My

Annual Health Check

 Name:

My date of birth: ……………………………………………

Date of my health check:………………………………



**Make sure you take this form to your health check!Fill in this page before you go to your health check. You can ask someone to help you with this.**

Things that have happened since my last health check.

Things that I want to ask at my health check.

**The doctor or nurse will fill in these pages at your health check**

I am tall

I weigh

My body mass index is

My blood pressure is

My health and breathing check shows that

My pulse check shows that

My eye check shows that

My ear check shows that

My tummy check shows that

My feet check shows that

My walking check shows that

My wee check shows that

This is the help I need going to the toilet

I had a medication check and it was decided that

This is about my special health checks for women

This is about my special health checks for men

This is the advice the doctor gave me about keeping healthy

This is the support I need with keeping healthy

These are the things I do to keep healthy

Other important things about my health are

The date of my next appointment is

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