Australian Government

Department of Health, Disability and Ageing

CHAP

COMPREHENSIVE HEALTH ASSESSMENT PROGRAM

Annual Health Assessment for People with Intellectual Disability

ADULT

Name of the Person (having the assessment)

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This document is reviewed annually and updated to be consistent with current relevant evidence and national and international guidelines. Check the Department of Health, Disability and Ageing's website for the latest version of this document.

For more information on how the Australian Government is improving annual health assessments for people with intellectual disability visit https://www.health.gov.au/our-work/annual-health-assessment-for-people-with-intellectual-disability.

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People supporting the annual health assessment

Name of Family Member / Carer / Support Worker

Name of General Practitioner (GP)

Steps to follow

1. You (the person with intellectual disability), a family member and/or support staff fill in **Part 1** of this book. It is OK to get information from records, family members and staff.
2. Make a long appointment with your usual GP.
    a. Ask the receptionist if the clinic has a Practice Nurse, as they may be able to assist with the health assessment.
    b. You may wish to book the first appointment of the day to avoid long waiting times.
3. Take this book to the appointment with the GP and/or email it to your GP before the appointment.
4. The GP will look through the first part of this book and fill in **Part 2** while examining you.
5. It is important that the Action Items are recorded by the GP and that the GP makes sure that you and/or your carer know what to do next.
6. Medicare supports this ANNUAL health assessment. Please refer to page 19 for details of Medicare items.

People with intellectual disability generally have poor health. Their healthcare is generally of a lower standard. The Comprehensive Health Assessment Program (CHAP) was designed to improve the interaction between the GP and the person with intellectual disability.

It does this by:

- recording a dedicated health history from you and/or your carer
- improving communication between, and integration of, disability and health services
- educating and empowering all those involved in the health assessment
- providing guidelines for the GP on commonly missed health issues for this population.

Use of the CHAP can improve your health. Research (including several randomised controlled trials) has demonstrated its benefit in detecting new disease and enhancing health screening and promotion.

Part 1

To be completed by you, your family and/or support staff.

Tick the boxes below if you have experienced any of the following signs and symptoms in the **last year**.

If you are unsure or don't know the answer, please tick the 'unsure/don't know' box.

To make an accurate medical assessment of your health, the doctor needs to know about these signs and symptoms.

1. Breathing

	Yes	No	Unsure / Don't know
Do you **cough**?	☐	☐	☐
Do you cough up **blood**?	☐	☐	☐
Do you have a **runny nose**?	☐	☐	☐
Do you cough up **stuff/mucus/sputum**?	☐	☐	☐
Do you get short of **breath**?	☐	☐	☐
Do you **wheeze**?	☐	☐	☐

2. Heart

	Yes	No	Unsure / Don't know
Do you have a **heart disease** that you have had from birth?	☐	☐	☐
Do you have **chest pain**?	☐	☐	☐
Does your heart 'race'/**beat quickly**?	☐	☐	☐
Do your **ankles swell**?	☐	☐	☐
Do you get **short of breath** while lying in bed?	☐	☐	☐
Do you get a **blue tinge to your skin** (for example fingers/lips/toes)?	☐	☐	☐

3. Muscles & Joints

	Yes	No	Unsure / Don't know
Do you have **joint pain or back pain**?	☐	☐	☐
Do you have **muscle pain or weakness**?	☐	☐	☐
Do you use **walking aids or orthotics**?	☐	☐	☐
Do you have **scoliosis** (curved or twisted backbone) **or contractures** (painful tight muscles)?	☐	☐	☐

4. Stomach/Bowel

	Yes	No	Unsure / Don't know
Have you **lost weight**?	☐	☐	☐
Do you have **trouble swallowing**?	☐	☐	☐
Do you **regurgitate/vomit**?	☐	☐	☐
Do you get **heartburn**?	☐	☐	☐
Do you have **diarrhoea**?	☐	☐	☐
Do you have **black bowel motions/faeces/poo**?	☐	☐	☐
Do you get **constipated**?	☐	☐	☐
Do you lose control of **bowel motions**?	☐	☐	☐
Do you have **abdominal/stomach pain**?	☐	☐	☐

5. Urinary System

	Yes	No	Unsure / Don't know
Do you have **pain** when passing **urine/wee**?	☐	☐	☐
Do you have **blood** in your **urine**?	☐	☐	☐
Do you **lose control** of your **urine**?	☐	☐	☐
Can you take care of your **toileting needs**?	☐	☐	☐
Do you **urinate more** than in the past?	☐	☐	☐

6. Nervous System

Questions about epileptic episodes (fits) are covered in section 13.

