

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 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	Weight	kg	Head	cm	BMI
	centile		centile	Circumference	centile	
Physical development/growth concerns NO <input type="checkbox"/> YES <input type="checkbox"/> 						
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)	
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 HEEADSSSS 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 type="checkbox"/> 
S - Sexual Activity & Sexuality	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> 
S - Suicide, Depression & Mental Health	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> 
S - Safety	No concerns <input type="checkbox"/>	Concerns exist <input 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:	Date:
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SMR060724

holes Punched as per AS2323 : 2012
BINDING MARGIN - NO WRITING

HE06665 200813

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

SMR060.724

NO WRITING