you have problems in any of these different areas</b> <i>Tell us about them</i>	Moving about	
	Hearing	
	Seeing	
	Teeth, Mouth	
	Skin, hair, nails, feet	
	Going to the toilet (bowels, bladder)	

	Breathing Heart Thumping	
	Eating, Weight	
	Birth Control, periods	
	Fits or turns	
	Tiredness	
	Pain or Soreness	
<b>Women's health</b> <i>Birth control, periods, discharge.</i>		
<b>Most recent Smear test?</b> <i>(Women 18-70yrs only)</i>		
<b>Most recent Mammogram (Breast Test)?</b> <i>(Women 50-70yrs only)</i>		
<b>Men's health</b> <i>lumps and bumps down below, discharge, birth control.</i>		
<b>If there's anything else you think we should know</b> <i>Mention it here</i>		