



Health

FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____ / ____ / ____

M.O.

Facility:

ADDRESS

OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): 6 –11 YEARS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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

To assist with the assessment, carers are asked to complete the Strengths and Difficulties Questionnaires (SDQ) and bring this to the appointment.

DETAILS OF THE CHILD

Country of birth

Preferred language:

Interpreter Required: No Yes Type:

Refugee No Yes

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
Neither Aboriginal or Torres Strait Islander

Biological Family Health History

Child'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 centile	Weight	kg centile	Head Circumference	cm centile	BMI
Growth concerns NO <input type="checkbox"/> YES <input type="checkbox"/>						

Oral Health annual check? Completed Referral required

Hearing No Concerns Concerns exist (refer to audiology)

Vision No Concerns Concerns exist (refer to eye specialist)

Findings on physical examination

DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (Language, play skills, gross motor, fine motor, self-help, cognitive skills)

Within normal limits Concerns exist

Specify:

PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Mental health diagnosis present? No Yes

Relationship issues: No concerns Concerns exist

School/academic issues: No concerns Concerns exist

Child in a residential care placement? No Yes

EMOTIONAL DEVELOPMENT/BEHAVIOURAL CONCERNS (Anxious, aggressive, emotional regulation 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

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:

NO WRITING

Page 1 of 1



SMR060723

Notes Purchased as per AS3926 1 2012
BINDING MARGIN - NO WRITING

NH606664 200813

OUT OF HOME CARE PRIMARY HEALTH SCREEN:
6-11 YEARS

SMR060.723