



# Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715)

## Child Health Assessment (0-14)

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 in the Explanatory Notes at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline).

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

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander

### Current contact details

Address ..... Parent or Carer's name/s .....  
Phone ..... Alternative contact details .....  
Address .....  
Phone .....

### Consent – Patient or Parent/Carer

Explanation of health check given Yes   
Patient consent for health check given Yes   
Date consent was given: \_\_/\_\_/\_\_\_\_

### Consent given for information to be collected by:

Aboriginal and Torres Strait Islander health practitioner   
Practice nurse   
Other suitably qualified health professional

### Previous health assessment

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

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

### RISK FACTORS IDENTIFIED AND DISCUSSED WITH PATIENT OR PARENT/CARER

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

### TESTS UNDERTAKEN, RESULTS AND WHAT THEY MEAN (some results may not be available)

TEST	AVAILABLE RESULTS AND WHAT THEY MEAN





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

NEONATAL HEARING SCREENING (any ISSUES identified)

.....  
.....

PARENTAL/OTHER CONCERNS ABOUT VISION ((eg. lazy eye, squint, infection, injury, family history of eyesight problems)

.....  
.....

**PHYSICAL ACTIVITY**

<b>IDENTIFIED ISSUES</b>	<b>ACTION</b>

**NUTRITION**

<b>IDENTIFIED ISSUES</b>	<b>ACTION</b>

**ALCOHOL, TOBACCO AND OTHER SUBSTANCE USE**

<b>IDENTIFIED ISSUES</b>	<b>ACTION</b>

**MOOD (depression and self harm risk)**

<b>IDENTIFIED ISSUES</b>	<b>ACTION</b>

**SEXUAL AND REPRODUCTIVE HEALTH**

<b>IDENTIFIED ISSUES</b>	<b>ACTION</b>



**OTHER MEDICAL HISTORY AS INDICATED FOR PATIENT**

Living conditions and exposure to environmental factors, including tobacco smoke

IDENTIFIED ISSUES	ACTION

**Other history considered necessary by doctor or collector** (including stressful life events)

IDENTIFIED ISSUES	ACTION

**MEDICAL EXAMINATION**

HEIGHT AND WEIGHT (plot and Interpret growth curve/calculate BMI)

IDENTIFIED ISSUES	ACTION

NEWBORN BABY CHECK – if not previously completed  (including red reflex check)

IDENTIFIED ISSUES	ACTION

TEETH AND GUMS normal  abnormal

IDENTIFIED ISSUES	ACTION



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

EAR AND HEARING: otoscopy

IDENTIFIED ISSUES	ACTION

VISION  (check eyesight – may include (but not limited to) visual inspection and using eye chart if appropriate)

IDENTIFIED ISSUES	ACTION

**OTHER MEDICAL EXAMINATION – AS INDICATED FOR PATIENT**

TRACHOMA  (examine all children in remote communities and where indicated for others)

IDENTIFIED ISSUES	ACTION

SKIN (where indicated)

IDENTIFIED ISSUES	ACTION

RESPIRATORY EXAMINATION (if indicated)

IDENTIFIED ISSUES	ACTION



CARDIAC AUSCULTATION (if indicated) – congenital heart disease/rheumatic heart disease

IDENTIFIED ISSUES	ACTION

ASSESSMENT OF PARENT-CHILD INTERACTION (if indicated)

IDENTIFIED ISSUES	ACTION

DEVELOPMENTAL ASSESSMENT (age appropriate milestone) where appropriate

IDENTIFIED ISSUES	ACTION

**OTHER EXAMINATIONS CONSIDERED NECESSARY BY GP**

EXAMINATION	IDENTIFIED PROBLEMS	ACTION

**INVESTIGATIONS AS REQUIRED**

INVESTIGATION	TESTS DONE	TESTS ORDERED	ARRANGEMENTS(eg referral details)
Haemoglobin testing	<input type="checkbox"/>	Date __/__/__	
Audiometry	<input type="checkbox"/>	Date __/__/__	
Optometry	<input type="checkbox"/>	Date __/__/__	

Other.....  
.....  
.....



**ASSESSMENT OF PATIENT**

EXISTING HEALTH ISSUES	IDENTIFIED RISK FACTORS

**INTERVENTION ACTION**

HEALTH ADVICE PROVIDED TO PATIENT OR PARENT/CARER

.....  
.....

OTHER ACTION

(including referrals, liaison with school or family focussed and preventative health interventions)

.....  
.....

For information on this MBS item and its Explanatory Notes,  
Visit the Department of Health website at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)