	Yes	No	Unsure / Don't know
Do you have **headaches**?	☐	☐	☐
Do you **faint**?	☐	☐	☐
Do you get **unsteady** when walking?	☐	☐	☐
Do your arms or legs become **weak**?	☐	☐	☐
Do you have **tingling** or strange feelings in your skin?	☐	☐	☐

7. Skin

	Yes	No	Unsure / Don't know
Do you have any **skin disease or rash**?	☐	☐	☐

8. Pain Perception

How do you react to pain?

How do you communicate pain?

9. Medications

It is important for the doctor to know about ALL your medications.

List the medication/s prescribed by any doctor.

Name	How often and how much is taken?	When was it first prescribed?

When were the medications last reviewed?

Who reviewed the medications?

List any medications bought 'over the counter' without a script, including alternative health remedies.

Name	How often and how much is taken?

10. Allergies

List anything you are allergic to, including medications.

11. Sleep

Do you experience any problems with sleeping? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please describe:

12. Cause of intellectual disability

Is the cause of your intellectual disability known? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please give details:

13. Epilepsy

Have you ever had epileptic seizures/fits? ☐ Yes ☐ No ☐ Unsure / Don't know

If No or unsure, ▶ If no or unsure, go to Section 14

If Yes, please describe and list the **type, number and usual duration** of seizures during the last year.

Type of seizures	Number	Usual duration

Which doctor treats the epileptic seizures/fits? (Please select one)

- ☐ GP
- ☐ Neurologist
- ☐ Other (Please describe) _____

When did this doctor last review your epilepsy?

Month and year if known _____

☐ Unknown

Since this review, have the seizures *(Please tick as applicable)*:

☐ Become more severe?

☐ Become more frequent?

☐ Remained the same?

☐ Improved?

Do you have an Epilepsy Management Plan? ☐ Yes ☐ No

14. Sexual orientation and gender identity

What is your gender identity? *(Please tick one)*

☐ Male

☐ Female

☐ Non-binary

☐ Other

☐ I do not want to answer

What sex was originally listed on your birth certificate? *(Please tick one)*

☐ Male

☐ Female

☐ Other *(Please describe)* _____

Do you identify as *(Please tick as applicable):*

☐ Straight or heterosexual

☐ Bisexual

☐ Lesbian or gay

☐ Other

☐ I do not want to answer

15. Relationships

The information you provide must be kept confidential.

You do not have to answer these questions if they make you uncomfortable, but it is very important you tell your GP about any concerns you have.

	Yes	No	Unsure / Don't know
Have you ever been sexually active?	☐	☐	☐
Have you ever been abused (sexual, physical or psychological)?	☐	☐	☐

Comments

For men and people with a penis ▶ Go to Section 17

16. Health of women and people with a cervix

Do you have menstrual periods? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last period: _____

☐ Unknown

Do you care for your periods yourself? ☐ Yes ☐ No ☐ Unsure / Don't know

Do you use Implanon? ☐ Yes ☐ No ☐ Unsure / Don't know

Do you use an IUD (intrauterine device)? (Sometimes these are called 'Mirena' or 'Kyleena') ☐ Yes ☐ No ☐ Unsure / Don't know

Do you take the oral contraceptive pill? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, what is the name of the pill? _____

Do you use any other contraceptive method? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please describe: _____

Do you have any of the following?

	Yes	No	Unsure / Don't know
Pre-Menstrual Syndrome?	☐	☐	☐
Irregular periods?	☐	☐	☐
Heavy periods?	☐	☐	☐
Painful periods?	☐	☐	☐
Abnormal vaginal discharge?	☐	☐	☐
Vaginal irritation (for example thrush)?	☐	☐	☐
Pelvic pain?	☐	☐	☐
Menopausal symptoms (for example hot flushes)?	☐	☐	☐

Women and people with a cervix who have intellectual disability have the same reason for needing cervical screening as those in the general population. The Cervical Screening Test looks for human papillomavirus (HPV).

It is recommended for both HPV vaccinated and unvaccinated people, that a Cervical Screening Test should be performed every five years starting at 25 years of age (and up to 74 years of age), if you have ever had sexual contact (even if you are not currently sexually active).

Since 1 July 2022, all people can be offered a choice of having the Cervical Screening Test either through a self-collected vaginal sample at the person's general practice or a clinician-collected sample from the cervix.

Taking a self-collected vaginal sample may be assisted by a GP, if necessary, or if the GP is confident a good sample can be collected, it can be taken by the person in a private place without assistance. This change is likely to make cervical screening accessible to more people with disability.

