

Health Check for Adults with Intellectual and Developmental Disabilities

Name / Identifier

Today's Date:

Step 1: Initial encounter

Year 1 Year 2

Patient Information	Done	Notes
Identify/address patient's concerns		
If completed, discuss My Health Care Visit form		

Step 2: IDD-relevant Profile

For more information on key considerations for each of these questions and additional questions you may want to include, see [Expanded Explanations](#).

Year 1 Year 2

Patient Profile	Reviewed	Notes
Communication, daily living » How does the patient best communicate; what are their adaptive living skills?		
Cause/associated condition for ID or DD		
Community and social support » Who to contact about appointments; decision-making capacity; current living situation?		
Accommodations to help office/clinic visits		
Other health care professionals involved		

Step 3: Chronic Disease Management

Update your patient's chart's existing Cumulative Patient Profile, Medications

Year 1 Year 2

Disease Management	Done	Notes
Review chronic conditions, medications		

Step 4: Systems review / risk assessment

	Year 1	Year 2	
Patient Profile	Problem		Notes
Eating, nutrition » Check BMI, if above 30 refer for weight loss treatment. Check for food sensory issues.	Y N	Y N	
Physical activity » Any barriers to exercise or fitness opportunities?	Y N	Y N	
Smoking, including vaping, alcohol, drugs » Ask about frequency, amount	Y N	Y N	
Safety » Pica, wandering, awareness of possible dangers, including household risks.	Y N	Y N	
Sleep » Difficulties falling asleep, staying asleep, early wakings, daytime sleepiness, snoring	Y N	Y N	
Pain » May not present typically. Common sources include injury, dental caries, GERD, arthritis, constipation, urinary tract infections and pressure sores.	Y N	Y N	
Head and neck » Impairments in hearing, vision, and dental health are often underdiagnosed and can result in changes in behavior and adaptive functioning.	Y N	Y N	
Most recent: dental _____	Y N	Y N	
Most recent vision _____	Y N	Y N	
Most recent audiology _____	Y N	Y N	
Cardiovascular » Cardiovascular disease is prevalent, and risk factors are increased, particularly in some genetic syndromes. See Health Watch Tables.	Y N	Y N	
Respiratory » Respiratory disorders are among the most common causes of death for adults with IDD. Assess for asthma, chronic obstructive pulmonary disease and aspiration.	Y N	Y N	

Step 4: Systems review / risk assessment

	Year 1	Year 2	
Patient Profile	Problem		Notes
Gastrointestinal » May not present typically. Screen for GERD, constipation, peptic ulcer disease, celiac disease, pica.	Y N	Y N	
Genitourinary » Consider urinary retention in patients with neurological dysfunction. Review menstrual and menopausal issues with females. Screen for sexual exploitation and risky sexual practices.	Y N	Y N	
Sexual health » Discussions about sexuality may vary depending on the patient's level of IDD, but should include questions of whether the patient is sexually active, possible contraceptive use and risk for infection.	Y N	Y N	
Musculoskeletal » Assess mobility adaptations, check for osteoporosis at all ages, check calcium and vitamin D intake. Also check for corns, calluses, tinea pedis, and ingrown toenails.	Y N	Y N	
Skin » Consult dermatologist if concerns arise.	Y N	Y N	
Neurological » Seizure disorders are more common, often difficult to recognize, evaluate and control. It can have a pervasive impact on the lives of affected adults and their families/support staff.	Y N	Y N	
Endocrine » Assess for thyroid dysfunction in patients with elevated risk (e.g., people with Down syndrome) or when changes in behavior or adaptive functioning are noted.	Y N	Y N	
Infections » Assess for infections if behavior changes are noted. Check immunization status, and review COVID experiences.	Y N	Y N	
Cancer screening » Encourage regular cancer screenings, based on age, sex. Review family history.	Y N	Y N	
Mental health » Prevalence of psychiatric conditions is significantly higher, screen for changes in mood, behavior. Review medications every three months. Monitor adverse drug reactions and unwanted effects of antipsychotic medications.	Y N	Y N	

Step 4: Systems review / risk assessment

	Year 1	Year 2	
Patient Profile	Problem		Notes
Distressing behaviors that may put at risk current supports or services » Aggression, self-injury, property destruction, elopement, flopping.	Y N	Y N	
Dementia » Dementia is more prevalent among adults with IDD compared with the general population, with an earlier age of onset in adults with Down syndrome.	Y N	Y N	
Life transitions » Moving from teen years to adulthood, frailty, which can have an early onset, and end of life as well as moving out of family home or new job can require new or different supports.	Y N	Y N	
Abuse, exploitation, neglect » Much higher risk for this population.	Y N	Y N	
Family/support person stress	Y N	Y N	
Review medications » Polypharmacy and long-term use of certain medications are prevalent among people with IDD. Ask about herbal and alternative treatments, vitamins, minerals, probiotics, CBD oil, etc.	Y N	Y N	
Screenings/prevention reviewed	Y N	Y N	
Other	Y N	Y N	

Step 5: Physical exam

Exam Type	Year 1			Year 2			Notes
	NORMAL	ABNORMAL	NOT DONE	NORMAL	ABNORMAL	NOT DONE	
Vital signs							
General appearance							
Eyes, vision » Consider adaptive methods when screening.							
Ears, canals, hearing » Cerumen impaction is more common in adults with IDD than in the general population.							
Teeth » Multiple barriers exist for getting good dental care.							
Neck, thyroid » Thyroid disease is more common in adults with IDD.							
Respiratory » Respiratory disorders such as asthma, COPD, aspiration leading to lung infections are more common in adults with IDD.							
Cardiovascular » Cardiac disorders are prevalent among adults with IDD.							
Abdomen							
Genitourinary, gynecological » These exams should follow a trauma-informed approach.							
Musculoskeletal » Disorders such as scoliosis, contractures, spasticity, and ligamentous laxity can be sources of unrecognized pain and occur frequently among people with IDD, especially those with cerebral palsy.							
Neurological							
Mental status							
Skin							
Other							

Step 6: Assessment and plan

List issues identified through the Health Check, Note plan, person responsible and timeline for each action needed. If not addressed in that list, consider the following:

Assessment	Year 1			Year 2			Notes
	DONE	NOT DONE	N/A	DONE	NOT DONE	N/A	
Medication list updated							
Lab/investigations planned							
Preventive care/screenings planned							
Any immunizations needed?							
Any consultations or referrals needed?							
Any symptom monitoring tools to suggest » Seizures, bowel movements, weight, etc.							
Any patient education materials needed?							
Financial resources needed?							
Follow-up appointment planned							
Record of visit given to patient							
Other							

This document complements “Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines”, published in Canadian Family Physician, Volume 64(4): April 2018, p254-279.

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