PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Instructions:

Time period	Form to be completed	Person responsible
At admission	1. Hatherton Medical Alert Card 2. In-patient Physical Health Assessment form - Part One 3. Hatherton Annual Physical Health Check reminder	Doctors
Within 72 hours	1. In-patient Physical Health Assessment form - Part Two 2. Hatherton BMI Monitoring form	Nurses
Within 2 weeks	1. Hatherton Blood/ECG Monitoring form	Doctors
Annually	Hatherton Annual Physical Health check A. Questionnaire B. Examination	Doctors Nurses Doctors
As and when it happens	1. ECG to be filled in a Velcro bag 2. Letters from GP 3. Hospital/Medical correspondences	Nurses/Ward Clerk

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name:

DOB:

NHS No.:

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Medical Alert Card

Name:

DOB:

ALLERGIES:

Medication	
Food, e.g. nuts	
Bee/Wasp stings, latex, elastoplast	

BLOOD-BORNE VIRUSES:				**Give details**
Hepatitis B	Y	N	NK	
HIV status	Y	N	NK	
Hepatitis C	Y	N	NK	

IMMUNISATION:

Tetanus	Y	N	NK	
Hepatitis B	Y	N	NK	
BCG	Y	N	NK	

Immuno-compromised	Y	N	NK	
Steroids	Y	N	NK	
Needs prophylactic anti-biotics for invasive/dental procedures	Y	N	NK	

MEDICATION:

Lithium	Y	N	NK	
Anticoagulants	Y	N	NK	
Clozapine	Y	N	NK	
Insulin	Y	N	NK	
Anti-epileptics	Y	N	NK	

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

MEDICAL CONDITIONS:				Give details
Heart Disease	Y	N	NK	
Hypertension/CVA	Y	N	NK	
Respiratory/asthma	Y	N	NK	
Renal/urinary	Y	N	NK	
Liver Disease	Y	N	NK	
Diabetes	Y	N	NK	
Hyperlipidemia	Y	N	NK	
Other Metabolic/blood disorders	Y	N	NK	
Significant history (e.g. TB, operations)	Y	N	NK	
Glaucoma/blind	Y	N	NK	
Deaf	Y	N	NK	
Mobility problems	Y	N	NK	
Medical device in situ	Y	N	NK	
Foreign bodies	Y	N	NK	

Y Yes N No NK Not Known

Name:

Sign:

Date:

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Appendix 4: In-patient Physical Health Assessment Form - PART 1

Part 1 - To be completed by admitting Doctor/practitioner within 24 hours of admission/or next working day after admission.

Name	Date of Admission	Date of Assessment
Date of Birth	Age	Legal Status
NHS Number	Admitting Doctor	Ward

Physical Health History (please tick)	Heart disease ☐ Diabetes mellitus ☐ Hypertension ☐ Asthma ☐ Breathing Difficulties ☐ Stroke TIA's ☐ Epilepsy ☐ MRSA ☐ Clostridium Difficile ☐ Signs or Symptoms of infection, locomoter problems ☐		
	Other please state		
Document all known allergies including foods and latex	No Know Allergies ☐		
Pregnancy Status	Date of LMP	Contraception	N/A ☐
Use of Alcohol/Illicit Substances	Recent use Yes ☐ No ☐	Past use Yes ☐ No ☐	
	If Yes, please comment		
Smoking	Yes ☐ Amount per day ☐ No ☐	Taking or prescribed NRT Yes ☐ No ☐	
	Comments	Advice given Verbal ☐ Written ☐	
Family History (please circle)	Ischaemic heart disease ☐ Diabetes mellitus ☐ Hypertension ☐ Epilepsy ☐ Asthma ☐ Breathing difficulties ☐		
	Other please state		

