# camh

# **My Health Check-in:** A visit with the doctor to talk about staying healthy and well

## What is this form about?

It is good to check in with your doctor about your health, even if you don't feel sick.

Or if you have not seen the doctor in a long time, it is also good to have a check-in.

The doctor can help you stay healthy and well.

The **My Health Check-in** form helps to prepare for a visit with the doctor.

#### How can I use this form?

You can fill it out yourself or ask someone to help.

The form shows 12 topics about your body and emotions that you might want to talk to your doctor about.

Bring the **My Health Check-in** form to your visit with the doctor. You can use the form to:

- Remember what you want to talk about
- Write down questions you have for the doctor
- Write down something that is worrying you about your body or emotions

You don't have to talk about everything you wrote on the form with the doctor.

#### After your visit with the doctor

At the bottom of the form, you can write down what you talked about and what you need to do next. Keep the form after the visit with the doctor as a reminder of what needs to happen.

You can also share the form with someone who supports you.

#### What is in this tool?

There is a **long form** for the My Health Checkin (page 2-6). The long form gives examples for each of the 12 topics. It has a box beside each topic to write down your questions or ideas.

There is also a **short form** that has the same 12 topics, but less space to write things down (page 7-8).

Or you can use a **picture form** that shows topics to talk about (page 9). Circle the topic you want to talk about.

You can choose which form you like best.

There is also **information for caregivers** with ideas about how to use the My Health Check-in (page 10-15).

Don't wait to talk to your doctor!

# camh

# **My Health Check-in:** A visit with the doctor to talk about staying healthy and well (long form)

| <b>O</b> About me and my appointment       |      |  |
|--|------|--|
| My name                                    |      |  |
| First                                      |      | Last                                       |
| Name of the person supporting me at this v | icit |  |
| First                                      | 1510 | Last                                       |
| <b>b d</b>                                 |      | 1  |
| My appointment Day/Month/Year              | Time | Appointment type: □video □phone □in person |
|  |      |  |
| My doctor's                                |      | Phone #                                    |
| Name                                       |      | Phone #                                    |

**O** Preparing for My Health Check-in. Fill this out before you meet with the doctor or nurse.

- ▶ Check 🗹 what you want to talk about with the doctor. You don't have to talk about everything.
- Put a  $\otimes$  if you want to talk about something with the doctor alone.

#### 1. My physical health

My last head-to-toe check-up with the doctor was at

Day/Month/Year

| I want to talk about   | I want to ask |
|--|---------------|
| My hearing and my eyes   |               |
| The flu shot   |               |
| My weight  |               |
| New health problems that I have not talked to the doctor about yet |               |
| Something else about my health                                     |               |

#### 2. My medications

Put a  $\otimes$  if you want to talk about something with the doctor alone  $\bigcirc$ 

| I want to talk about                                  | I want to ask or tell |
|---|-----------------------|
| The number of medications I take                      |                       |
| □ Side effects or feeling unwell from my medication   |                       |
| Blood tests to check if my medication is working well |                       |
| Remembering when and how to take my medication        |                       |
| Something else about my medication                    |                       |

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#### 3. My vaccinations

| I want to talk about          |
|-------------------------------|
| How vaccines work             |
| The flu shot                  |
| Which vaccines I should get   |
| Proof of my vaccinations      |
| Something else about vaccines |

#### 4. My mask

| I want to talk about                | I want to ask or tell |
|-------------------------------------|-----------------------|
| When to wear a mask                 |                       |
| How to wear a mask                  |                       |
| How the mask fits on my face        |                       |
| Which type of mask best protects me |                       |
| Something else about my mask        |                       |

#### 5. My movement

| h | want to talk about                        |
|---|---|
|   | Ways that I enjoy moving around           |
|   | Do I get enough movement?                 |
|   | My time outdoors and getting fresh air    |
|   | How to get help with my movement          |
|   | Something else about my physical movement |

#### 6. My habits

| I want to talk about   |
|--|
| Things I do that are not good for my health                        |
| Eating healthy foods   |
| Drinking alcohol   |
| Smoking and using drugs  |
| □ How much time per day I use my phone, iPad, play games           |
| □ Sleep (time I go to bed, time I get up, how many hours of sleep) |
| Something else about my habits that affects my health              |