Have you had cervical screening? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last screening: _____

☐ Unknown

Do you need cervical screening? ☐ Yes ☐ No ☐ Unsure / Don't know

If screening is needed but has not happened, please indicate why:

- ☐ Distress about the procedure
- ☐ Screening planned
- ☐ Desensitisation/preparation planned
- ☐ Desensitisation/preparation in progress
- ☐ Other

Women aged over 40 can have a free mammogram every two years through the BreastScreen Australia program. Women aged 50 to 74 years may receive invitations. Some BreastScreen services offer low sensory or more supported appointments for women with intellectual disability, which can be arranged by calling 13 20 50.

People with higher risk factors, such as having a high-risk breast cancer gene or family history of breast/ovarian cancer, may require earlier or more frequent breast cancer assessment. These can be arranged through a GP.

Are your breasts checked by a GP? ☐ Yes ☐ No ☐ Unsure / Don't know

Have you ever had a mammogram? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last mammogram: _____

☐ Unknown

If a mammogram is needed but has not happened, please indicate why:

- ☐ Distress about the procedure
- ☐ Screening planned
- ☐ Desensitisation/preparation planned
- ☐ Desensitisation/preparation in progress
- ☐ Other

For women and people with a cervix ▶ Go to Section 18

17. Health of men and people with a penis

	Yes	No	Unsure / Don't know
Do you have any problems with your penis (for example, sores, scars or discharge)?	☐	☐	☐
Are both of your testes in the scrotum?	☐	☐	☐
Do you have any erection dysfunction?	☐	☐	☐

The remaining questions are for everyone.

18. Behaviours of concern

Do you have any behaviours of concern? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please describe the behaviours, any consequence (legal or otherwise), and any help you receive for these behaviours:

19. Mental health

Do you have any mental health problems? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please describe the mental health problem/s and any help you receive for the problem/s.

20. Seeing

Do you have a known problem with seeing? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, please describe the problem.

If No or Unsure/Don't know:

Are you or other people concerned you have a problem seeing? ☐ Yes ☐ No ☐ Unsure / Don't know

Have you ever been prescribed glasses? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, do you usually wear the glasses? ☐ Yes ☐ No ☐ Unsure / Don't know

When was your last vision test?

Month and year if known _____

☐ Unknown ☐ Never

Who performed this test? (Please tick one)

- ☐ Eye doctor / ophthalmologist
- ☐ Optometrist
- ☐ GP
- ☐ Test while at school
- ☐ Unknown

Result of last vision test? (Please tick one)

- ☐ Normal
- ☐ Unknown
- ☐ Abnormality found

If an abnormality was found, please describe.

21. Hearing

Do you have a known problem with hearing? ☐ *Yes* ☐ No ☐ Unsure / Don't know

If Yes, please describe the problem.

If No or Unsure/Don't know:

Are you or other people concerned you have a problem with hearing? ☐ Yes ☐ No ☐ Unsure / Don't know

Have you ever been prescribed a hearing aid? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, do you usually wear the hearing aid? ☐ Yes ☐ No ☐ Unsure / Don't know

Do you use any other hearing device? ☐ Yes ☐ No ☐ Unsure / Don't know

When was your last hearing test?

Month and year if known _____

☐ Unknown ☐ Never

Who performed this test? (Please tick one)

☐ Audiologist

☐ GP

☐ Other

Result of last hearing test? (Please tick one)

☐ Normal

☐ Unknown

☐ Abnormality found

If an abnormality was found, please describe.

22. Health promotion & screening

Dental

Date of last review: _____ ☐ Unknown

Blood pressure

Date of last check: _____ ☐ Unknown

Cigarettes smoked (per day) _____

Alcohol (standard drinks per week) _____

Recreational drugs (list any used)

Thyroid function test

If you have Down syndrome, when was the most recent test? _____

☐ Unknown

Vitamin D test

Vitamin D deficiency appears to be quite common in people with intellectual disability.

Date of last review: _____ ☐ Unknown

Bowel cancer test

The National Bowel Cancer Screening Program is for eligible Australians aged 45 to 74 who are at average risk of colorectal cancer and without signs or symptoms of the disease. People who are aged 50 to 74 are mailed a free test kit every two years. People aged 45 to 49 can request their first kit by contacting the National Cancer Screening Register.

People who have a family history of bowel cancer, a personal history of inflammatory bowel disease, have symptoms of bowel cancer, or have high risk familial syndromes like Lynch syndrome or polyposis are encouraged to speak to their doctor about their screening options.