MEDICINES RECONCILIATION

DETAIL	Documented in (tick all that apply)		Primary Source-State Code, Date & Signed	Verification Source - State Code, Date & Signed	Crossed checked and matched Y/N, Date & Signed	Discrepancy Resolved & documented - Y/N Date & Signed
	Prescription and Administration Card	Patients Notes				
Prescribed						
Over the counter/ Non Prescribed (if applicable						

Code	Detail
1	A recent print out from a GP computer system
2	Repeat prescription tear off slips
3	Patients own drugs
4	Patients and/or their carers
5	Take home prescription summaries/hospital notes
6	Other

Consider liaison with clinical pharmacist for review of complex medication regimes and polypharmacy

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

NHS Number					
General Examination		Height		Weight	
O_2 Levels	Resps	Pulse	Sitting BP ..... Standing	Temperature (please tick if normal)	☐ Normal (37-37.7) Abnormal ☐ °C

1. General condition and physique	
2. Dysmorphic features and stigmata	
3. Bruises or injuries (please consider whether a vulnerable adult referral need to be made)	
4. Skin (Include any chronic skin conditions), hair, nails, lymph nodes	
5. Pallor, Jaundice, Cyanosis, Oedema, etc	
6. Endocrine	
7. Ear, Nose, Throat	
8. Dental Health	

Cardiovascular System Pulse rate/rhythm	
Respiratory System (Consider pulse oximeter in patients with chronic respiratory problems, e.g. asthma, COPD)	
Gastro-intestinal System	
Genito-Urinary System	
Locomotor System (Consider using a FRASE assessment if there is a history of falls or mobility problems)	

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

NERVOUS SYSTEM

Comment on:

Level-of consciousness	
Attention/concentration	
Orientation to time/place/person	
Memory	
Higher functions (dysphasia, agnosia, apraxia etc)	
Cranial Nerves	

REFLEXES

	Rt	Lft		Rt	Lft
Biceps					
Triceps			**Knee**		
Supinator			**Planters**		

Please note:
Check if tests were done recently and exercise clinical judgement to decide which tests to order.
Please refer to appendix 3 for guidance

	✔		✔
Glucose (R/F)		**U & E's**	
Fasting lipids		**Prolactin**	
Cholesterol		**Phosphates - (BMI <19)**	
HDL - Cholesterol		**ECG**	
Triglyceride		**EEG**	
FBC		**CT/MRI**	
TFT		**Others**	
LFT			

Reason for non-compliance	
Print name and Designation of Admitting Doctor	
Please record what actions you have taken to ensure appropriate follow up	
Further action and by whom	
Name of team Doctor undertaking follow up of physical health assessment	

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Appendix 4: In-patient Physical Health Assessment Form - PART 2

It is expected that part 2 of the physical assessment when ever possible is completed within 2 weeks of admission by the nurse.

Name	Date of Admission	Date of Assessment
Date of Birth	Age	Legal Status
NHS Number	Admitting Doctor	Ward

General Description Complete on admission e.g. build, hair colour, facial hair, eye colour, distinguishing features, skin integrity e.g. pressure ulcers	

Height M	Weight Kg	BMI
Temp	BP	ECG (date)
Pulse	Resps	

REPRODUCTIVE SYSTEM / SEXUAL HEALTH

Check for sexual side effects where relevant check GP surgery about cytology/mammogram

Female	Cytology history (date)	Mammography Screening (date)
	Contraception if appropriate	Menstrual Irregularities
Male	Erectile function	Others

Any diagnostic / screening results pending

If necessary contact GP Surgery for up to date physical assessment, check medication, all allergies and other medical conditions

Date of contact with GP Surgery			
Name of contact at GP Surgery			
Information received by	Letter (post) / Fax	Date information received	

Check for symptoms of diabetes

1º Polyuria, Polydipsia, Polyphagia, weight loss

2º Fatigue or weakness, blurred vision, aches and pains e.g. leg pain, dry mouth, dry or itchy skin, erectile impotence in males, poorly healing wounds, excessive or unusual infections including vaginal yeast infections and/or vulvitis in females.

