

## **NSLHD Out of Home Care Pathway.**

**Thank you for your interest in working in partnership with Northern Sydney Local Health District to support the health pathway for children and Young People**

This program was established in response to the NSW Government Keep Them Safe - a shared approach to child wellbeing, Action Plan 2009-2014 and focuses on assessing the health needs of all children and young people entering out of home care (OOHC). This program ensures that all children and young people entering OOHC receive a primary health screen and if required referral to paediatric services, allied health services, mental health services and dental health.

NSW Ministry of Health and NSW Department of Family and Community Service have developed a Memorandum of Understanding (MOU) and a model pathway to guide the assessment process. An Out of Home Care Coordinator position has been established in NSLHD to facilitate and manage this process. The Out of Home Co-ordinator also develops a Health Management Plan for every child referred to the health pathway.

Under the MOU information is exchanged between Health and Community Services to ensure that assessments can be delivered as effectively as possible. This information exchange is sanctioned by a legislative amendment to the Child Protection Act (Chapter 16A).

### **Role of the General Practitioner on the Out of Home Care Pathway**

The general practitioner would develop a trusting relationship with the carer of the child or young person and assist them to learn to use the health system effectively, understand their health needs and how to access appropriate services to meet their health needs.

Primary Health Screens and Review Health Assessments would include:

- Growth and Development Checks including Weight, Height and BMI
- Nutrition
  
- Mental Health
- Vision, Hearing and Dental
- Immunisation
- Sexual Health (12-18 year olds)
- Drug and Alcohol (12-18 year olds)

Referrals to various Support Services may be required as per pathway. The Out of Home Care Co-ordinator can assist with this process.

Liaison would occur between the General Practitioner, young person, carer, NSLHD Out of Home Co-ordinator and Family and Community Services.

For further information please contact Liz Beveridge (NSLHD OOHC Co-ordinator) on 94629266 or email [NSLHD-oohcintake@health.nsw.gov.au](mailto:NSLHD-oohcintake@health.nsw.gov.au)



## **Completing primary health screening for children and young people in Out of Home Care (OOHC)** **A guide for health practitioners**

Children and young people in out-of-home care (OOHC) are recognised as a highly vulnerable group and often have a range of unidentified and untreated health issues. The time at which a child or young person enters OOHC provides an important opportunity for General Practitioners and other health professionals to assess the child's health, development and wellbeing.

A primary Health Screen should be commenced within 30 days of the child or young person entering out of home care.

### **Step 1**      **The OOHC Health Coordinator will provide you with:**

- a request for a primary health screen
- a health summary, including the child or young person's known information summaries/medical records
- **(0 – 5 only)** Carer's response to ages and stages questionnaire (ASQ) and ages and stages questionnaire: social and emotional (ASQ:SE) if available
- Copy of the OOHC primary health screen template according to the age of the child  
[under 1](#)      [1-5 years](#)      [6-11 years](#)      [12-18 years](#)

### **Step 2**      **The primary health screen**

- Use the primary health screen template to assess the child's health across the domains of physical health, development, psychosocial and mental health
- Complete a referral letter to appropriate [follow up service](#) where [red flags](#) in the primary health screen template indicate a need for further assessment or intervention.
- Fax 9462 9067 or email [nslhs-oohcintake@health.nsw.gov.au](mailto:nslhs-oohcintake@health.nsw.gov.au) the completed template or copy of clinical notes and the referral letter to the OOHC health coordinator. They will organise any appointments as a priority.
- Any referrals made directly to private practice also need to be notified to the OOHC health coordinator.

This information is used by the OOHC health coordinator to develop a health management plan which is integrated as part of the child or young person's case file by Community Services/NGO caseworkers and accompanies the child or young person if they change placement, are restored or transition from OOHC.

### **Step 3**      **The health review**

- This is done as a minimum at:    **6 months** for the **0 - 5 year olds**      **12 months** for the **6 – 18 year olds**
- Get confirmation for the review from the OOH health care coordinator or make sure the carer has a "confirmation of placement" form.
- Use the primary health screen template according to the age of the child as above
- Complete a referral letter to appropriate [follow up service](#) where [red flags](#) in the primary health screen template indicate a need for further assessment or intervention.
- Fax 94629067 or email [nslhd-oohcintake@health.nsw.gov.au](mailto:nslhd-oohcintake@health.nsw.gov.au) the completed template or copy of clinical notes and the referral letter to the OOHC coordinator. They will organise any appointments as a priority.
- Any referrals made directly to private practice also need to be notified to the OOHC coordinator.