People younger than 45 and older than 74, who are fit, well and healthy, but concerned about bowel cancer, should talk to their doctor. A GP is best placed to advise on screening options.

Date of test: _____ ☐ Unknown

Lung cancer screening

The National Lung Cancer Screening Program screens for lung cancer in high-risk individuals, using low-dose CT scans.

People are eligible for the program if they are aged between 50 and 70 years, and: show no signs or symptoms suggesting they may have lung cancer (that is, asymptomatic), currently smoke or have quit smoking in the last 10 years, have a history of tobacco cigarette smoking of at least 30 pack years (number of packs per day multiplied by the number of years smoking).

Date of test: _____ ☐ Unknown

Diabetes test

Date of test: _____ ☐ Unknown

Skin check

Date of test: _____ ☐ Unknown

23. Activity & lifestyle

	Yes	No	Unsure / Don't know
Have you noticed any mobility changes over time?	☐	☐	☐
Has there been any decline in your abilities (for example, memory, dealing with money, making meals)?	☐	☐	☐
Are you physically active?	☐	☐	☐
Do you have any abnormal eating behaviours?	☐	☐	☐
Do you or others have concerns about the quality of your diet?	☐	☐	☐

Inactivity and poor diet can lead to significant health problems and depression.

24. Immunisations

Fill in the following about your immunisations.

Ask your GP if there are any immunisations you should get, either as a booster or for the first time.

COVID-19

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Influenza

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Tetanus/Diphtheria/Pertussis (Whooping Cough)

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Hepatitis A

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Hepatitis B

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Pneumococcus

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Meningococcal Meningitis

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Measles, Mumps and Rubella

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

HPV (Human Papilloma Virus)

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

Shingles/Herpes Zoster

Is this immunisation up to date? ☐ Yes ☐ No ☐ Unsure / Don't know

If Yes, date of last immunisation: _____

If No, reason why:

25. Family medical history

Has anyone in your family (blood relation) had any of the following conditions?

	Yes	No	Unsure / Don't know
Diabetes	☐	☐	☐
Mental Health Problems	☐	☐	☐
Heart Disease	☐	☐	☐
Epilepsy	☐	☐	☐
Breast cancer	☐	☐	☐
Bowel cancer	☐	☐	☐
Intellectual Disability	☐	☐	☐

26. Your medical history

List any information about your health history that has not already been recorded in this booklet. Include any medical problems, surgery/operations, gynaecological, obstetric and mental health problems.

27. Summary of health concerns

List the concerns you, your family and/or carers have about your health.

28. Person who completed Part 1 of this document

Name

Date completed _____

Remember!

If the clinic has a Practice Nurse, speak with them about completing this assessment as they may be able to assist. This will make the consultation with the GP easier.

Part 2: GP review

To be completed by the general practitioner +/- practice nurse

Date of review _____

Introduction

Thank you for reviewing this person's health care.

Using this Comprehensive Health Assessment Program (CHAP) can improve the health of a person with intellectual disability. Several randomised controlled trials and observational studies have demonstrated its beneficial effect to detect new disease, and enhance health screening and promotion.

This information is updated on an annual basis in line with current evidence and national and international guidelines.

Review process

1. Review the history provided in Part 1 of this document
2. Follow Part 2 below to perform a COMPREHENSIVE REVIEW of your patient's health. This review may include:
    a. Full physical examination
    b. Vision and hearing screening
    c. Urine analysis
    d. Other tests you feel are indicated
3. Record ACTION ITEMS at the end of each page and ensure the patient and/or their carer know what to do next

Supporting information

Common health deficits for people with intellectual disability

See Appendix A at the end of this document for syndrome-specific common comorbidities

- Unrecognised pain or infections
- Poor dental care
- Over-use and inadequate review of anti-psychotics / anti-convulsants
- Unrecognised mental disorder/s, poor psychiatric assessment / management
- Inadequate epilepsy assessment / management
- Unrecognised / poorly managed constipation
- Unrecognised / poorly managed dysphagia and aspiration
- Unrecognised reflux esophagitis / H. pylori infection
- Unrecognised or poorly managed hearing and vision impairment ± pathology
- Incomplete immunisation schedules
- Incomplete health screens – BP, skin, breast, cervical
- Unrecognised osteoporosis and Vitamin D deficiency
- Unrecognised or poorly managed obesity / malnutrition
- Undescended testes / hypogonadism
- Inadequate information about menstrual management
- Inadequate information about human relations and sexuality
- Uninvestigated cause of intellectual disability

Medicare Benefits Schedule

Items for Health Assessments provided for people with an intellectual disability:

- 701 (brief)
- 703 (standard)
- 705 (long) or
- 707 (prolonged)

A health assessment for people with an intellectual disability may be claimed once every twelve months by an eligible patient.