Standard dipstick test	

Blood Test Results

Are the following results available:	YES	NO		YES	NO
Glucose (R/F)			**TFT**		
Cholesterol			**LFT**		
HDL - Cholesterol			**U & E's**		
LDL - Cholesterol			**Prolactin**		
Triglyceride			**Phosphates - (BMI <19)**		
FBC			**FBC**		

Note abnormal results and actions taken: **Abnormality**	**Action**

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

Is the service user taking medication that requires side effect monitoring

☐ Tremor	☐ Weight Kg
☐ Akathisia	☐ Sedation
☐ Dyskinesia	☐ Other
☐ Sexual Dysfunction	

Does Side Effect Assessment indicate closer monitoring is required?	Yes ☐ No ☐	Date of initial Side Effect Assessment	
Side Effect Monitoring Tool used (if appropriate)			
Does the physical healthcare assessment indicate the use of FRASE Risk Assessment (e.g. history of falls, aged 65 years or over, reduced independent mobility, reduced eyesight)		Yes ☐ No ☐	
Does the Physical Assessment indicate use of the Nutrition Hydration pathway		Yes ☐ No ☐	
Comment			
Are there current risks which require a Waterlow Risk Assessment	Yes ☐ No ☐	Smoking	Yes ☐ No ☐
Comment on the discussion with the service user about support on quitting			

Named Nurse (or nurse completing assessment) PRINT	
Signature of Named Nurse	
Signature of Service User (Please sign confirming that you have seen and understand the information recorded above)	

If completion of the assessment has not been completed within 2 weeks of admission please document below each attempt and the reasons for non completion and the actions to take.

Date of attempt	Reasons	Actions

When does this assessment need repeating?	Date:

List the needs identified by the assessment (including any further assessment) that should be incorporated into the care plan:

HATHERTON

Annual Physical Health Check Reminder

Date next due:	Completed by:

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

NHS

HATHERTON

Blood/ECG Monitoring for patients on psychotropic medications

(Updated Feb 2011)

Name		Diagnosis
Date of Birth	Team	

Regular Medications:

PRN:

Parameter/Test		Suggested frequency	Date	Next	Next	Next
FBC: HB **WBC** **Platelets** **Neutrophils**	(13.5 - 18) (4 - 11) (150 - 450) (2.0 - 7.5)	Baseline and yearly Clozapine FBC-weekly for 18wks, fortnightly for 1yr, then monthly. ***Stop*** if neutrophils <1.5				
Fast. Glucose **HBA1c**	(2.2 - 6.0) (0 - 7.2)	Baseline, 1 month, 4-6 months, then yearly. Special precaution for Clozapine and Olanzapine				
Lipids: TG **Cholesterol**	(0.5 - 2.0) (<6.5)	Baseline, 3 monthly for first year, then yearly				
RFT: Urea **Creatinine** **Electrolytes** **eGFR**	(2.5 - 7) (60 - 120) Na (130 - 145) K (3.5 - 5.5) (<60)	Baseline and yearly Special precaution with Amisulpride, Sulpiride and Lithium. Consider ↓ dose if GFR reduced				
LFTs: ALT **ALP**	(<41) (125)	Baseline, then yearly Special precaution with Clozapine and Chlorpromazine				
Thyroid: TSH	(0.1 - 5.0)					
Prolactin	(86 - 324)	Baseline, at 6 months, then yearly				
CPK	(160)	Baseline, then if NMS suspected				

ECG		Suggested frequency	Date	Next	Next	Next
ECG/HR		Baseline and after dose changes				
QTc	(<440 ms)					

PHYSICAL HEALTH PORTFOLIO

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

NHS

HATHERTON
Annual Physical Health Questionnaire

(Physical Health Questionnaire : part 1)