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#### Put a $\otimes$ if you want to talk about something with the doctor alone $\bigcirc$

| 7     | and a set of the |
|-------|------------------|
| 7. My | y mood           |

| h | vant to talk about                        |
|---|---|
|   | Things that make me feel good             |
|   | Things that make me feel sad              |
|   | Things that make me feel worried          |
|   | Things that make me feel angry            |
|   | How I feel all the time or just sometimes |
|   | Something else about my mood and feelings |

#### 8. My family and friends

| I want to talk about                              | I want to ask or tell |
|---|-----------------------|
| People I enjoy spending time with                 |                       |
| Meeting with family and friends                   |                       |
| Feeling lonely                                    |                       |
| Things that have happened to my family or friends |                       |
| Something else about my family and friends        |                       |

#### 9. My activities and interests

| I want to talk about                               | I want to ask or tell |
|--|-----------------------|
| Activities I enjoy doing                           |                       |
| Activities I do not enjoy and would like to change |                       |
| My work  |                       |
| My school  |                       |
| Something else about my activities and interests   |                       |

#### 10. My technology

| I want to talk about   |
|--|
| Using my phone, laptop, computer, iPad, or other devices                     |
| Using social media (Facebook, X, TikTok, Instagram)                          |
| <ul> <li>Meeting with people online (Zoom, FaceTime, dating apps)</li> </ul> |
| <ul> <li>Buying things on the internet</li> </ul>                            |
| Help with using the internet   |
| Something else about technology  |

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#### Put a $\otimes$ if you want to talk about something with the doctor alone $\bigcirc$

| 11. | Мv | m | nn | ρv  |
|-----|----|---|----|-----|
|     |    |   |    | L y |

| ١v | vant to talk about  |
|----|---|
|    | Money for important things like my rent, my food, my phone,<br>the bus or train, and the internet |
|    | Money for getting help at home or with things I do  |
|    | People asking me for money  |
|    | Help with going to the bank or using the bank on the internet                                     |
|    | Something else about my money   |

#### 12. My emergency plan

| I want to talk about  | I want to ask or tell |
|---|-----------------------|
| My plan in case I need to go to the hospital for an emergency |                       |
| Who would come to the hospital and help me                    |                       |
| Things I want to bring if I had to go to the hospital         |                       |
| Something else about emergencies                              |                       |

**O During My Health Check-in.** Fill this in together with the doctor and anyone who supports you during the visit. If your doctor usually fills out a different form, ask them to attach a copy to this form.

What did we talk about and do?

**Next steps** For example, a health check, doing tests, seeing a different doctor, or information to read.

| Medications                                       |          |
|---|----------|
| Were there changes to my medications?             | Yes 🗆 No |
| New medications (if any)                          |          |
| Why do I need to take this new medication?        |          |
| How do I take this new medication?                |          |
| What side effects of medications do I need to wat | tch for? |

 $\bigcirc$ 

| Things  | to | remember | to | do | before | leave |
|---------|----|----------|----|----|--------|-------|
| 1111165 |    | remember |    | uU | BCIOIC | ICUVC |

Make sure this form is completed

Schedule the next appointment date

□ If going to see a new doctor or specialist, find out how to make an appointment. Do I call them? Or do they call me?

#### Another doctor to see next

Name

Phone #

#### **O** After My Health Check-in. Fill this in yourself or with someone who supports you.

Things I want to do for my health

What I liked about the visit. What should go different next time

| My next appointment is booked for |       |  |
|-----------------------------------|-------|--|
| Date: day/month/year              | Time: |  |

# camh

# **My Health Check-in:** A visit with the doctor to talk about staying healthy and well (short form)

#### **O** Preparing for My Health Check-in. Fill this out before you meet with the doctor or nurse.

- ▶ Check 🗹 what you want to talk about with the doctor. You don't have to talk about everything.
- Put a  $\otimes$  if you want to talk about something with the doctor alone.

