

Aboriginal and Torres Strait Islander health check – Older people (≥50 years)

MBS items 715 VR/228 non-VR

A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients 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:
Consent				
Consent given after discussion of process and benefits of a health check:				
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:
Patient details				
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	
Address:				
Home phone:		Mobile phone:		
Emergency contact:	Relationship to patient:		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 My Aged Care:				Yes, number:
Registered for National Disability Insurance Scheme:				Yes, number:
Are you responsible for caring for someone else?				Details:
Do you have a carer?				Details:
Are name and contact details of other key providers (eg case workers, support services) up to date?				Details:
Advance care planning				
Enduring Power of Attorney:				Discussed today:
Advance Health Directive:				Discussed today:

Assessment	Health priorities, actions and follow-up
<p>Current health/patient priorities</p> <p>What are the important things for you in this health check today? Details:</p> <p>Is there anything you are worried about? Details:</p> <p>Do you have any specific health goals? Is there anything in particular about your health and wellbeing that you would like to improve? Details:</p>	
<p>Medical history and current problems</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Hypertension <input type="checkbox"/> COPD</p> <p><input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Kidney disease</p> <p><input type="checkbox"/> Stroke <input type="checkbox"/> HBV</p> <p><input type="checkbox"/> Kidney disease <input type="checkbox"/> Significant head trauma</p> <p><input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mental health</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Other relevant medical history, operations, hospital admissions, etc</p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Regular medications: check if still required, appropriate dose, understanding of medication and adherence</p> <p>Do you 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>Allergies/adverse reactions</p> <p><input type="checkbox"/> Up to date in health record</p>	
<p>Relevant family history (including diabetes, heart disease, cancer, mental health)</p> <p>Details:</p>	
<p>Social and emotional wellbeing</p> <p>General</p> <p>Have there been any particular stressful life events that are impacting on you/your health lately?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Consider conversation about social connection, which could include questions about sports/hobbies/clubs/other activities</p>	
<p>Home and family</p> <p>Who do you live with?</p> <p>Details:</p> <p>Do you have stable housing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Do you feel safe at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>	
<p>Work</p> <p>Are you working?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details (occupation including occupational hazards, study, disability, etc):</p>	
<p>Mood</p> <p>How have you been feeling lately?</p> <p>Details:</p> <p>If indicated, ask about depression (consider screening tools, eg aPHQ-9, K5 or K10) and complete risk assessment</p> <p>Details:</p> <p>Explore other mental health concerns as indicated</p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Memory and thinking</p> <p>Do you have any worries about your memory or thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Does anyone in your family have any worries about your memory or thinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>If any concerns are raised and/or high risk for cognitive impairment identified, follow up with cognitive screening (eg clock test, GPCOG, KICA-Cog, MMSE) Details:</p>	
<p>For older people with chronic disease and/or conditions associated with ageing, consider assessing:</p> <ul style="list-style-type: none"> • Osteoporosis risk • Falls risk • Balance, coordination and mobility • Pain • Nutrition • Regularity of chronic disease management and review 	
<p>Participation in screening programs</p> <p>Cervical screening (age ≤74 years) <input type="checkbox"/> Up to date <input type="checkbox"/> Not required <input type="checkbox"/> Discussed today <input type="checkbox"/> Declined <input type="checkbox"/> Next due Details:</p> <p>Breast screening (age ≤74 years) <input type="checkbox"/> Up to date <input type="checkbox"/> Discussed today <input type="checkbox"/> Declined <input type="checkbox"/> Next due Details:</p> <p>Bowel cancer screening (age ≤74 years) <input type="checkbox"/> Up to date <input type="checkbox"/> Discussed today <input type="checkbox"/> Declined <input type="checkbox"/> Next due Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Healthy eating</p> <p>Do you have any worries about your diet or weight? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Have you lost weight without trying to in the last three months? <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"> • current diet including food and drinks • 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) <p>Are there any issues about availability of food? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>	
<p>Physical activity and exercise</p> <p>Do you have any worries about physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Document conversation about recommendations re physical activity</p>	
<p>Substance use, including tobacco</p> <p>Smoking (QI M2, PI 09, PI 10)</p> <p><input type="checkbox"/> Never smoked</p> <p><input type="checkbox"/> Ex-smoker <input type="checkbox"/> Quit <12 months <input type="checkbox"/> Quit ≥12 months</p> <p><input type="checkbox"/> Current smoker How many? <input type="text"/> How long? <input type="text"/></p> <p><input type="checkbox"/> Wants to quit</p> <p><input type="checkbox"/> Other tobacco use</p> <p><input type="checkbox"/> Environmental exposure to tobacco smoke (home, car, etc)</p> <p>Alcohol and other substance use (QI M2, PI 16)</p> <p>Quantity and frequency of:</p> <ul style="list-style-type: none"> • alcohol • caffeine (coffee, soft drinks, iced coffee) • cannabis/yarndi/gunja • other substance use: IVDU, methamphetamine, other stimulants, opiates, solvents, other <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Gambling</p> <p>Have you or someone close to you ever had issues with gambling?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>	
<p>Genitourinary and sexual health</p> <p>Consider asking when appropriate: Is there anything that you are worried about in relation to your sexual health?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Continence: Do you have problems with urine leaking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Consider discussing as relevant to age/sex/gender:</p> <ul style="list-style-type: none"> • menopause • erectile dysfunction • prostatic symptoms 	
<p>Immunisation (eligibility for funded vaccines may vary across jurisdictions)</p> <p>Immunisations up to date and recorded on Australian Immunisation Register (as per Australian Immunisation Handbook)?</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 Details:</p>	
<p>Eye health</p> <p>Is there anything that you are worried about with your vision?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Eye examination</p> <p>Visual acuity R <input type="text"/> L <input type="text"/></p> <p>Trachoma check (endemic areas)</p> <p>R <input type="checkbox"/> Trichiasis <input type="checkbox"/> Corneal scarring</p> <p>L <input type="checkbox"/> Trichiasis <input type="checkbox"/> Corneal scarring</p>	
<p>Ear health and hearing</p> <p>Is there anything that you are worried about with your hearing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Last hearing test (audiology):</p> <p>Ear examination</p> <p>Otoscopy R <input type="text"/> L <input type="text"/></p> <p>Details:</p>	

Care provided as part of the health check (eg immunisations, medication review, investigations requested)		
Identified needs and plan (including new diagnoses)		
Follow-up: Consider what follow-up appointments can be made at the time of the health check		Reminder: MBS follow up items for clients at risk of or with chronic disease are available to support follow-up of health checks
Referrals and appointments, for example: Who		When
<input type="checkbox"/>	GP follow-up	
<input type="checkbox"/>	GP review of results of investigations	
<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"/>	Medication review	
<input type="checkbox"/>	Geriatrician	
<input type="checkbox"/>	Smoking cessation	
<input type="checkbox"/>	Audiologist	
<input type="checkbox"/>	Dietician	
<input type="checkbox"/>	Physiotherapist or exercise program	
<input type="checkbox"/>	Optometrist	
<input type="checkbox"/>	Podiatrist	
<input type="checkbox"/>	Social and emotional wellbeing/mental health	
<input type="checkbox"/>	Social support and services	
<input type="checkbox"/>	Other:	
Recalls entered (eg clinical review, investigations, immunisations, asthma plan/cycle of care, diabetes cycle of care, care plan review, cervical screening)		
Patient actions		
Patient 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"/>
<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

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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.



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