- Management Plans: GP chronic condition management plan - face to face (item 965).

1. Patient history and aetiology

1. Summarise any concerns from your review of the patient's history in Part 1.

Aetiology

2. Do you know the aetiology of the intellectual disability?

- ☐ Yes
- ☐ No ▶ If no, continue to Question 4.

3. Select applicable syndromes

See Appendix A for a list of syndrome-specific common comorbidities at the end of this document.

- ☐ Down syndrome
- ☐ Fragile X syndrome
- ☐ Noonan syndrome
- ☐ Prader-Willi syndrome
- ☐ Rett syndrome
- ☐ Angelman syndrome
- ☐ Neurofibromatosis syndrome
- ☐ Phenylketonuria
- ☐ Tuberous sclerosis syndrome
- ☐ Williams syndrome

▶ If you have selected one or more applicable syndromes, go to Question 7

4. Discuss genetic testing

Discuss advantages and disadvantages of pursuing an underlying genetic diagnosis. Do genetic testing if there is no definitive diagnosis, and if you have not performed the tests in Question 6.

Advantages of genetic testing: Support groups; May assist with NDIS funding; Reproductive confidence; An explanation and link to specific management guidelines.

Disadvantages (occasional) of genetic testing: Currently limited treatments; Adjustment to a diagnosis; Chance of test being non-diagnostic, giving uncertain or incidental findings.

5. Does the patient agree to genetic testing?

- ☐ Yes
- ☐ No ▶ If no, go to Question 7

6. Plan genetic testing

Recommend:

- CGH Microarray (Medicare indication: Intellectual disability); AND
- Fragile X

If regression of skills or multi-organ involvement, order a **urinary metabolic screen**.

7. Does the patient have cerebral palsy?

- ☐ Yes
- ☐ No

8. If applicable, what is the patient's autism spectrum disorder level?

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Unknown

Concerns and actions

2. Basic Examination

Body measurements, eating behaviour and exercise

1. Can you check the patient's height, weight and waist measurements?

Height: _____ cm

Weight _____ kg

Waist _____ cm

☐ Unable to check

2. Does the patient have any diet problems or abnormal eating behaviours?

☐ Yes

☐ No

3. Does the patient get sufficient exercise?

☐ Yes

☐ No

Blood pressure and pulse rate

4. Can you check the patient's blood pressure and pulse rate?

Systolic _____ mm[Hg]

Diastolic _____ mm[Hg]

Pulse Rate _____ /min

☐ Unable to check

Vision and eyes

For those who can't name letters, please use the letter matching chart at the end of this document to aid testing.

5. Is there an eye pathology?

☐ Yes

☐ No

6. Can you test the patient's vision?

☐ Yes

☐ No

7. Eye test results

	Left eye	Right eye	Both
Normal	☐	☐	☐
Abnormal	☐	☐	☐
Uncertain	☐	☐	☐

If abnormal, unable to test or uncertain, consider referral.

Hearing and ears

Whisper test both sides at 0.6 metre with aids if used.

8. Has an otoscopy been performed?

☐ Yes

☐ No

9. Can you test the patient's hearing?

☐ Yes

☐ No

10. Hearing test results

	Left ear	Right ear	Both
Normal	☐	☐	☐
Abnormal	☐	☐	☐
Uncertain	☐	☐	☐

If abnormal, unable to test or uncertain, consider referral.

Concerns and actions

3. Full examination

Please perform a complete physical examination.

Head, neck and oral cavity

1. Have you assessed the head, neck and oral cavity?

- [ ] Unable to assess
- [ ] Yes, I have no concerns
- [ ] Yes, I have concerns

2. Is there an obvious dental pathology?

- [ ] Yes
- [ ] No

3. Has the patient been reviewed by a dentist in the last six months?

- [ ] Yes
- [ ] No

Body

4. Have you assessed the chest, abdomen and urogenital systems?

- [ ] Unable to assess
- [ ] Yes, I have no concerns
- [ ] Yes, I have concerns

5. Have you assessed the musculoskeletal system and skin?

- [ ] Unable to assess
- [ ] Yes, I have no concerns
- [ ] Yes, I have concerns

6. Have you assessed the nervous system?

- [ ] Unable to assess
- [ ] Yes, I have no concerns
- [ ] Yes, I have concerns

Health of women

7. Have you done a breast examination?

- [ ] Yes
- [ ] No
- [ ] Not applicable

8. Does the patient need a mammogram?

- [ ] Yes
- [ ] No
- [ ] Not applicable

9. Does the patient need cervical screening?

- [ ] Yes (Example: supporting vaginal swab for human papillomavirus)
- [ ] No

If there are symptoms which could be suspicious for cervical cancer, a co-test rather than a screening test should be ordered alongside other investigations as appropriate.