#### $\bigcirc$ **1. My physical health** $\bigcirc$ 7. My mood O My weight □ Things that make me feel happy or sad New health problems that I have not talked to the doctor □ How I feel all the time or just sometimes about yet Something else about my mood and feelings Something else about my health $\bigcirc$ Ο 2. My medications 8. My family and friends □ The number of medications I take Meeting with family and friends Remembering when and how to take my medications □ Things that have happened to my family or friends □ Something else about my medications Something else about my family and friends $\bigcirc$ $\bigcirc$ 3. My vaccines 9. My activities and interests Getting a vaccine Activities I enjoy doing Proof of my vaccinations Activities I do not enjoy and would like to change Something else about vaccines Something else about things to do $\bigcirc$ $\bigcirc$ 4. My mask 10. My technology When to wear a mask Using my phone, laptop, computer, iPad, or other devices How the mask fits on my face □ Meeting with people online (Zoom, FaceTime, dating apps) Something else about my mask Something else about technology $\bigcirc$ $\bigcirc$ 5. My movement 11. My money Ways I enjoy moving around Money for important things like my rent, my food, my My time outdoors and getting fresh air phone, the bus or train, and the internet Something else about moving around Money for getting help at home Something else about my money Ο Ο 6. My habits **12. My emergency plan** □ Things I do that are good or bad for my health My plan in case I need to go to the hospital □ Sleep (time I go to bed, time I get up) Who would come to the hospital □ Something else about my habits Something else about emergencies I want to talk about or ask

**O** During My Health Check-in. Fill this in together with the doctor and anyone who supports you during the visit. If your doctor usually fills out a different form, ask them to attach a copy to this form.

What did we talk about and do?

Next steps For example, booking a health check-up, doing tests, seeing a different doctor, or information to read

| Medications                                |            |  |
|--|------------|--|
| Were there changes to my medications?      | 🗆 Yes 🗆 No |  |
| New medications (if any):                  |            | What side effects of medications do I need to watch for? |
| Why do I need to take this new medication? |            | How do I take this new medication?                       |

| Tł | Things to remember to do before I leave  |                                      |  |
|----|--|--------------------------------------|--|
|    | Make sure this form is completed   | □ Schedule the next appointment date |  |
|    | ] If going to see a new doctor or specialist, find out how to make an appointment. Do I call them? Or do they call me? |                                      |  |

Another doctor to see next

Name

Phone #

**O** After My Health Check-in. Fill this in yourself or with someone who supports you.

Things I want to do for my health

What I liked or did not like about this visit

| My next appointment is booked for |       |      |
|-----------------------------------|-------|------|
| Date: day/month/year              | Time: | □ PM |

## **My Health Check-in** (picture form) Today I would like to talk about

Circle the picture or the word that you would like to talk to your Doctor about

| My Physical Health    | <b>Wy Medication</b>        | <b>My Vaccines</b> |
|-----------------------|-----------------------------|--------------------|
| My Masks              | My Movement                 | My Mood            |
| My Family and Friends | My Activities and Interests | My Habits          |
| My Technology         | My Emergency Plan           | <b>My Money</b>    |

## My Health Check-in: Conversation guide for caregivers

The My Health Check-in form helps you to check in with the person you support and talk about how they are managing their health. It helps to identify concerns and can support the person in bringing these concerns forward to their family doctor.

Use the form as a conversation guide and involve the person you support as much as possible by using supporting materials (e.g., videos, Easy Read, social stories, pictures). This guide explains why it is important to check-in on the topics listed in the My Health Check-in form and provides tips for how to approach the conversation

#### **Conversation tips:**

- Talk about something positive or neutral to introduce a topic, before asking more sensitive questions.
- Not all topics are relevant to every person; you don't have to talk about everything.
- You don't have to talk about everything at once. Consider spreading the conversation over time.
- Identify concerns and ask the person you support whether they want to talk with their doctor about these concerns, either together or alone. Explain that this could also be a phone call or a video visit with the doctor.

#### 1. My physical health

Preventative health care is important for people with developmental disabilities. This includes dental health, hearing and vision screening, cancer screening, and monitoring of chronic health issues. Because they may not recognize symptoms or are less likely to communicate these, it is important to pro-actively review their health.

During the pandemic, many people postponed seeing their doctor in-person and important screenings may have been missed (e.g., cancer screening, vision, and hearing). Chronic health issues may not have been attended to properly for a while (e.g., breathing problems, skin issues, constipation), and new health issues may have emerged but not checked on by a doctor. Talk with the person you support about new or worsened issues. Collect information about any overlooked issues before going to the doctor (e.g., blood pressure, glucose measures, weight, or sleep patterns).