#### **Out of Home Health Care Coordinator**

Elizabeth Beveridge  
Level 2, RNS Community Health Centre  
2C Herbert St  
St Leonards NSW 2065

Ph: 9462 9266      Fax: 9462 9067  
Email: [NSLHD-oohcintake@health.nsw.gov.au](mailto:NSLHD-oohcintake@health.nsw.gov.au)

## **Criteria for progression to further assessment or comprehensive assessment ('red flags')**

### **Under 1 year olds: 'red flags' for progression to comprehensive assessment**

1. Any physical, developmental or psychosocial health concerns requiring further assessment, including if infant required medication for neonatal abstinence syndrome.
2. Any infant (over one month) on Ages and Stages Questionnaire (ASQ3) assessment scoring in the "needs monitoring" or "concerns exist" zone.
3. Any infant (over 3 months) on Ages and Stages Questionnaire: Social Emotional (ASQ: SE) assessment scoring in the "clinically significant" range.
4. Any sensory concerns, for example, with vision or hearing.
5. Any concerns identified at childcare or by the carer or caseworker that are not able to be addressed in the primary health screen.
6. More than one OOHC placement breakdown or unexpected OOHC placement change.
7. Concerns regarding carer's wellbeing and capacity to meet the infant's needs.

### **1- 5 year olds: 'red flags' for progression to comprehensive assessment**

1. Any physical, developmental or psychosocial health concerns requiring further assessment.
2. Any child on Ages and Stages Questionnaire (ASQ3) scoring in the "needs monitoring" or "concerns exist" zone.
3. Any child on Ages and Stages Questionnaire: Social Emotional (ASQ:SE) scoring in the "clinically significant" range.
4. Any sensory concerns, for example, with vision or hearing.
5. Placement history concerns, for example, more than one placement breakdown or unexpected placement change, or a placement change because of child's behaviour.
6. Any concern identified at childcare or pre-school that was unable to be addressed in the primary health screen.
7. Concerns regarding carer's wellbeing and capacity to meet the child's needs.

### **6- 11 year olds: 'red flags' for progression to comprehensive assessment**

1. Any physical health concerns requiring further assessment.
2. Any developmental concerns, which may include:
  - Relationship issues and social concerns
  - Concerns about school not able to be addressed in the primary health screen
  - Academic concerns or learning difficulties
3. Any psychosocial or mental health concerns, which may include:
  - Diagnosis of mental health problem and/or mental health professional involved
  - Carer or clinician identified clinically significant symptoms of emotional or behavioural disturbance
  - Child on medications prescribed to help emotional or behavioural problems
  - Identity concerns such as belonging, connection to significant people and places in their past, family of origin, culture and heritage
  - Clinically significant concerns noted on the Strengths and Difficulties Questionnaire (SDQ)
4. Placement history concerns, for example, more than one placement breakdown or an unexpected placement change because of child's behaviour.
5. Concerns regarding carer's wellbeing and capacity to meet the child's needs.

**12- 18 year olds : 'red flags' for progression to comprehensive assessment**

1. Any physical health concerns requiring further assessment.
2. Any developmental concerns, which may include:
  - Relationship issues and social concerns
  - Concerns about school not able to be addressed in the primary health screen
  - Academic concerns or learning difficulties
3. Any psychosocial or mental health concerns, which may include:
  - Diagnosis of mental health problem, concerns regarding suicide or depression, and/or mental health professional involved
  - Carer or clinician identified clinically significant symptoms of emotional or behavioural disturbance
  - Young person on medication prescribed for emotional or behavioural problems
  - Concerns with drug use, sexual activity or sexuality, or safety
  - Clinically significant concerns noted on the Strengths and Difficulties Questionnaire (SDQ)
4. Placement history concerns, for example, more than one placement breakdown or unexpected placement change because of the child or young person's behaviour.
5. Concerns regarding a carer's wellbeing and capacity to meet the child or young person's needs

