

Medicare health assessment for people with an intellectual disability



Australian Government
Department of Health and Ageing

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.

This check list must be read in conjunction with the explanatory notes for MBS Items 701, 703, 705 and 707.

Patient's Name Male Female DOB:/...../..... or Age:

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
Patient consent for health assessment given Yes
Date consent was given:/...../.....

Consent given for information to be collected by:

Nurse Yes No
Other health professional Yes No
- please specify

Previous health check

Has the patient had a previous health assessment?
Yes No

Date of last health assessment (if known)/...../.....
Service provided by Dr.

PATIENT'S OVERALL HEALTH STATUS

.....
.....
.....

HEALTH ISSUE IDENTIFIED AND DISCUSSED WITH PATIENT AND/OR CARER

.....
.....
.....

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

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

TEST	AVAILABLE RESULTS AND WHAT THEY MEAN

RECOMMENDED INTERVENTION ACTION

.....

.....

.....

.....

.....

ACTION TO BE TAKEN BY PATIENT AND/OR CARER

.....

.....

.....

.....

.....

Next appointment with doctor: Date:/...../.....
Next Health Assessment: Date:/...../.....
GP: Dr. GP's signature Date:/...../.....

PATIENT HISTORY

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

CURRENT PROBLEMS	CURRENT RISK FACTORS

ALLERGIES/DRUG INTOLERANCE

.....

.....

.....

.....

HEALTH ASSESSMENT as relevant to the patient.

- Check dental health (including dentition)

IDENTIFIED HEALTH ISSUES	ACTION

- Conduct aural examination (arrange formal audiometry every 5 years)

IDENTIFIED HEALTH ISSUES	ACTION

- Assess ocular health (arrange ophthalmologist/ optometrist review every 5 years)

IDENTIFIED HEALTH ISSUES	ACTION

- Assess nutritional status and review growth and development Weight: Height:

IDENTIFIED HEALTH ISSUES	ACTION

- Assess bowel and bladder function (particularly for incontinence and chronic constipation)

IDENTIFIED HEALTH ISSUES	ACTION

- Assess medications (including 'non prescription' medicines taken by the patient, prescriptions from other doctors, medications prescribed but not taken, interactions, side effects and review of indications)

IDENTIFIED HEALTH ISSUES	ACTION

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

- Influenza Measles Tetanus Mumps
 Hepatitis A Hepatitis B Rubella (MMR) Pneumococcal

IDENTIFIED HEALTH ISSUES	ACTION

Check exercise opportunities (aim for at least 30 minutes of moderate exercise per day)

IDENTIFIED HEALTH ISSUES	ACTION

Check and review support provided for activities of daily living

IDENTIFIED HEALTH ISSUES	ACTION

Consider the need for breast examination, mammography, Papanicolaou smears, testicular examination, lipid measurement and prostate assessment

IDENTIFIED HEALTH ISSUES	ACTION

Check for dysphagia and gastro-oesophageal disease, especially for patients with cerebral palsy, and arrange investigation/treatment as required

IDENTIFIED HEALTH ISSUES	ACTION

Assess risk factors for osteoporosis and arrange investigation/treatment as required

IDENTIFIED HEALTH ISSUES	ACTION

- For patients diagnosed with epilepsy, review seizure control (including anticonvulsant drugs) and refer to neurologist as appropriate

IDENTIFIED HEALTH ISSUES	ACTION

- Screen for thyroid disease at least every two years (or yearly for patients with Down syndrome)

IDENTIFIED HEALTH ISSUES	ACTION

- For patients without a definitive aetiological diagnosis, consider referral to a genetic clinic every 5 years

IDENTIFIED HEALTH ISSUES	ACTION

- Assess or review treatment for comorbid mental health issues

IDENTIFIED HEALTH ISSUES	ACTION

- Consider timing of puberty and management of sexual development, sexual activity and reproductive health

IDENTIFIED HEALTH ISSUES	ACTION

- Consider any signs of physical, psychological or sexual abuse

IDENTIFIED HEALTH ISSUES	ACTION

HEALTH ASSESSMENT as relevant to the patient:

The balance between the patient's health and physical, psychological and social function domains is a matter for professional judgement in relation to each patient. Practitioners should also consider the following:

Medical

- Consider follow-up consultations where medical treatment is required e.g. high blood pressure, likelihood of other health problems
- Assess pathology if continence problems are evident

ACTION

Physical function

- Consider the health impact of the patient's general skill levels and daily activities
- Consider the need for a referral for a formal review of activities of daily living

ACTION

Psychological function

- Consider and investigate medical/ psychiatric causes where problems with cognition and skill decline are clinically suspected
- Consider depression where there is change in weight, sleep habit and escalation of behavioural problems
- Ensure there are systems in place to keep track of the patient's current behavioural status
- Consider psychiatric disorders when changes in behaviour are evident

ACTION

Social function

- Assess suitability of the patient's accommodation setting to provide the best physical and psychological health outcomes
- Consider issues that relate to the care provided by the patient's carer to meet the health related needs of the patient

ACTION

Other examinations as considered necessary by GP

EXAMINATION	IDENTIFIED HEALTH ISSUES	ACTION

Involving the patient's carer or appropriate disability professionals

- Consider the need for referrals such as accommodation, daily assistance assessment, disability support services and psychologists

ACTION