

# Aboriginal and Torres Strait Islander health check – Primary school age children (5–12 years)

MBS items 715 VR/228 non-VR

For some older primary school children with higher risk behaviours, psychosocial factors and/or developmental indications, it may be appropriate to include some elements from the 'Adolescents and young people' health check template

## A good health check:

- is useful to the patient and family
- identifies health needs including patient health goals and priorities
- supports families to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- is provided by the regular healthcare provider
- includes a plan for follow-up of identified health needs, priorities and goals.

**Disclaimer:** This is an example health check template that includes recommended core elements and is intended for use as a general guide only. Health checks should always be completed based on clinical judgement of what is relevant to individual patients and settings. Adaptation to local needs and priorities is encouraged, with reference to current Australian preventive health guidelines that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, evidence-based and generally accepted in primary care practice, for example:

- [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#), 3rd edition, The Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO)
- [CARPA standard treatment manual](#), 7th edition, Central Australian Rural Practitioner's Association (CARPA).

Where an individual practitioner or service has skills and capacity to provide culturally safe healthcare, the range of elements in the health check, and use of clinical screening and assessment tools, may be extended.

## Key:

- Relevant to nKPIs
- Relevant to QI PIP

About the health check	Yes	No	N/A	
Eligible for health check (not claimed 715 or 228 in past nine months):				Date of last health check:
<b>Consent</b>				
Consent given by parent/primary carer after discussion of process and benefits of a health check:				
Parent/primary caregiver present for health check				Relationship to child:
Consent given for sharing of information with relevant healthcare providers:				Who/details:
Date:	Doctor:		Nurse:	
Aboriginal and/or Torres Strait Islander Health Worker / Health Practitioner:				
Location of health check:	<input type="checkbox"/> Clinic	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Other:
<b>Patient details</b>				
Name:	Date of birth:		Age:	Gender:
Aboriginal and/or Torres Strait Islander status:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander	
Parents/primary carer/s:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother and father	<input type="checkbox"/> Grandparent/s
Other family (details):	Other (details):			

This template in its original form was developed as part of the 2019 [NACCHO–RACGP Partnership Project](#)

This template is supported by funding from the Australian Government under the [Department of Health](#)

Names of parents/primary carer/s:		Relationship to child:		
Address:				
Home phone:		Mobile phone:		
Emergency contact:		Relationship to child:		Emergency contact phone:
Medicare number:		Reference number:		Expiry:
Pension/Health Care Card number:				
	Yes	No	N/A	
Registered for Closing the Gap PBS Co-payment Measure (CTG):				
Registered for National Disability Insurance Scheme				Yes, number:
Are name and contact details of other key providers (eg case workers, support services) up to date?				Details:

