

Aboriginal and Torres Strait Islander health check – Infants and preschool children (birth – 5 years)

MBS items 715 VR/228 non-VR

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:
Consent				
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"/> Early learning centre	<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	
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):			
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):				
Child has a birth certificate:				
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>Current health/patient priorities</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>Does your child have a Child Health Book? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is it up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Learning and development</p> <p>Is there anything that you are worried about with your child's development?</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 behaviour?</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 sleep?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>What childcare/early learning centre/kindergarten does your child go to? How often?</p> <p>Details:</p> <p>How often does your child miss childcare/early learning centre/kindergarten?</p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Social history: Information about family and child's living arrangements</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>Medical history and current problems</p> <p>Gestation at birth (weeks):</p> <p>Birth weight (PI 01, PI 02, QI M3):</p> <p>Pregnancy complications</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Birth complications</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Problems after birth</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Hospital admissions</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Any of the following?</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"/> Environmental exposure to tobacco smoke (eg at home, in car)</p> <p><input type="checkbox"/> Acute rheumatic fever/rheumatic heart disease (in high prevalence setting)</p> <p><input type="checkbox"/> Other/relevant medical history</p> <p>Details:</p>	
<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</p> <p>Details:</p>	

Assessment	Health priorities, actions and follow-up
<p>Feeding and healthy eating</p> <p>Is there anything that you are worried about with your child's feeding/eating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Breastfeeding history</p> <p>Details:</p> <p>Bottle feeding history</p> <p>Details:</p> <p>Document conversation about age-appropriate healthy eating, which could include:</p> <ul style="list-style-type: none"> • current diet • transition to solids • dietary recommendations re fruit and vegetable intake, iron-rich foods, avoiding sugary drinks <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>Physical activity and screen time</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>	

Table 1. Red flags early identification guide for children aged six months to five years

