



# Checklist

Use of a specific form to record the results of the health assessment is not mandatory but the health assessment should cover the matters listed below. This form can be used as a report of the health assessment.

**This checklist must be read in conjunction with the explanatory notes for Items 709 and 711 (as set out in the Medicare Benefits Schedule Book).**

## Patient's Name

Male  Female  Date of Birth: / / Age: years months

## Current contact details

Address Phone

Parent/Guardian name/s

## Healthy Kids Check

Explanation of Healthy Kids Check given Yes

Consent for Check given Yes

Date consent was given: / /

Signature of Parent/Guardian receiving Get 4 Life

## Get Set 4 Life – habits for healthy kids

Get Set 4 Life provided to Parent/Guardian Yes

Date provided: / /

Signature of Parent/Guardian receiving Get 4 Life

## Four year old Immunisation

Consent for immunisation given Yes

Date consent was given: / /

Signature of Parent/Guardian authorising consent for immunisation

If immunisation has previously been given note evidence:

Personal Health Record Yes

Other

Vaccine	Batch No.	Date given	Signature Stamp
Diphtheria, tetanus, pertussis			
Poliomyelitis			
Measles, mumps, rubella			

# Medicare Health Kids Check

## MBS Items 709 and 711

### PATIENT HISTORY

**Family and environmental factors:**

- Family relationships
- Care arrangements
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**Medical and social history:**

- Paediatrician
- Previous presentations
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**Lifestyle risk factors:**

- Eating Habits
- Physical activity/inactivity
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**PATIENT'S OVERALL HEALTH STATUS**

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**HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH THE PATIENT'S PARENT/GUARDIAN**

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**RECOMMENDED INTERVENTION AND/OR REFERRALS**

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GP or Practice Nurse:

Signature:

/ /

**If the check has not been conducted at the patient's usual medical practice, a copy of the record is to be sent to:**

/ /

Name of 'usual' GP/Practice

Parent/Guardian consent to provide copy



## EXAMINATIONS AND ASSESSMENT (Mandatory from this point forward):

**Measure height and weight**

Height:

Weight:

IDENTIFIED ISSUES	ACTION

**Check eyesight - including but not limited to:**

- conducting a visual inspection of the eyes
- using the LEA Children's Chart or similar, if appropriate
- seeking parental/other concerns about vision (eg. amblyopia, squint, infection, injury)
- questioning family history of eyesight problems

IDENTIFIED ISSUES	ACTION

**Check hearing - including but not limited to:**

- conducting an ear examination
- seeking parental/other concerns regarding the child's hearing or listening, following instructions or language
- questioning any history of ear infections, ear discharge, recurrent or chronic otitis media
- referring the child to an audiologist for a hearing assessment if appropriate

IDENTIFIED ISSUES	ACTION

**Check oral health - teeth and gums (a potential tool could include Lift the Lip)**

- questioning whether the child has visited the dentist
- questioning how often the child brushes their teeth

IDENTIFIED ISSUES	ACTION

**Question toilet habits – including but not limited to:**

- questioning whether the child needs assistance or can use a toilet independently
- questioning whether the child is a bed wetter

IDENTIFIED ISSUES	ACTION

**Note known or suspected allergies**

IDENTIFIED ISSUES	ACTION

**ADDITIONAL MATTERS FOR CONSIDERATION (Non-mandatory from this point forward):**

The health check may include the following matters, at the discretion of the GP/practice nurse and according to his or her clinical judgement. It may be useful to refer to the patient's State/Territory personal health record and the Guide.

**General wellbeing:**

**Discuss eating habits – including but not limited to:**

- discuss the child's appetite
- questioning about the variety of foods the child eats
- discussing the frequency of consuming processed foods

IDENTIFIED ISSUES	ACTION

**Discuss physical activity – including but not limited to:**

- discuss the time spent in active or energetic play
- discuss the time spent in sedentary activities

IDENTIFIED ISSUES	ACTION

**Question speech and language development - including but not limited to:**

- seeking parent/guardian concerns about:
  - the number of words their child uses or their understanding of directions
  - whether their child speaks clearly and takes an active part in conversations

IDENTIFIED ISSUES	ACTION

**Question fine and gross motor skills - including but not limited to:**

- picking up small objects
- walking, running, jumping, hopping, climbing stairs
- drawing without scribbling
- riding a tricycle

IDENTIFIED ISSUES	ACTION

**Question behaviour and mood - including but not limited to:**

- sleeping
- energy levels
- social and emotional well-being
- ability to separate from main carer

IDENTIFIED ISSUES	ACTION

**Other examinations considered necessary by GP/practice nurse**

EXAMINATION	IDENTIFIED ISSUES	ACTION