Assessment	Health priorities, actions and follow-up
<p><b>Current health/patient priorities</b></p> <p>What are the important things for you in this health check today?</p> <p>Details:</p> <p>Is there anything that you are worried about with your child's health or wellbeing?</p> <p>Details:</p>	
<p><b>Medical history and current problems</b></p> <p><input type="checkbox"/> Recurrent cough or chest infections</p> <p><input type="checkbox"/> Recurrent ear infections/CSOM (glue ear/grommets)</p> <p><input type="checkbox"/> Growth or development problems</p> <p><input type="checkbox"/> Acute rheumatic fever/rheumatic heart disease (in high prevalence setting)</p> <p><input type="checkbox"/> Environmental exposure to tobacco smoke (eg at home, in car)</p> <p><input type="checkbox"/> Hospital admissions</p> <p><input type="checkbox"/> Other/relevant medical history</p> <p>Details:</p>	
<p><b>Regular medications: check if still required, appropriate dose, understanding of medication and adherence</b></p> <p>Does your child take any regular medications (prescribed, over-the-counter, traditional, complementary and alternative)?</p> <p><input type="checkbox"/> None    <input type="checkbox"/> Yes, up to date in health record</p> <p><input type="checkbox"/> Understanding and adherence checked</p>	
<p><b>Allergies/adverse reactions</b></p> <p><input type="checkbox"/> Up to date in health record</p>	
<p><b>Relevant family history</b></p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p><b>Social history: Information about family and child's living arrangements</b></p> <p>Who lives in your household?/Who does the child live with?</p> <p>Details:</p> <p>Have there been any stressful life events that would cause you or your child to be upset?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>If indicated, ask about depression and other mental health concerns</p> <p>Details:</p>	
<p><b>Learning and development</b></p> <p>Questions that support a conversation about learning and development:</p> <ul style="list-style-type: none"> <li>• Is there anything that you are worried about with your child's behaviour?</li> <li>• Is there anything that you are worried about with your child's sleep?</li> <li>• Is there anything that you are worried about with your child's learning?</li> <li>• Is there anything you are worried about at school?</li> <li>• How often does your child miss school?</li> <li>• Is your child having any difficulties making friends?</li> </ul> <p>Document conversation about learning and development</p> <p>Details:</p>	
<p><b>Healthy eating</b></p> <p>Is there anything that you are worried about with your child's eating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Document conversation about age-appropriate healthy eating, which could include:</p> <ul style="list-style-type: none"> <li>• current diet including food and drinks</li> <li>• recommendations about fruit and vegetable intake, water as the main drink, avoiding sugary drinks, avoiding highly processed foods (including supermarket-bought and take-away like KFC, Maccas)</li> </ul> <p>Details:</p> <p>Are there any issues about availability of food?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>	
<p><b>Physical activity and screen time</b></p> <p>Is there anything that you are worried about with your child's level of physical activity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Is there anything that you are worried about with your child's level of screen time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Document conversation about age-appropriate recommendations re physical activity and screen time.</p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up																								
<p><b>Eye health</b></p> <p>Is there anything that you are worried about with your child's vision?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Details:</p> <p><b>Eye examination</b></p> <p>Evidence of squint or other abnormality:                      R <input type="text"/>   L <input type="text"/></p> <p>Visual acuity (child aged three to five years):                      R <input type="text"/>   L <input type="text"/></p> <p>Details:</p>																									
<p><b>Ear health and hearing</b></p> <p>Is there anything that you are worried about with your child's listening?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Details:</p> <p>Is there anything you are worried about with your child's language/talking?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Details:</p> <p>Do you notice snoring/noisy breathing at night/while your child is sleeping?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Details:</p> <p>Last hearing test (audiology):</p> <p><b>Ear examination</b></p> <p>Otoscopy (video otoscopy if possible, allows for parental education and for images to be saved for tracking over time)</p> <p>Otoscopy findings (may be more than one of these):</p> <table border="0"> <thead> <tr> <th data-bbox="87 1256 180 1285">Left ear</th> <th data-bbox="464 1256 576 1285">Right ear</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Clear and intact</td> <td><input type="checkbox"/> Clear and intact</td> </tr> <tr> <td><input type="checkbox"/> Dull and intact</td> <td><input type="checkbox"/> Dull and intact</td> </tr> <tr> <td><input type="checkbox"/> Discharge</td> <td><input type="checkbox"/> Discharge</td> </tr> <tr> <td><input type="checkbox"/> Grommet in canal</td> <td><input type="checkbox"/> Grommet in canal</td> </tr> <tr> <td><input type="checkbox"/> Grommet in eardrum</td> <td><input type="checkbox"/> Grommet in eardrum</td> </tr> <tr> <td><input type="checkbox"/> Perforation</td> <td><input type="checkbox"/> Perforation</td> </tr> <tr> <td><input type="checkbox"/> Red/bulging</td> <td><input type="checkbox"/> Red/bulging</td> </tr> <tr> <td><input type="checkbox"/> Retracted</td> <td><input type="checkbox"/> Retracted</td> </tr> <tr> <td><input type="checkbox"/> Unable to view eardrum</td> <td><input type="checkbox"/> Unable to view eardrum</td> </tr> <tr> <td><input type="checkbox"/> Wax</td> <td><input type="checkbox"/> Wax</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Other:</td> </tr> </tbody> </table>	Left ear	Right ear	<input type="checkbox"/> Clear and intact	<input type="checkbox"/> Clear and intact	<input type="checkbox"/> Dull and intact	<input type="checkbox"/> Dull and intact	<input type="checkbox"/> Discharge	<input type="checkbox"/> Discharge	<input type="checkbox"/> Grommet in canal	<input type="checkbox"/> Grommet in canal	<input type="checkbox"/> Grommet in eardrum	<input type="checkbox"/> Grommet in eardrum	<input type="checkbox"/> Perforation	<input type="checkbox"/> Perforation	<input type="checkbox"/> Red/bulging	<input type="checkbox"/> Red/bulging	<input type="checkbox"/> Retracted	<input type="checkbox"/> Retracted	<input type="checkbox"/> Unable to view eardrum	<input type="checkbox"/> Unable to view eardrum	<input type="checkbox"/> Wax	<input type="checkbox"/> Wax	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
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<p><b>Tympanometry</b></p> <p>R <input type="text"/>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Results:</p> <p>L <input type="text"/>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Results:</p> <p>Details:</p>																									