Date

Name	Ethnic origin
Date of Birth / Sex	Marital status

IMMUNISATION STATUS

	YES	NO
Has tetanus vaccine been given in past 10 years?	☐	☐
If no, has vaccine been given now	☐	☐
Has Influenza vaccine been given	☐	☐

INFECTIOUS DISEASE STATUS

	YES	NO	RESULT
Is Hepatitis C status known	☐	☐	
Is Hepatitis B status known	☐	☐	
Is HIV status known	☐	☐	

SMOKING

	YES	NO	RESULT
Smoking	☐	☐	
If yes, amount per day			
Taking prescribed Nicotine Replacement Treatment	☐	☐	
Advise given			☐ **Verbal** ☐ **Written** ☐ **Both**

Alcohol

	YES	NO	
Use in the last1 year	☐	☐	
If yes, units/week			
Alcohol use in past	☐	☐	
If yes,			
Number of years used?			
Units /week?			
Any dependence symptoms?			
Any detox needed?			

Substance use

	YES	NO	COMMENT
In the last year	☐	☐	
Past	☐	☐	

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

FAMILY HISTORY

	YES	NO
Ischemic Heart Disease	☐	☐
Diabetes Mellitus	☐	☐
Hypertension	☐	☐
Epilepsy	☐	☐
Asthma	☐	☐
Breathing Difficulties	☐	☐

Other *please state*

CHRONIC ILLNESS

	YES	NO
Does your patient suffer from any chronic illnesses	☐	☐

If yes, please specify

RESPIRATORY

	YES	NO
Cough	☐	☐
Haemoptysis	☐	☐
Sputum	☐	☐
Wheeze	☐	☐
Dyspnoea	☐	☐

CARDIOVASCULAR SYSTEM

	YES	NO
Chest pain	☐	☐
Swelling of Ankles	☐	☐
Palpitations	☐	☐
Postural Nocturnal Dyspnoea	☐	☐
Cyanosis	☐	☐
Snoring	☐	☐
Sleep apnoea	☐	☐

ABDOMINAL

	YES	NO
Constipation	☐	☐
Weight Loss	☐	☐
Diarrhoea	☐	☐
Dyspepsia	☐	☐
Melaena	☐	☐
Rectal Bleeding	☐	☐
Faecal Incontinence	☐	☐

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

C.N.S.

	YES	NO
Faints	☐	☐
Parasthesia	☐	☐
Weakness	☐	☐
Any Head Injury	☐	☐

If yes, please specify

DIABETES

	YES	NO	RESULT
Blood Glucose test done recently	☐	☐	
Hba1c test done recently	☐	☐	
Do have annual retinopathy check?	☐	☐	
Do you do daily blood glucose monitoring?	☐	☐	

What is your TARGET BLOOD GLUCOSE LEVELS

Current medications:

EPILEPSY

YES	NO
☐	☐

Type of fit

Frequency of seizures (fits/month)

Over the past year have the fits

- ☐ **Worsened**
- ☐ **Improved**
- ☐ **Remained the same**

Antiepileptic Medication

Drug name	Dose/frequency	Levels *(if indicated)*

Side effects observed in the patient

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

GENITO-URINARY

	YES	NO
Dysuria	☐	☐
Frequency	☐	☐
Haematuria	☐	☐
Urinary Incontinence	☐	☐
If YES, has M.S.U. been done	☐	☐
Testicular masses	☐	☐

SEXUAL HEALTH

	YES	NO	IF YES, HOW LONG....
Gynecomastia (Sore & Swollen Nipples)	☐	☐	
Galactorrhoea (Fluid from Nipples)	☐	☐	
Lack Libido (Absence of Sexual Desire)	☐	☐	
Erectile Dysfunction (Inability to maintain erection of penis until ejaculation)	☐	☐	
Retrograde ejaculation (decreased or absence of semen upon ejaculation)	☐	☐	

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

HATHERTON

Annual Physical Health Examination

(Physical Health Questionnaire : part 2)