It may also be worthwhile to review when and how to test for COVID-19, how to isolate if positive and monitor symptoms. If the person has experienced COVID-19, check for ongoing health problems, including "Long COVID".

#### Materials you could use

- Health monitoring charts, symptom > Beating the virus, a wordless picture tracking sheets storv
- Pain scale, visual support
- If you get sick with coronavirus, an Easy Read
- Steffi explains self-tests, e-learning
- Steffie explains booster vaccines, e-learning

#### Questions you could ask

Have you got any new aches or pains? Did any aches or pains get worse? Did you have COVID? How have you been feeling since you had COVID? Do you know what to do when you fall ill with COVID? Do you know about health screenings that you are supposed to do at certain ages, like for cancer, or diabetes when you get older?

#### 2. My medications

About 1 in 5 adults with developmental disabilities takes at least 5 medications at once. It is important to monitor how medications are working, especially when someone takes more than one medication at the same time. Medication side effects can be easily missed for people who have difficulty communicating or recognizing them. Already prescribed and new medications can interact, with harmful effects. Some people with developmental disabilities get confused about which medications to take, or do not take them regularly or as prescribed (e.g., taking a medication every day instead of only when needed).

Many people renew their medication by phone instead of seeing a doctor in person; sometimes, new medications are started without seeing the doctor. Together, make a list of current medications. You can also get this list printed from the pharmacy. If relevant, talk about what has changed and if the medication is working well or not. Talk about remembering how to take the medication and about refilling it in time.

#### Materials you could use

- <u>Daily medication routine (1)</u>, a template
- Daily medication routine (2), a template

#### 3. My vaccines

People with developmental disabilities, especially those with Down syndrome, are more likely to get very sick with COVID-19. This is because of reasons like underlying health issues or a compromised immune system. Thus, it is important that they get the COVID-19 vaccine and regular booster shots.

Some people with developmental disabilities are hesitant to get a vaccine because they are afraid of needles, worry about side effects, or do not trust how vaccines work. Others do not know how or where to get the vaccine. If getting a vaccine has been hard for any reason with the person you support, it is important to discuss this with the doctor. A plan can be made to get a vaccine in a way that is safe and less stressful.

#### Materials you could use

- <u>Things to know about the vaccine</u>, an Easy Read guide
- What happens when I get the vaccine, an Easy Read guide
- <u>COVID-19, Ready, Set, Go!</u>, a social story
- <u>Having a vaccine for coronavirus</u>, a wordless picture story
- Amanda gets a COVID vaccine, a video journal
- <u>Getting ready for my shot</u>, an accommodation request form

#### Questions you could ask

Do you have a list of all your medications? Do you know why you are taking this medication? Did you get any new medications? How have you been feeling since the new medication? How are you remembering what medication to take and when? What questions do you have about the medication?

#### **Questions you could ask**

Have you already had a COVID-19 vaccine? Do you know why you need the vaccine? How many shots have you had? Do you have any questions about how the vaccine works? Was it difficult/easy to get the vaccine? Why did you find it difficult/easy? What would make it easier for you to get a vaccine next time? What questions do you still have about the COVID vaccine?

• <u>Steffi explains booster vaccines</u>, e-learning

#### 4. My mask

The COVID-19 virus spreads through the air, as do some other viruses. Wearing a mask is one way to reduce virus spread. Some people are not able to wear masks because of medical reasons (e.g., asthma). Some people with developmental disabilities have difficulty wearing a mask due to sensitivities. They also might not fully understand why it is necessary or have difficulty remembering when and where to wear it. Masks only work if they fit well. It might be difficult to know which masks protects best and how to wear a mask properly. Some people with developmental disabilities have had little practice with wearing a mask because they have not spent much time out in public during the pandemic.

#### **Questions you could ask**

Do you know why you must wear a mask sometimes? When do you wear your mask? Does your mask fit well on your face? Do you know where to get masks? What can you do if you can't wear a mask? What questions do you have about the mask?

#### Materials you could use

How-to guide: Putting on a surgical mask, a video guide

#### 5. My movement

Moving around and being physically active are important for our physical and mental health. To stay healthy, people should be physically active at least 150 minutes each week.

