Health check form

Think..... SSKIN

your turn
Campaigning to prevent pressure ulcers
www.your-turn.org.uk

Please tick and initial when you observe any of the following symptoms and place a cross and initial if no symptoms are observed.

Service User Name_____ **Month**_____ **Year**_____

Date	Time (24 hour)	S Feeling sick or unwell?	S Skin red or sore?	K In same position for long period?	I Urine or Bowel movement?	N Eating or drinking properly	Number of ticks (if 4 or more – call coordinator)	Print Name:	Signature:

If the Skin column is ticked for two consecutive days please inform the district nurse. Redness or marks to the skin must be recorded on a body map and reported to the service user and their family - you could be preventing a pressure ulcer by doing this. If 4 or more areas are ticked over 3 or more days please contact your supervisor or district nurse.