



Health

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): 1-5 YEARS

This form provides a guide to ensure all domains of health are addressed in the Primary Health Screen (2A). Red flags indicate the need for further assessment or Comprehensive Health Assessment (2B).

To assist with the assessment, carers have been requested to complete relevant pages in the NSW Personal Health Record ("blue book") and bring this to the appointment

DETAILS OF THE CHILD

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's past and present health concerns, including pregnancy and birth information

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

PHYSICAL HEALTH SCREEN

Immunisation status Up to date Catch up required (Include follow-up actions on Health Management Plan)

Allergies No Yes Specify:

Issues arising from physical health screen

PHYSICAL EXAMINATION

Height	cm centile	Weight	kg centile	Head circumference	cm centile	BMI (over 2 years)
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Growth concerns NO YES

Oral Health 'Lift the lip' check	No Concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/>	(refer to oral health)
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)

Findings on physical examination

DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (carer and/or clinician) No Concerns Concerns exist

Specify:

Ages and Stages Questionnaire No Concerns Concerns exist

PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Ages and Stages: Social and Emotional Questionnaire No Concerns Concerns exist

Relationship to carer: No Concerns Concerns exist

Emotional development (behaviour, routines, sleep, self-regulation, social, separation issues) 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

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:	Date:
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NO WRITING

OUT OF HOME CARE PRIMARY HEALTH SCREEN: 1-5 YEARS SMR060.722



SMR060722

Notes Punched as per A\$2828 1 2012 BINDING MARGIN - NO WRITING

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