



# Medicare Health Assessment for Older Persons

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. The first page of this form can be used as a report of the health assessment.

### Patient Details

Patient's Name

.....

Male  Female

DOB \_\_ / \_\_ / \_\_\_\_ or Age \_\_\_\_

Nationality

### Current contact details

Address

.....

Phone .....

Carer's name/s .....

Alternative contact details .....

Address .....

.....

Phone .....

### Consent - Patient and/or Carer

Explanation of health assessment given? Yes

Consent for health assessment given? Yes

Consent given by? Patient  Carer

Date consent was given \_\_ / \_\_ / \_\_\_\_

### Consent given for information to be collected by

Nurse Yes  No

Other health professional Yes  No

If yes, please specify .....

.....

### PATIENT'S OVERALL HEALTH STATUS

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### HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH PATIENT

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**TESTS UNDERTAKEN, RESULTS AND WHAT THEY MEAN (SOME RESULTS MAY NOT BE AVAILABLE)**

**Note: The assessment should not require diagnostic or pathology services unless the health assessment detects issues that necessitate clinically relevant diagnostic imaging or pathology services.**

TEST	AVAILABLE RESULTS AND WHAT THEY MEAN

**RECOMMENDED ACTION**

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**ACTION TO BE TAKEN BY PATIENT AND / OR CARER**

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Next medical review due:                      Date \_\_ / \_\_ / \_\_\_\_

Next Health Assessment due:                Date \_\_ / \_\_ / \_\_\_\_

GP    Dr

GP's signature

Date \_\_ / \_\_ / \_\_\_\_

**PATIENT HISTORY**

Government-provided or funded disability service	
Previous presentations	
Family relationships	
Care arrangements	

CURRENT ISSUES	CURRENT RISK FACTORS



**HEALTH ASSESSMENT**

**Check blood pressure**

IDENTIFIED HEALTH ISSUES	ACTION

**Check pulse rate and rhythm**

IDENTIFIED HEALTH ISSUES	ACTION

**Review medication**

IDENTIFIED HEALTH ISSUES	ACTION

**Access continence**

IDENTIFIED HEALTH ISSUES	ACTION

**Access psychological function including mood and cognition**

IDENTIFIED HEALTH ISSUES	ACTION

**Check immunisation status** (Refer to the current Australian Standard Vaccination Schedule (NHMRC) for appropriate vaccination schedules).

- Influenza
- Tetanus
- Pneumococcus

IDENTIFIED HEALTH ISSUES	ACTION



**Assess patient's physical function**

- Activities of daily living
- Falls in the last 3 months

IDENTIFIED HEALTH ISSUES	ACTION

**Assess patient's social function**

- Availability/adequacy of paid and unpaid help
- Whether the patient is responsible for caring for another person

IDENTIFIED HEALTH ISSUES	ACTION

**OPTIONAL COMPONENTS as relevant to the patient**

**Multi system review**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess alcohol consumption**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess level of exercise**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess fitness to drive**

IDENTIFIED HEALTH ISSUES	ACTION



**Assess foot care**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess hearing**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess vision**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess weight, height, body mass index**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess sleeping patterns**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess need for community services**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess home safety**

IDENTIFIED HEALTH ISSUES	ACTION



**Assess mobility**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess diet and nutritional status**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess cardiovascular risk factors**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess postural hypotension**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess oral health**

IDENTIFIED HEALTH ISSUES	ACTION

**Assess smoking status**

IDENTIFIED HEALTH ISSUES	ACTION