There are many options to move our bodies indoors (e.g., doing chores, exercise to a video, walking the stairs) and outdoors (e.g., walking, cycling).

One of the risks is a sedentary lifestyle, potentially leading to health problems. If someone does not get enough physical activity, this is something to discuss with the doctor.

#### **Questions you could ask**

Talk about physical activities the person you supports likes doing and whether these have been happening during the pandemic or not. How much movement are you getting each week? Would you like help with exercising more? What type of movement are you getting indoors and outdoors? Do you enjoy spending time outside? What do you like about it or not? What questions do you have about staying fit?

#### Materials you could use

 You can do it, a self-help booklet and guide

#### 6. My habits

Under stress, bad habits can develop, for example: sleeping too much or too little, eating too much or too little, consuming too much alcohol, drugs, cannabis/weed, or too much screen time. People with developmental disabilities are as likely or more likely to have addictions as everyone else and for some people these problems have gotten worse during the pandemic. Not everyone will think that what they are doing is a problem and depending on how often it is happening, it may not be a concern. Doctors have a good sense of how much is too much, and how to start these difficult conversations.

#### **Questions you could ask**

What are things you do that are good for your health? Have you developed any new habits since the start of the pandemic? Has there been any change in how much you sleep, drink alcohol, eat, smoke? How much time would you say you are spending on a screen each day? What questions do you have about healthy habits?

#### Materials you could use

- <u>A good night's sleep</u>, self-help booklet and guide
- Alcohol and you, an Easy Read
- <u>Alcohol</u>, an Easy Read

| 7. My mood  | Questions you could ask   |  |
|---|---|--|
| People with developmental disabilities, like all of us may feel anxious and sad<br>or frustrated. Sometimes these feelings can be so overwhelming that just<br>getting out of bed and getting dressed is a challenge.   | Do you feel more worried or sad<br>or angry during the pandemic?<br>Do these feelings happen only   |  |
| If someone is not acting like themselves, it may be a good time to check in on<br>them and address any issues. Some people with developmental disabilities may<br>not be able to explain what they are feeling, but people around them can tell<br>that they are acting differently. "All behavior is communication" and sometimes<br>what looks like a behavior problem to someone else is the only way someone<br>can communicate their distress. | sometimes? Or are they not going away?  |  |
| If you have noticed a clear change from how the person you support used to feel or act, discuss it with a doctor.   |   |  |
| <ul> <li>Materials you could use</li> <li>Feeling anxious, a self-help booklet<br/>and guide</li> <li>Sort it out, a self-help booklet and<br/>guide</li> <li>Feeling angry and staying calm, a<br/>self-help booklet and guide</li> </ul>  | <ul> <li><u>Good days and bad days during</u><br/><u>lockdown</u>, a wordless picture story</li> <li><u>Know your normal</u>, a toolkit</li> <li>Steffi explains grief, e-learning</li> </ul> |  |
|   | Our offers and so the   |  |
| 8. My family and friends  | Questions you could ask   |  |
| Spending time with others can be good for people's mental health, but some<br>relationships can be stressful. Some people may enjoy time alone, while others<br>may find it lonely. Losing a friend, family member, or support worker because<br>of a move, break-up, or death can be very difficult. It can also be difficult to   | Who do you enjoy spending time<br>with? Are you able to see them as<br>often as you like? Do you sometimes<br>feel stressed during a visit? Are you   |  |

know what to do when a relationship isn't going well.

Sometimes it is important to update the doctor about relationships that have changed.

#### Materials you could use

- When someone is ill or dies from coronavirus, a wordless story
- When someone dies from coronavirus, a wordless story
- When it's not safe to stay at home, a wordless story
- Love in lockdown, a wordless story

feeling lonely? Has anything sad happened to your family or friends that you want to talk about?

- Steffi explains grief and breavement, e-learning
- Steffi explains the importance of family and friends, e-learning

#### 9. My activities and interests

Having something meaningful to do gives people purpose and contributes to a sense of well-being. This is especially important in times of uncertainty and change. A meaningful activity may be tidying a room, doing an activity that brings joy, or helping someone else.