	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Red flags at any age
Social emotional	<input type="checkbox"/> Does not smile or interact with people	<input type="checkbox"/> Not sharing enjoyment with others using eye contact or facial expression	<input type="checkbox"/> Does not notice someone new <input type="checkbox"/> Does not pay early turn taking games (eg peekaboo, rolling a ball)	<input type="checkbox"/> Lacks interest in playing and interacting with others	<input type="checkbox"/> When playing with toys tends to bang, drop, or throw them rather than use them for their purpose (eg Cuddle doll, build blocks)	<input type="checkbox"/> No interest in pretend play or interacting with other children <input type="checkbox"/> Difficulty noticing and understanding feelings in themselves and others (eg happy, sad)	<input type="checkbox"/> Unwilling or unable to play cooperatively	<input type="checkbox"/> Play is different than their friends	<input type="checkbox"/> Strong parental concerns <input type="checkbox"/> Significant loss of skills <input type="checkbox"/> Lack of response to sound or visual stimuli <input type="checkbox"/> Poor interaction with adults or other children <input type="checkbox"/> Lack of, or limited eye contact <input type="checkbox"/> Differences between right and left sides of body in strength, movement or tone <input type="checkbox"/> Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills
Communication	<input type="checkbox"/> Not starting to babble (eg aahh, oohh)	<input type="checkbox"/> Not using gestures (eg pointing, showing, waving) <input type="checkbox"/> Not using two part babble (eg bubu, dada)	<input type="checkbox"/> No babbled phrases that sound like talking <input type="checkbox"/> No response to familiar words (eg bottle, daddy)	<input type="checkbox"/> No clear words <input type="checkbox"/> Cannot understand short requests (eg 'Where is the ball?')	<input type="checkbox"/> Not learning new words <input type="checkbox"/> Not putting words together (eg 'push car')	<input type="checkbox"/> Speech is difficult for familiar people to understand <input type="checkbox"/> Not using simple sentences (eg big car go)	<input type="checkbox"/> Speech difficult to understand <input type="checkbox"/> Not able to follow directions with two steps (eg 'Put your bag away and then go play')	<input type="checkbox"/> Difficulty telling a parent what is wrong <input type="checkbox"/> Not able to answer questions in a simple conversation (eg 'What's your name? Who is your family?')	
Cognition, fine motor and self care	<input type="checkbox"/> Not reaching for and holding (grasping) toys <input type="checkbox"/> Hands frequently clenched <input type="checkbox"/> Does not explore objects with hand and mouth <input type="checkbox"/> Does not bring hands together at midline	<input type="checkbox"/> Does not hold objects <input type="checkbox"/> Does not 'give' objects on request <input type="checkbox"/> Cannot move toy from one hand to another	<input type="checkbox"/> Does not feed self finger foods or hold own bottle/cup <input type="checkbox"/> Unable to pick up small items using index finger and thumb	<input type="checkbox"/> Does not scribble with a crayon <input type="checkbox"/> Does not attempt to stack blocks after demonstration	<input type="checkbox"/> Does not attempt to feed self using a spoon and/or help with dressing	<input type="checkbox"/> Does not attempt everyday care skills (such as feeding or dressing) <input type="checkbox"/> Difficulty in manipulating small objects (eg threading beads)	<input type="checkbox"/> Not toilet trained by day <input type="checkbox"/> Not able to draw lines and circles	<input type="checkbox"/> Concerns from teacher about school readiness <input type="checkbox"/> Not independently able to complete everyday routines such as feeding and dressing <input type="checkbox"/> Cannot draw simple pictures (eg stick person)	
Gross motor	<input type="checkbox"/> Not holding head and shoulders up with good control when lying on tummy <input type="checkbox"/> Not holding head with good control in supported sitting	<input type="checkbox"/> Not rolling <input type="checkbox"/> Not sitting independently/ without support <input type="checkbox"/> Not moving (eg creeping, crawling) <input type="checkbox"/> Not taking weight on legs when held in standing	<input type="checkbox"/> No form of independent mobility (eg crawling, commando crawling, bottom shuffle) <input type="checkbox"/> Not pulling to stand independently and holding on for support	<input type="checkbox"/> Not standing independently <input type="checkbox"/> Not attempting to walk without support	<input type="checkbox"/> Not able to walk independently <input type="checkbox"/> Not able to walk up and down stairs holding on	<input type="checkbox"/> Not able to walk up and down stairs independently <input type="checkbox"/> Not able to run or jump	<input type="checkbox"/> Not able to walk, run, climb, jump and uses stairs confidently <input type="checkbox"/> Cannot catch, throw or kick a ball	<input type="checkbox"/> Not able to walk, run, climb, jump and use stairs confidently <input type="checkbox"/> Not able to hop five times on one leg and stand on one leg for five seconds	

Reproduced with permission from Queensland Government. Red flags early identification guide (for children aged birth to five years). 2nd edn. South Brisbane, Qld: Child Development Program, Queensland Health, 2016. Available at www.childrens.health.qld.gov.au/wp-content/uploads/PDF/red-flags-a3.pdf [Accessed 2 December 2019].