Health of men

10. Have you checked the patient for undescended testicles?

- [ ] Yes
- [ ] No
- [ ] Not applicable

11. Does the patient need prostate-specific antigen (PSA) testing?

- [ ] Yes
- [ ] No
- [ ] Not applicable

Concerns and actions

4. Epilepsy

Consider seizure control and SUDEP

Please review the patient's seizures, and minimise the risk of Sudden Unexpected Death in Epilepsy (SUDEP).

Management

1. Does the patient have epilepsy?

- ☐ Yes
- ☐ No
- ☐ Not applicable

2. Does the patient have an epilepsy management plan?

- ☐ Yes
- ☐ No

Medications and/or referral

3. Does the patient need medication adjustment or referral to a neurologist?

- ☐ Yes
- ☐ No

5. Mental Health

Common problems

Adjustment to transitions or grief, risk of neglect or abuse, anxiety disorders, mood disorders (for example, depression) and emerging psychosis.

Mental health risk factors

1. Does the patient have any evidence of mental health problems?

- ☐ Yes
- ☐ No

2. Is the patient at risk of suicide?

- ☐ Yes
- ☐ No

Behavioural

3. Is there evidence of self-injury, harm to others, or destruction of property, or withdrawal?

- ☐ Yes
- ☐ No

4. Applicable behaviours

- ☐ Self-injury
- ☐ Harm to others
- ☐ Destruction of property
- ☐ Withdrawal
- ☐ Not applicable

Abuse and trauma

5. Does the patient have indicators of physical, psychological or sexual abuse or trauma?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Concerns and actions

6. Health screening

Gastrointestinal tract (GIT) and bladder function

1. Does the patient have dysphagia?

- [ ] Yes
- [ ] No

2. Does the patient need further evaluation for gastro-oesophageal disease?

- [ ] Yes
- [ ] No

3. Does the patient experience urinary incontinence?

- [ ] Yes
- [ ] No

4. Does the patient experience faecal incontinence?

- [ ] Yes
- [ ] No

5. Does the patient have chronic constipation?

- [ ] Yes
- [ ] No

6. Does the patient need a colorectal cancer screening test?

- [ ] Yes
- [ ] No
- [ ] Not applicable

Osteoporosis

7. Does the patient need an osteoporosis risk test?

- [ ] Yes
- [ ] No
- [ ] Not applicable

Sleep

8. Does the patient have sleep apnoea or sleep problems?

- [ ] Yes
- [ ] No

Sexual and reproductive health

Tanner score stages can be found on the Royal Australian College of General Practitioners (RACGP) website. Search for 'growth disorders' or 'Tanner score'.

9. Has the patient developed age appropriate sexual characteristics?

- [ ] Yes
- [ ] No
- [ ] Not applicable

10. Does the patient need a review of reproductive health and/or sexual relations?

- [ ] Yes
- [ ] No

Lung

11. Does the patient need lung cancer screening?

- [ ] Yes
- [ ] No
- [ ] Not applicable

Concerns and actions

7. Vaccinations

Influenza, pneumococcus and meningococcal immunisation may be indicated for people with intellectual and developmental disability. For more details, please refer to The Australian Immunisation Handbook.

1. Review patient clinical record

Then decide which vaccinations need to be administered for the patient.

2. Does the patient need any vaccinations?

- [ ] Yes
- [ ] No
- [ ] Not applicable

3. Vaccinations needed

- [ ] None
- [ ] COVID-19
- [ ] Hepatitis A
- [ ] Hepatitis B
- [ ] Influenza
- [ ] Herpes zoster /shingles
- [ ] Tetanus, diphtheria and pertussis (dTpa)
- [ ] Measles, mumps and rubella (MMR)
- [ ] Pneumococcus
- [ ] Meningococcal
- [ ] Human Papillomavirus

Concerns and actions

8. Final Checks

Mobility

1. Have there been any mobility changes over time?

- [ ] Yes
- [ ] No

2. Has there been any functional decline over time?

- [ ] Yes
- [ ] No

End of Life

3. Would you be surprised if the person were to die in the next 12 months?

- [ ] Yes
- [ ] No

4. Discuss advance care planning and palliative care with the patient or carer.

- [ ] I have discussed with the patient, their family or carer

Medications

Over-prescribing and inadequate review of medications, especially psychotropics and anti-convulsants, are common in people with intellectual disability.