Assessment	Health priorities, actions and follow-up
<p><b>Oral and dental health</b></p> <p>Is there anything that you are worried about with your child's teeth or mouth?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Last dental checkup:</p> <p><b>Teeth and mouth check</b></p> <p>Examination findings:</p> <p>Document conversation about oral health and care of teeth</p> <p>Details:</p>	
<p><b>Skin</b></p> <p>Does your child have any skin problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p><b>General skin examination</b></p> <p>Examination findings:</p> <p>Document conversation about sun protection as appropriate (ie sunscreen, hats, shade)</p> <p>Details:</p>	
<p><b>Immunisation: Check Child Health Record/Book and Australian Immunisation Register</b></p> <p>Immunisations up-to-date and recorded on Australian Immunisation Register (as per <i>Australian immunisation handbook</i>)? (PI 04)</p> <p><a href="https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx">https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx</a></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Immunisations due:</p> <p>Vaccines given today recorded on Australian Immunisation Register?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details:</p>	
<p><b>Examination: growth measures recorded on Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) growth charts for centile and tracking overtime</b></p> <p><b>Growth measures</b></p> <p>Height:</p> <p>Weight:</p> <p>Head circumference:</p> <p>Heart rate and rhythm:</p> <p>Cardiac auscultation:</p> <p>Abdominal examination:</p> <p>Gait examination (musculoskeletal structure, balance, coordination):</p> <p>Newborn examination (if indicated, infant aged ≤6 weeks):</p> <p>Haemoglobin (children at risk of iron deficiency anaemia):</p>	

<b>Finalising the health check</b>			
<b>Patient priorities and goals:</b> What does the parent/carer and child say are the important things that have come out of this health check?			
<b>Brief intervention:</b> Advice and information provided during health check, for example:			
<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Screen use	<input type="checkbox"/> Sun protection	<input type="checkbox"/> Environmental exposure to harmful elements (eg tobacco smoke)
<input type="checkbox"/> Sugary drinks	<input type="checkbox"/> Physical activity and exercise	<input type="checkbox"/> Parenting advice	<input type="checkbox"/> Other:
<b>Care provided as part of the health check</b> (eg immunisations, medication review, investigations requested)			
<b>Identified needs and plan</b> (including new diagnoses)			
<b>Follow-up:</b> Consider what follow-up appointments can be made at the time of the health check		<b>Reminder:</b> MBS follow up items for clients at risk of or with chronic disease are available to support follow-up of health checks	
<b>Referrals and appointments, for example:</b> Who		When	
<input type="checkbox"/> GP follow-up			
<input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Worker follow-up			
<input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Practitioner follow-up			
<input type="checkbox"/> Practice nurse follow-up			
<input type="checkbox"/> Dentist			
<input type="checkbox"/> Paediatrician			
<input type="checkbox"/> Audiology			
<input type="checkbox"/> Speech pathology			
<input type="checkbox"/> Mental health			
<input type="checkbox"/> Parenting programs/support services			
<input type="checkbox"/> Other:			
<b>Recalls entered</b> (eg clinical review including review of results, immunisations, investigations)			
<b>Parent/patient actions</b>			
Parent/carer has been offered a copy of this health check including details of follow-up and future appointments			
<input type="checkbox"/> Yes, copy taken	<input type="checkbox"/> Yes, but declined	<input type="checkbox"/> Not offered. Plan to follow up and offer at a later date	

**Health check claimed (PI 03)**

If you would like to provide feedback on this template, please contact [aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au)

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.



**Australian Government**  
**Department of Health**

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