### Referral pathways for children in out of home care

Age Group	Up to 5yrs	6-11 years	12-18 years
<b>Reviews</b>	Minimum review requirement every 6 months	Minimum review every 12 months	Minimum review every 12 months
<b>Growth and Development</b>	Refer to Community Health Centre Paediatrician at Hornsby 9987 3044, Lower North Shore & Ryde 9462 9200 or Northern Beaches, Dalwood 9951 0300	Refer to Community Health Centre Paediatrician at Hornsby 9987 3044, Lower North Shore & Ryde 9462.9200 or Northern Beaches, Dalwood 9951 0300	Consult OOHC coordinator for preferred service and to coordinate with Youth Health Nurse Consultant
<b>Socio-emotional</b>	Referral to CYMHS through OOHC coordinator for assessment. Appropriate referral to private services preferably with trauma - informed background	Referral to CYMHS through OOHC coordinator for assessment. Appropriate referral to private services preferably with trauma - informed background	Referral to CYMHS through OOHC coordinator for assessment. Appropriate referral to private services preferably with trauma - informed background. Headspace
<b>Speech</b>	Referral to public health system, contact OOHC coordinator 9462 9266 Children with Global delay private health system	Refer to private speech pathologist Letter advocating for funding of private service may be provided to FACS	Refer to private speech pathologist Letter advocating for funding of private service may be provided to FACS
<b>Fine Motor Skills delay</b>	Referral to public health system, contact OOHC coordinator 9462 9266	Referral to public health system, contact OOHC coordinator 9462 9266	
<b>Gross Motor Skills Delay</b>	Referral to public health system, contact OOHC coordinator 9462 9266	Referral to public health system, contact OOHC coordinator 9462 9266	
<b>Vision</b>	as per the Blue Book. At 3-4 years - StEPS Screening through pre-schools. Catch up clinics: 9462 9550 for appointments	Optometrist Review biannually (Medicare). Refer to Ophthalmologist if required or Ophthalmologist Clinic Royal North Shore Hospital. Fax referrals to 9463 1065	Optometrist review biannually (Medicare). Refer to Ophthalmologist if required or Ophthalmologist Clinic Royal North Shore Hospital. Fax referrals to 9463 1065
<b>Hearing</b>	SWISH at birth. No public services. If concerns referral to private service.	Private Services (Bulk Bill service preferred)	Private Services (Bulk Bill service preferred)

<b>Oral Health</b>	OOHC coordinator provides referral from 2 years of age. Need annual reviews. Prior to 2 years, Lift the Lip assessment as per the Blue Book. Referral to oral health prior to 2 years if required.	OOHC coordinator provides referral from 2 years of age. Need annual reviews.	OOHC coordinator provides referral from 2 years of age. Need annual reviews.
<b>Drug and alcohol</b>		Referral to <a href="#">Drug and alcohol service, Headspace</a> , Online services as required	
<b>Sexual Health</b>		Information for <a href="#">Clinic 16 – RNSH, Headspace Chatswood</a> to be given	
<b>Other resource Information</b>	Strengths and difficulties questionnaire <a href="http://www.sdqinfo.com/">http://www.sdqinfo.com/</a>	Strengths and difficulties questionnaire <a href="http://www.sdqinfo.com/">http://www.sdqinfo.com/</a>	Strengths and difficulties questionnaire <a href="http://www.sdqinfo.com/">http://www.sdqinfo.com/</a>  <a href="http://youthsource.com.au">http://youthsource.com.au</a>



Health

FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

Facility:

### OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): UNDER 1 YR

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Red flags indicate 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  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 (including pregnancy and birth information)

Medications (name, dose frequency, include medication prescribed for neonatal abstinence syndrome )

#### 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

Length	cm centile	Weight	kg centile	Head circumference	cm centile
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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)



SMR060721

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

NH60662A 190416

OUT OF HOME CARE PRIMARY HEALTH SCREEN:  
UNDER 1 YEAR

SMR060.721



Health

FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_ / \_\_\_ / \_\_\_ M.O.

ADDRESS

**OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): UNDER 1 YR**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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 (sleep, routines, settling, crying, feeding, 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:

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







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 <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 (over 2 years)
	centile		centile		centile	

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)



SMR060722

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

NH60663A 190416

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

SMR060.722



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): 1-5 YEARS**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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:

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





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): 6 -11 YEARS

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 <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

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 circumference	cm	BMI
	centile		centile		centile	

Growth concerns NO  YES

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)



SMR060723

3Holes Punched as per AS2828 1: 2012  
BINDING MARGIN - NO WRITING

NH60664A 190416

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

SMR060.723

NO WRITING



FAMILY NAME

MRN

GIVEN NAME

MALE  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): 6 –11 YEARS**

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:

Holes Punched as per ASS2828 1 : 2012  
BINDING MARGIN - NO WRITING





Health

FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

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

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  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/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 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

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

SMR060.724

NH60665A 190416

NO WRITING



Health

FAMILY NAME

MRN

GIVEN NAME

MALE  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

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 HEEDSSS assessment tool [http://www.caah.chw.edu.au/resources/gpkit/19\\_Appendix\\_2.pdf](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: \_\_\_\_\_ Date: \_\_\_\_\_

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