5. Have you reviewed the patient's medications?

- [ ] Yes
- [ ] No
- [ ] Not applicable

Blood Test

6. Does the patient need any blood tests?

- [ ] Yes
- [ ] No

7. Applicable test types

- [ ] None
- [ ] B12
- [ ] Full blood count
- [ ] Glucose
- [ ] HbA1C
- [ ] Lipid
- [ ] Renal function
- [ ] Thyroid function

Assessment complete

Thank you for your comprehensive health review of this person. Your efforts are part of improving the poor health status of the 500,000+ Australians with intellectual disability.

Agreed next steps or actions

Please review the actions you need to take and ensure the person and/or their carers know what they need to do to make them happen.

It may be helpful to set an agreed date of review and if appropriate perform a GP chronic condition management plan – face to face (item 965).

This document can be returned to the care provider who came to this consultation.

Concerns and actions

Syndrome specific list for general practitioners

SYSTEM	CEREBRAL PALSY 1:500	DOWN SYNDROME 1:700	PRADER-WILLI 1:25,000
AUDIOVISUAL	Visual: Increased risk of cicatricial retinopathy of prematurity, cortical visual impairment, strabismus Hearing: Sensorineural hearing	Visual most common - Refractive errors (myopia, hyperopia, astigmatism), Strabismus, Nystagmus, Keratoconus, and cataracts Hearing: Otitis media affects 50 to 70% DS children, conductive and sensorineural hearing loss Annual assessments recommended	Strabismus Myopia
ENDOCRINE		Thyroid dysfunction & diabetes (both hypo or hyperthyroidism) – Hypo is more common Annual TFT recommended Growth, short statue Obesity and diabetes Osteoporosis	Hypothalamic & pituitary dysfunction Growth hormone deficiency Adrenal insufficiency Hypothyroidism, Type 2 Diabetes, Hypogonadism, Osteoporosis Delayed puberty
PSYCHIATRIC/ PSYCHOLOGICAL	Depression Not all have intellectual disability	Depression, anxiety, OCD Alzheimer's type dementia (Clinical onset uncommon before 40 years)	Hyperphagia Impulse control difficulties Self-injury Depression, anxiety, psychosis Not all have intellectual disability
C.N.S.	Epilepsy	Epilepsy (Usually clonic/tonic)	Epilepsy
CARDIO-VASCULAR		Congenital Heart Defects (Common - in 40 to 50%)	Hypertension
MUSCULO-SKELETAL	Contractures, scoliosis, joint dysfunction Managing pain, maintaining range of movement, muscle strength and general fitness Physiotherapy to monitor muscular function.	Joint laxity and hypotonia Predisposition to osteoarthritis Atlantoaxial dislocation, instability	Scoliosis Kyphosis Hypotonia
ADDITIONAL	Genito-urinary problems Incontinence, Constipation Dental problems Recurrent aspiration Oesophagitis, Reflux + bleeding/ anaemia; Swallowing/eating difficulties – Speech disorders affect 40-50%; Abnormal function of oropharyngeal muscles Orthopaedic disorders; Osteopenia Pulmonary disease (caused by reflux & aspiration) Growth failure	Blood dyscrasias Childhood leukaemia – AML, ALL Sleep apnoea Increased risk of infections Coeliac disease Urological abnormalities Skin disorders, alopecia, eczema Gastrointestinal abnormalities	Infantile failure to thrive, then hyperphagia and severe obesity High tolerance to pain Decreased ability to vomit Sleep apnoea Undescended testes Dental Abnormalities Gastroesophageal reflux Skin picking
INHERITANCE	75% prenatal causes 8-10% perinatal asphyxia	Most cases are sporadic; 4% due to translocation involving chromosome 21 or rarely, parental mosaicism	Atypical. Most cases are sporadic.

