



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): 12-18 YEARS

Red flags indicate need for progression for further assessment or Comprehensive Health Assessment (2B).

Carers are asked to bring a completed the Strengths and Difficulties Questionnaires (SDQ) to the appointment.

DETAILS OF THE CHILD/YOUNG PERSON

Country of birth	Preferred language: Interpreter Required: No <input type="checkbox"/> Yes <input type="checkbox"/> Type:
Refugee No <input type="checkbox"/> Yes <input type="checkbox"/>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/>

Biological Family Health History

Child/Young person's past and present health concerns

Medications (name, dose frequency, include medication prescribed for emotional or behavioural issues

PHYSICAL HEALTH SCREEN

Immunisation status	Up to date <input type="checkbox"/>	Catch up required <input type="checkbox"/>	(Include follow-up actions on Health Management Plan)
Allergies	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:
Issues arising from physical health screen			

PHYSICAL EXAMINATION

Height	cm	Weight	kg	Head circumference	cm	BMI
	centile		centile		centile	

Physical development/growth concerns **NO** **YES**
Specify:

Oral Health annual check?	Completed <input type="checkbox"/>	Referral required <input type="checkbox"/>
Hearing	No Concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> (refer to audiology)
Vision	No Concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> (refer to eye specialist)



SMR060724

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606665A 190416

OUT OF HOME CARE PRIMARY HEALTH SCREEN:
12-18 YEARS
SMR060.724



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MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

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OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): 12-18 YEARS

LOCATION / WARD

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Findings on physical examination

DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (School, academic, employment, cognitive development, activities of daily living)

Within normal limits Concerns exist

Specify:

PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Consider using HEEADSSS assessment tool http://www.caah.chw.edu.au/resources/gpkit/19_Appendix_2.pdf

H - Home	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/>
E - Education, Employment	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/>
E - Eating, Exercise	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/>
A - Activities, Hobbies & Peer Relationships	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/>
D - Drug Use	No concerns <input type="checkbox"/>	Concerns exist <input checked="" type="checkbox"/>
S - Sexual Activity & Sexuality	No concerns <input type="checkbox"/>	Concerns exist <input checked="" type="checkbox"/>
S - Suicide, Depression & Mental Health	No concerns <input type="checkbox"/>	Concerns exist <input checked="" type="checkbox"/>
S - Safety	No concerns <input type="checkbox"/>	Concerns exist <input checked="" type="checkbox"/>

Kessler 10 Score 16 or above (med/high risk) No Yes

History of violence or aggression: No concerns Concerns exist

CARER CONCERNS REGARDING PLACEMENT: Carer wellbeing and capacity to meet the needs of the child/young person
No concerns Concerns exist

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: Complete results at <http://www.sdqscore.org/>
Clinically significant difficulties No Yes

COMPREHENSIVE ASSESSMENT REQUIRED YES Referral made to:

NO If no, please complete Health Management Plan (SMR060.720 (NH606661))

Assessment completed by: (Name and designation) Signature: print and sign Date:

Holes Punched as per AS2828.1: 2012
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