Find out what are meaningful activities for the person you support. If there is not enough support to do these activities, flag it with the doctor and other members of the support team such as service coordinators or therapists.

#### **Questions you could ask**

What are things you like to do? What fun activities are you doing now? What activities have stopped? What would you like to do again that makes you feel good? Is it hard to find things to do during the day that are important and special to you? What questions do you have about finding things to do?

#### Materials you could use

You can do it, a self-help booklet

#### 10. My technology

Since the pandemic many activities have moved online, whether it is seeing health care providers, taking a class, connecting with friends and family, or entertainment. This requires not only the right equipment, but also the right skills. Many people with developmental disabilities who did not have the chance to benefit from technology before, have now learned to use it well.

However, some people do not have Wi-Fi, or have problems with using devices. Some people may get upset with the technology because they associate it with something negative, or it reminds them of something they cannot do.

Don't underestimate the value of a phone call (or lots of phone calls) even when there is not that much to say. Hearing other people's voices is important and for some people the phone is less stressful than other types of technology.

Other people may enjoy using technology so much that they are less motivated to do other types of activities. Making the transition away from technology may be difficult. Review how the person you support uses technology.

#### Materials you could use

I can be safe online, a toolkit

#### 11. My money

Many people with developmental disabilities live in poverty. Paying for basics like rent, clothing, food, transportation can be a challenge. A pandemic can bring extra costs like having to buy masks, cleaning products, getting groceries delivered when going out is difficult, or higher internet or phone bills. It is important to know if there is enough money for all these basics, as well as having extra money to do something fun.

For in-store shopping, payment in cash might no longer be accepted. Not everyone can pay for things with a credit card or bank card. If relevant, find out if the person you care for knows how to pay for things and where to get financial help if needed. Sometimes, people with developmental disabilities may not get the help they need because they cannot afford it. This is something that is important to make the doctor aware of.

#### **Questions you could ask**

What devices are you using? What do you use it for most? Is it hard to use a phone, laptop, or tablet? What do you find difficult? How much time do you spend on your phone or computer every day? Do you have questions about using the internet? Are there some people you are talking to on the internet that ask you for money or to do things that make you uncomfortable?

#### Questions you could ask

Do you have money to pay for important things like food, rent, transportation, phone, internet or getting help? Do you buy things on the internet? Do you need help using the bank on the internet? What questions do you have about money?

#### 12. My emergency plan

Hospital emergency department visits are more common for people with developmental disabilities than those without.

Talk about preparedness for the event of a visit to the hospital or falling ill at home.

An emergency plan will help to answer important questions from hostpial staff quickly: How are health care decisions made and who supports decisionmaking?

#### **Questions you could ask**

Do you have a plan in case you need to visit a hospital for an emergency? If you had to go to the hospital, do you know what to take with you? If you had to go to the hospital who would come along to help you?

#### Materials you could use

- My hospital transfer form, an accommodation request form
- <u>Advance care planning</u>, a guide for caregivers

## **Questions and Answers about My Health Check-in**

#### What if the person I support doesn't really talk? Why would I use a form like this if they can't say anything?

In every healthcare interaction, we want to prepare and involve the patient as much as possible. **My Health Checkin**, just by the way it is written, reminds us who is at the centre of care. It helps bring the focus on the person and can give them more ownership of the discussion.

#### How do I book an appointment like this?

The first step is to call or email the doctor's office to find out what type of appointments they are offering. Just like so many other aspects of our lives during the past few years, things continue to change at doctors' offices.

Many of the aspects of the **My Health Check-in** form can be done virtually. The person you are supporting, you and the doctor can go over the different parts of the check-in and then decide if a follow up call/video appointment or inperson appointment is needed. If the doctor's office does not have any appointments available, ask if the person can be put on a waitlist for an appointment or when it would be reasonable to call again.

## Our doctor is always in a hurry. To be honest, I would be scared to show her a new form.

**My Health Check-in** is a way for you and the person you support to organize your thoughts about the topics you think are most important to check in about. Not all the topics on this list need to be discussed with the doctor in one visit. Pick the ones you think are the biggest concerns right now. You don't have to show the doctor the specific form—just mention to the doctor that these are the topics you want to discuss and realize that it may take multiple appointments to address all of the identified concerns.

