Aboriginal and Torres Strait Islander health check – Adults (25–49 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:	☐ Clinic	☐ Home	☐ School	☐ Other:

Patient details			
Name:	Date of birth:	Age:	Gender:
Aboriginal and/or Torres Strait Islander status:	☐ Aboriginal	☐ Torres Strait Islander	☐ 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:			

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	Yes	No	N/A		
Registered for Closing the Gap PBS Co-payment Measure (CTG):					
Registered for National Disability Insurance Scheme				Yes, number:	
Do you have children?				Number of children:	Number of children in your care:
Are you responsible for caring for someone else?				Details:	
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
Current health/patient priorities What are the important things for you in this health check today? Details: Is there anything you are worried about? Details: Do you have any specific health goals? Is there anything in particular about your health and wellbeing that you would like to improve? Details:	
Medical history and current problems ☐ Diabetes ☐ Asthma ☐ Hypertension ☐ COPD ☐ Myocardial infarction ☐ Rheumatic heart disease ☐ Stroke ☐ HBV ☐ Kidney disease ☐ Significant head trauma ☐ Hearing impairment ☐ Mental health ☐ Epilepsy ☐ Other relevant medical history, operations, hospital admissions, etc Details:	
Regular medications: check if still required, appropriate dose, understanding of medication and adherence Do you take any regular medications (prescribed, over-the-counter, traditional, complementary and alternative)? ☐ None ☐ Yes, up to date in health record ☐ Understanding and adherence checked	
Allergies/adverse reactions ☐ Up to date in health record	
Relevant family history (including diabetes, heart disease, cancer, mental health) Details:	

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Assessment	Health priorities, actions and follow-up
Social and emotional wellbeing **General** Have there been any particular stressful life events that are impacting on you/your health lately? ☐ Yes ☐ No Details: Consider conversation about social connection, which could include questions about sports/hobbies/clubs/other activities Details:	
Home and family Who do you live with? Details: Do you have stable housing? ☐ Yes ☐ No Details: Do you feel safe at home? ☐ Yes ☐ No Details:	
Learning and work Are you studying? ☐ Yes ☐ No Details: Are you working? ☐ Yes ☐ No ☐ N/A Details (occupation including occupational hazards, study, training, disability, etc):	
Mood How have you been feeling lately? Details: If indicated, ask about depression (consider screening tools, eg aPHQ-9, K5 or K10) and complete risk assessment. Details: Explore other mental health concerns as indicated. Details:	
Healthy eating Do you have any worries about your diet or weight? ☐ Yes ☐ No Details: Document conversation about age-appropriate healthy eating, which could include: • 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) Details: Are there any issues about availability of food? ☐ Yes ☐ No Details:	

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Assessment	Health priorities, actions and follow-up
Physical activity, exercise and screen time Do you have any worries about physical activity or screen time? ☐ Yes ☐ No Details: Document conversation about recommendations re physical activity, exercise and screen time. Details:	
Substance use, including tobacco **Smoking (QI M2, PI 09, PI 10)** ☐ Never smoked ☐ Ex-smoker ☐ Quit <12 months ☐ Quit ≥12 months ☐ Current smoker How many? ☐ How long? ☐ ☐ Wants to quit ☐ Other tobacco use ☐ Environmental exposure to tobacco smoke (home, car, etc) **Alcohol and other substance use (QI M2, PI 16)** Quantity and frequency of: • alcohol • caffeine (coffee, soft drinks, iced coffee) • cannabis/yarndi/gunja • other substance use: IVDU, methamphetamine, other stimulants, opiates, solvents, other Details:	
Gambling Have you or someone close to you ever had issues with gambling? ☐ Yes ☐ No Details:	
Genitourinary and sexual health Is there anything that you are worried about in relation to your sexual health? ☐ Yes ☐ No Details: Cervical screening (QI M9, PI 22) ☐ Offered ☐ Declined ☐ Not required ☐ Up to date ☐ Next due: Details: Consider discussing as relevant to age/sex/gender: • contraception • menstruation • sexually transmitted infection symptoms and screening • blood-borne virus screening • continence • menopause • erectile dysfunction	