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Assessment	Health priorities, actions and follow-up		
<p>Eye health</p> <p>Is there anything that you are worried about with your child's vision?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Eye examination</p> <p>Red reflex (up to six months):</p> <p>R <input type="text"/> L <input type="text"/></p> <p>Evidence of squint or other abnormality:</p> <p>R <input type="text"/> L <input type="text"/></p> <p>Visual acuity (child aged three to five years):</p> <p>R <input type="text"/> L <input type="text"/></p>			
<p>Ear health and hearing</p> <p>Is there anything that you are worried about with your child's listening?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Is there anything you are worried about with your child's language/talking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Do you notice snoring/noisy breathing at night/while your child is sleeping?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>Date of last hearing test (audiology):</p> <p>Ear examination</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"> <tr> <td data-bbox="65 1265 446 1740"> <p>Left ear</p> <p><input type="checkbox"/> Clear and intact</p> <p><input type="checkbox"/> Dull and intact</p> <p><input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Grommet in canal</p> <p><input type="checkbox"/> Grommet in eardrum</p> <p><input type="checkbox"/> Perforation</p> <p><input type="checkbox"/> Red/bulging</p> <p><input type="checkbox"/> Retracted</p> <p><input type="checkbox"/> Unable to view eardrum</p> <p><input type="checkbox"/> Wax</p> <p><input type="checkbox"/> Other:</p> </td> <td data-bbox="446 1265 852 1740"> <p>Right ear</p> <p><input type="checkbox"/> Clear and intact</p> <p><input type="checkbox"/> Dull and intact</p> <p><input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Grommet in canal</p> <p><input type="checkbox"/> Grommet in eardrum</p> <p><input type="checkbox"/> Perforation</p> <p><input type="checkbox"/> Red/bulging</p> <p><input type="checkbox"/> Retracted</p> <p><input type="checkbox"/> Unable to view eardrum</p> <p><input type="checkbox"/> Wax</p> <p><input type="checkbox"/> Other:</p> </td> </tr> </table>	<p>Left ear</p> <p><input type="checkbox"/> Clear and intact</p> <p><input type="checkbox"/> Dull and intact</p> <p><input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Grommet in canal</p> <p><input type="checkbox"/> Grommet in eardrum</p> <p><input type="checkbox"/> Perforation</p> <p><input type="checkbox"/> Red/bulging</p> <p><input type="checkbox"/> Retracted</p> <p><input type="checkbox"/> Unable to view eardrum</p> <p><input type="checkbox"/> Wax</p> <p><input type="checkbox"/> Other:</p>	<p>Right ear</p> <p><input type="checkbox"/> Clear and intact</p> <p><input type="checkbox"/> Dull and intact</p> <p><input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Grommet in canal</p> <p><input type="checkbox"/> Grommet in eardrum</p> <p><input type="checkbox"/> Perforation</p> <p><input type="checkbox"/> Red/bulging</p> <p><input type="checkbox"/> Retracted</p> <p><input type="checkbox"/> Unable to view eardrum</p> <p><input type="checkbox"/> Wax</p> <p><input type="checkbox"/> Other:</p>	
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Assessment	Health priorities, actions and follow-up
<p>Oral and dental health</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>Teeth and mouth check</p> <p>Examination findings:</p> <p>Document conversation about oral health and care of teeth</p> <p>Details:</p>	
<p>Skin</p> <p>Does your child have any skin problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p>General skin examination</p> <p>Examination findings:</p> <p>Document conversation about sun protection as appropriate (ie sunscreen, hats, shade).</p> <p>Details:</p>	
<p>Immunisation: Check Child Health Record/Book and Australian Immunisation Register</p> <p>Immunisations up to date and recorded on Australian Immunisation Register (as per <i>Australian immunisation handbook</i>)? (PI04)</p> <p>https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx</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>Examination: growth measures recorded on Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) growth charts for centile and tracking overtime</p> <p>Growth measures</p> <p>Length/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>	

Finalising the health check				
Patient priorities and goals: What does the parent/carer say are the important things that have come out of this health check?				
Brief intervention: Advice and information provided during health check, for example:				
<input type="checkbox"/> Sugary drinks	<input type="checkbox"/> Screen use	<input type="checkbox"/> Healthy eating, including breastfeeding	<input type="checkbox"/> Environmental exposure to harmful elements eg tobacco smoke	<input type="checkbox"/> Physical activity and exercise
<input type="checkbox"/> Sun protection	<input type="checkbox"/> Parenting advice	<input type="checkbox"/> Safe sleeping practices	<input type="checkbox"/> Developmental milestones – including language and hearing	<input type="checkbox"/> Other:
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"/> 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"/> Child health nurse				
<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"/> Early intervention (development) services				
<input type="checkbox"/> Parenting programs/support services				
<input type="checkbox"/> Other:				

Recalls entered (eg clinical review including review of results, immunisations, investigations)		
Parent/carer actions		
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

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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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Department of Health

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