#### Does the doctor have to take the form and fill it out? What if they don't?

The actions or next steps on the **My Health Check-in** form do not have to be filled out by the doctor. You can be the one who takes notes about what you have decided as a team to do next because of the things you discussed at the visit. This form is your record or reminder of what happened at the visit and what needs to happen next. This sort of record is good to refer to with the person you support.

It can also be a helpful update or reminder for other people who work with the person. It is something to look at before the next appointment with the doctor, or it might lead to organizing a comprehensive health check. Regular, proactive, comprehensive health assessments are recommended internationally to improve the health of people with developmental disabilities.

#### My family member does not live with me and he goes to his medical appointments with staff. What if they don't know how to use a form like this?

The **My Health Check-in** form is one way to help remind all of us about issues that can be important. Sharing it with your family member and other people active in his or her life is a way to build a team approach and improve healthcare communication. Reviewing this form prior to the healthcare visit helps to include different perspectives and feel prepared. It can facilitate conversations about health.

#### I support someone who takes a lot of pride in doing this sort of thing on their own. How can this form help if they do not think they need help?

The **My Health Check-in** helps someone to think about their health and feel prepared to talk about any concerns. Review the form with other people before an appointment. It might appear that having a family member or staff person present at the conversation with the doctor would be helpful. It also helps to get everyone on the same page. People can get nervous about a healthcare visit and forget to mention certain things to the doctor. Taking some time to prepare can make a difference. Sharing the form with healthcare providers helps them focus on relevant matters in the brief thealthcare visit.

#### How else can I support the Health Check-in?

Tracking changes in physical health over time can help identify problems. Consider using Health <u>Monitoring</u> <u>Charts</u><sup>[v]</sup> to track weight, sleep, bowel movements, or responses to medication when appropriate.

Finally, check in with yourself and others who are involved in the person's care, for example family and staff. The My check-in may be a way to flag caregiver concerns and ask for a separate caregiver appointment.

### **Supporting materials**

- i. <u>Getting Ready For My Shot</u> Developmental Disabilities Primary Care Program, Surrey Place, Toronto
- ii. <u>My Hospital Form</u> Developmental Disabilities Primary Care Program, Surrey Place, Toronto
- iii. Advance Care Planning: A Guide for Caregivers of Adults with Intellectual and Developmental Disabilities

Developmental Disabilities Primary Care Program, Surrey Place, Toronto

 iv. <u>Health Monitoring Charts</u> Developmental Disabilities Primary Care Program, Surrey Place, Toronto



Online information about COVID and other health topics can be difficult to understand. Everybody has a right to clear information. That is why avatar Steffi explains things in an easy-to-understand way. She does this by using animated pictures, text and audio. Steffi was originally developed in the Netherlands. We are testing how Steffi would do her work in Canada. Have a look at her website at steffihelps.ca.

Let us know how you like it! You can send us an email at ddpcp@surreyplace.ca.

## **Copyright and Disclaimer**

This document is developed by the Developmental Disabilities Primary Care Program (DDPCP) at Surrey Place, Toronto, and the Azrieli Adult Neurodevelopmental Centre, CAMH, Toronto, with support from the Canadian Institutes of Health Research (Operating grant FRN #EG2 179428; Addressing unmet and emerging health needs of Canadian adults with intellectual and developmental disabilities and their families during COVID-19.). The content of this tool was subject to review by clinicians, primary care providers, families, and self-advocates from Surrey Place and the Centre for Addiction and Mental Health, Toronto. Permission to use, copy, and distribute the tool is granted with proper citation as outlined below. Contact ddpcp@surreyplace.ca for permission to adapt this tool to your local practice setting. This tool is developed as a guide only. Primary care providers and other healthcare professionals are required to exercise their own clinical judgement in using this tool.

#### PLEASE USE THIS CITATION WHEN REFERENCING THIS TOOL

My Health Check-in: A visit with the doctor for people with intellectual and developmental disabilities to talk about staying healthy and well. Developmental Disabilities Primary Care Program of Surrey Place and the Azrieli Adult Neurodevelopmental Centre, CAMH, Toronto 2022.

Some of these supporting materials are hosted by external organizations and the accessibility of these links cannot be guaranteed. The DDPCP will make every effort to keep these links up-to-date.