Syndrome specific list for general practitioners

SYSTEM	RETT 1:10,000 FEMALES	NOONAN <1:10,000	TUBEROUS SCLEROSIS 1:6,000-17,000	NEUROFIBROMATOSIS Type 1 - 1:3,000 Type 2 - 1:30,000
AUDIOVISUAL	Refractory errors	Strabismus, refractive errors Vision/ hearing impairments	Retinal tumours Eye rhabdomyomatas	Hearing impairment (Glioma affecting auditory nerve) Optic gliomas
ENDOCRINE				Various endocrine abnormalities
PSYCHIATRIC/ PSYCHOLOGICAL	Intellectual disability	Intellectual disability	Variable intellectual capacity Sleep problems Hyperactivity Aggressive behaviour Autism spectrum disorder Not all have intellectual disability	Increased risk of attention deficit disorders Not all have intellectual disability
C.N.S.	Epilepsy Vasomotor instability	Epilepsy	Cerebral astrocytomas Epilepsy	Variable clinical phenomena depending on site of the tumours Epilepsy
CARDIO-VASCULAR	Prolonged QT interval	Pulmonary Valvular Stenosis ASD, VSD, PDA	Rhabdomyomatas Hypertension	Rarely structural cardiac complications Increase in blood pressure with age
MUSCULO-SKELETAL	Osteopenia Fractures Scoliosis Gait abnormality	Scoliosis Talipes equinovarus Pectus carinatum/ excavatum	Bone Rhabdomyomata	Skeletal abnormalities esp. Kyphoscoliosis
ADDITIONAL	Hyperventilation Apnoea Reflux Feeding difficulties Growth failure Partial or complete loss of acquired spoken language Partial or complete loss of purposeful hand skills Impaired sleep pattern	Abnormal clotting factors, Platelet dysfunction Undescended testes, Deficient spermatogenesis Lymphoedenoma Hepatosplenomegaly Cubitus valgus, Hand abnormalities Characteristic facial features Short stature (80%)	Kidney & lung hamartomata Polycystic kidneys Liver Rhabdomyomata Dental abnormalities Skin lesions Subependymal nodules	Variable clinical phenomena depends on neurofibroma location Tumours susceptible to malignant change Cafe au lait spots Axillary and inguinal freckling Usually back pain & headaches Phaeochromocytoma & renal artery stenosis rare
INHERITANCE	Usually sporadic. X linked	Autosomal dominant, may be sporadic	Autosomal dominant	Autosomal dominant

Syndrome specific list for general practitioners

SYSTEM	FRAGILE X 1:4,000 to 7,000[1]	PHENYLKETONURIA 1:13,500-1:19,000	ANGELMANN SYNDROME 1:10,000-52,000	WILLIAMS <1:20,000
AUDIOVISUAL	Visual Impairment – Multifactorial, Strabismus Hearing Impairment - Recurrent ear infections		Glaucoma Strabismus is possible	Hyperacusis Strabismus
ENDOCRINE	Primary ovarian failure in carriers			Diabetes Hypercalcaemia Hypothyroidism
PSYCHIATRIC/ PSYCHOLOGICAL	Attention deficit/ hyperactivity Social difficulties Anxiety & Autism Spectrum Disorders Not all have intellectual disability	Phobic anxiety Social difficulties Excessive sadness, fear & anxiety; sense of isolation & poor self-image Not all have intellectual disability	Easily excitable Hyperactive Intellectual disability	Attention deficit problems in childhood Not all have intellectual disability
C.N.S.	Epilepsy (Usually clonic/tonic, complex partial)	Epilepsy Hyperactivity Tremor & pyramidal tract signs Extrapyramidal syndromes	Epilepsy	Perceptual & motor function reduced
CARDIO-VASCULAR	Aortic dilatation, Mitral Valve prolapse (related to connective tissue dysplasia)			Cardiac abnormalities Hypertension, CVAs Chronic hemiparesis
MUSCULO-SKELETAL	Connective tissue dysplasia Scoliosis Congenital hip dislocation	Osteopenia	Joint contractures & scoliosis (in adults)	Joint contractures Scoliosis Hypotonia
ADDITIONAL	FXTAS in carriers Herniae (CT related) Abnormalities of speech & language Avoidant behaviour Delayed language development Obesity & hyperphagia	Eczema Low phenylalanine diet provides considerable benefit	Speech impairment, Movement & balance disorder; Characteristic EEG changes; Gastrointestinal problems; Orthopaedic problems; Sleep problems; Obesity; Microcephaly	Renal abnormalities Short stature Characteristic facial features (elfin) Gastrointestinal problems
INHERITANCE	X linked	Autosomal recessive	Variety of genetic mechanisms on Chromosome 15	Microdeletion on chromosome 7

Adapted from an original unpublished version by Michael Kerr and Glyn Jones.

1 Permutation prevalence – 1 in 130-250 females; 1 in 250-810 males (see: http://www.irdrjournal.com/files/IRDR_2014Vol3No4_pp100_182.pdf)

A

V T

U

X O

H

If the person has difficulty naming letters from the Snellen Chart, ask them to point to the corresponding letter on this page.