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Assessment	Health priorities, actions and follow-up
Immunisation (eligibility for funded vaccines may vary across jurisdictions) Check recommended primary vaccinations completed and provide catch-up if required Immunisations up to date and recorded on Australian Immunisation Register (as per Australian Immunisation Handbook)? ☐ Yes ☐ No Immunisations due: Vaccines given today recorded on Australian Immunisation Register? ☐ Yes ☐ No Details:	
Eye health Is there anything that you are worried about with your vision? ☐ Yes ☐ No Details: **Eye examination** Visual acuity R ____ L ____ Trachoma check (endemic areas) R ☐ Trichiasis ☐ Corneal scarring L ☐ Trichiasis ☐ Corneal scarring	
Ear health and hearing Is there anything that you are worried about with your hearing? ☐ Yes ☐ No Details: Last hearing test (audiology): **Ear examination** Otoscopy findings (may be more than one of these): **Left ear** ☐ Clear and intact ☐ Dull and intact ☐ Discharge ☐ Retracted ☐ Unable to view eardrum ☐ Wax ☐ Other: **Right ear** ☐ Clear and intact ☐ Dull and intact ☐ Discharge ☐ Retracted ☐ Unable to view eardrum ☐ Wax ☐ Other:	
Oral and dental health Is there anything that you are worried about with your teeth? ☐ Yes ☐ No Details: Last dental checkup: **Teeth and mouth check** Examination findings: Document conversation about oral health and care of teeth Details:	

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Assessment	Health priorities, actions and follow-up
Examination Height: Waist circumference: Weight (**QI M3**): Blood pressure: BMI: Heart rate and rhythm:	
Absolute cardiovascular risk calculation (QI M8, PI 21) Cardiovascular risk calculated: https://auscvdrisk.com.au/risk-calculator Result:	
Investigations • Full blood count • HbA1c or blood glucose level • Serum lipids • Kidney function including eGFR • Liver function tests • ACR Chlamydia, gonorrhoea: age ≤30 years, first void urine (male and female) **and/or** endocervical swab or self-administered vaginal swab (female) or throat and anal swab (men who have sex with men [MSM]) Syphilis (endemic areas, MSM, others at high risk) Trichomoniasis: age ≤30 years, male and female, remote areas and other endemic areas, first void urine and/or endocervical swab or self-administered vaginal swab Blood-borne virus screening: • HBV if status not known/not recorded on file • HCV, if risk factors • HIV, if risk factors	

Finalising the health check

Patient priorities and goals: What does the patient say are the important things that have come out of this health check?

Brief intervention: Advice and information provided during health check, for example:

☐ Healthy eating	☐ Screen use	☐ Physical activity and exercise	☐ Mental health and wellbeing	☐ Carer support
☐ Safety/risky behaviours	☐ Smoking cessation	☐ Substance use/harm minimisation	☐ Safe sex/contraception	☐ Oral and dental health

Other:

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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
☐ GP follow-up	
☐ GP review of results of investigations	
☐ Aboriginal and/or Torres Strait Islander Health Worker follow-up	
☐ Aboriginal and/or Torres Strait Islander Health Practitioner follow-up	
☐ Practice nurse follow-up	
☐ Dentist	
☐ Medication review	
☐ Smoking cessation	
☐ Audiology	
☐ Dietician	
☐ Physiotherapist or exercise program	
☐ Parenting programs/support services	
☐ Social and emotional wellbeing/mental health	
☐ Other:	

Recalls entered (eg clinical review including review of results, immunisations, asthma plan/cycle of care, diabetes cycle of care, care plan review, cervical screening, investigations)		
Patient actions		
Patient has been offered a copy of this health check including details of follow-up and future appointments		
☐ Yes, copy taken	☐ Yes, but declined	☐ 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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