



# Checklist

Use of a specific form to record the results of the health assessment is not mandatory but the health assessment should cover the matters listed below. This form can be used as a report of the health assessment.

**This checklist must be read in conjunction with the explanatory notes for Items 701, 703, 705, 707 and 10986 (found at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)).**

### Patient's Name

Male  Female  Date of Birth:        /        /        Age:        years        months

### Current contact details

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian name/s \_\_\_\_\_

### Healthy Kids Check

Explanation of Healthy Kids Check given        Yes

Consent for Check given        Yes

Date consent was given:        /        /

Signature of Parent/Guardian authorising consent for the Healthy Kids Check to be undertaken

### Get Set 4 Life – habits for healthy kids (the Guide)

Get Set 4 Life provided to Parent/Guardian        Yes

Date provided:        /        /

Signature of Parent/Guardian receiving Get Set 4 Life

### Four year old Immunisation

Consent for immunisation given        Yes

Date consent was given:        /        /

Signature of Parent/Guardian authorising consent for immunisation

If immunisation has previously been given note evidence:

Personal Health Record        Yes

Other \_\_\_\_\_

Vaccine	Batch No.	Date given	Signature Stamp
Diphtheria, tetanus, pertussis			
Poliomyelitis			
Measles, mumps, rubella			

# Medicare Health Kids Check

## PATIENT HISTORY

### Family and environmental factors:

- Family relationships
- Care arrangements
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### Medical and social history:

- Paediatrician
- Previous presentations
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### Lifestyle risk factors:

- Eating Habits
- Physical activity/inactivity
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### PATIENT'S OVERALL HEALTH STATUS

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### HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH THE PATIENT'S PARENT/GUARDIAN

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### RECOMMENDED INTERVENTION AND/OR REFERRALS

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GP, Practice Nurse or Aboriginal health worker:

Signature:

/ /

If the check has not been conducted at the patient's usual medical practice, a copy of the record is to be sent to:

/ /

Name of 'usual' GP/Practice

Parent/Guardian consent to provide copy

## EXAMINATIONS AND ASSESSMENT

**Measure height and weight**

Height:

Weight:

IDENTIFIED ISSUES	ACTION

**Check eyesight – may include (but not limited to):**

- conducting a visual inspection of the eyes
- using an eye chart if appropriate
- seeking parental/other concerns about vision (eg. amblyopia, squint, infection, injury)
- questioning family history of eyesight problems
- referring the child to an optometrist for an eyesight assessment if appropriate

IDENTIFIED ISSUES	ACTION

**Check hearing – may include (but not limited to):**

- conducting an ear examination
- seeking parental/other concerns regarding the child's hearing or listening, following instructions or language
- questioning any history of ear infections, ear discharge, recurrent or chronic otitis media
- referring the child to an audiologist for a hearing assessment if appropriate

IDENTIFIED ISSUES	ACTION

**Check oral health – teeth and gums (a potential tool could include Lift the Lip)**

- questioning whether the child has visited the dentist
- questioning how often the child brushes their teeth

IDENTIFIED ISSUES	ACTION

**Question toilet habits – may include (but not limited to):**

- questioning whether the child needs assistance or can use a toilet independently
- questioning whether the child is a bed wetter

IDENTIFIED ISSUES	ACTION

**Note known or suspected allergies**

IDENTIFIED ISSUES	ACTION

## ADDITIONAL MATTERS FOR CONSIDERATION

The health check may include the following matters, at the discretion of the GP, Practice nurse/Aboriginal health worker and according to his or her clinical judgement. It may be useful to refer to the patient's State/Territory personal health record and the Guide.

### General wellbeing:

**Discuss eating habits – may include (but not limited to):**

- discussing the child's appetite
- questioning about the variety of foods the child eats
- discussing the frequency of consuming processed foods

IDENTIFIED ISSUES	ACTION

**Discuss physical activity – may include (but not limited to):**

- discussing the time spent in active or energetic play
- discussing the time spent in sedentary activities

IDENTIFIED ISSUES	ACTION

**Question speech and language development – may include (but not limited to):**

- seeking parent/guardian concerns about:
  - the number of words their child uses or their understanding of directions
  - whether their child speaks clearly and takes an active part in conversations

IDENTIFIED ISSUES	ACTION

**Question fine and gross motor skills – may include (but not limited to):**

- picking up small objects
- walking, running, jumping, hopping, climbing stairs
- drawing without scribbling
- riding a tricycle

IDENTIFIED ISSUES	ACTION

**Question behaviour and mood – may include (but not limited to):**

- sleeping
- energy levels
- social and emotional well-being
- ability to separate from main carer

IDENTIFIED ISSUES	ACTION

**Other examinations considered necessary by GP/practice nurse/registered Aboriginal health worker**

EXAMINATION	IDENTIFIED ISSUES	ACTION