Date

Name

NHS Number

GENERAL APPEARANCE

	YES	NO
Anemia	☐	☐
Clubbing	☐	☐
Lymph Nodes	☐	☐
Jaundice	☐	☐
Hydration	☐	☐

Weight (kgs)

Height (cms)

Body Mass Index (BMI)
(Weight in kg/Height in Square Meter)

CARDIOVASCULAR SYSTEM

Pulse (beats/min)

Blood Pressure (mm/Hg)

	YES	NO
Ankle Oedema	☐	☐

Heart Sounds *(Describe)*

ECG requested ☐ ☐

RESPIRATORY SYSTEM

Respiratory Rate (Beats/min)

	YES	NO
Breath sounds	☐	☐
Wheeze	☐	☐
Tachypnoea	☐	☐
Additional sounds *(Describe)*	☐	☐

ABDOMEN

	YES	NO
Masses	☐	☐
Liver	☐	☐
Spleen	☐	☐
Rectal examination indicated	☐	☐

Results

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

CENTRAL NERVOUS SYSTEM

Level of consciousness

Attention/Concentration

Orientation to time/place/person

Memory

Higher functions (Dysphasia, Agnosia, Apraxia)

Cranial Nerves:

REFLEXES

	RIGHT	LEFT
Biceps		
Triceps		
Supinator		
Knee		
Plantors		

METABOLIC SYNDROME

(IF 3 OF THE FOLLOWING CRITERIA ARE PRESENT)

	YES	NO	
Waist (>102cms or 40 inches)	☐	☐	
BP (>130/85 mmHg)	☐	☐	
TG (>1.7 mmol/l)	☐	☐	
Glucose (>5.6 mmol/l)	☐	☐	
HDL (<1.0 - 1.3 mmol/l)	☐	☐	

Metabolic Syndrome ☐ **Present** ☐ **Absent**

MOBILITY

	YES	NO	
Is patient fully mobile?	☐	☐	
Is patient mobile with aids?	☐	☐	
Has mobility been assessed?	☐	☐	

DERMATOLOGY

	YES	NO
Any signs or symptoms	☐	☐

Diagnosis

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PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

Name	NHS Number

VISION

Normal Vision ☐	Minor Visual Problem ☐	Major Visual Problems ☐

When did the patient last see an optician? _____

	YES	NO
Is there a cataract?	☐	☐

Result of Snellen chart _____

HEARING

Normal Hearing ☐	Minor Hearing ☐	Major Hearing Problem ☐

	YES	NO
Does patient wear a Hearing aid?	☐	☐
Any wax	☐	☐
Does patient see an audiologist?	☐	☐

Other investigation _____

OTHER INVESTIGATION

	YES	NO
Are there any further investigations necessary?	☐	☐

If YES, please indicate _____

ACTION PLANS

Examined by:

Dr.	Signature	Date

PHYSICAL HEALTH PORTFOLIO

HATHERTON CENTRE

HATHERTON
BMI Monitoring Form

Date:	Height:	Weight:	BMI	Waist Circumference

HATHERTON
Figure 2. Adult BMI Chart

Locate the height of interest in the left-most column and read across the row for that height to the weight of interest. Follow the column of the weight up to the top row that lists the BMI. BMI of 18.5 - 24.9 is the healthy weight range. BMI of 24 - 29.9 is the overweight range, and BMI of 30 and above is in the obese range.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
HEIGHT	**WEIGHT IN POUNDS**																
4′10″	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4′11″	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5′	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5′1″	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5′2″	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5′3″	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5′4″	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5′5″	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5′6″	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5′7″	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5′8″	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5′9″	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5′10″	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5′11″	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6′	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6′1″	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6′2″	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6′3″	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
	Healthy Weight						Overweight					Obese					

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. NIH/National Heart, Lung, and Blood Institute (NHLBI) as used in Dietary Guidelines for Americans, 2005.