

<<Patient Demographics:Full Name>>

<<Miscellaneous:Practice Letterhead>>

Healthy Kids Check MBS Item 701/703/705/707/10986

N.B. Child must be receiving or has already received their 4 year old immunisation to claim the item.

Patient details: <<Patient Demographics:Full Name>> DOB: <<Patient Demographics:DOB>> Age: <<Patient Demographics:Age>> <<Patient Demographics:Sex>> Gender: <<Patient Demographics:Sex>>	Current contact details: <<Patient Demographics:Full Address>> Parent/Guardian names: <<Parent/Guardian names>> Tel: <<Patient Demographics:Phone (Home)>>
---	--

Healthy Kids Check: Explanation of Healthy Kids Check given: Yes Consent for Check given: Yes Date consent given: <<Date consent for Check given>>	Date of Healthy Kids Check: <<Miscellaneous:Date>>
---	---

Get Set 4 Life – habits for healthy kids: Get Set 4 Life provided to Parent/Guardian: Yes Date provided: <<Date Get Set 4 Life provided to parents/guardian>>	Signature of Parent/Guardian receiving Get Set 4 Life
--	--

4 year old immunisation: Consent for immunisation given: Yes Date consent was given: <<4 Yr old immunisation 4 year old immunisation given today: date consent given>> Yes / No	Signature of Parent/Guardian authorising consent for immunisation
---	--

If 4 year old immunisation has previously been given note evidence: Personal Health Record Yes / No	
--	--

Immunisations:
<<Clinical Details:Immunisation List>>

Patient history:

Family and environmental factors: Family relationships: Care arrangements: Other:	
Medical and social history: Paediatrician: Previous presentations: Other:	
Lifestyle risk factors: Eating Habits: Physical activity/inactivity: Other:	

Patient's overall health status:	
Health issues identified and discussed with the Patient's parent or guardian	
Recommended intervention and/or referrals	
GP or Practice Nurse: <<Doctor:Name>> Date: <<Miscellaneous:Date>>	

<<Patient Demographics:Full Name>>

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

Usual GP Practice:

Parent/Guardian consent to provide a copy:

Date:

EXAMINATIONS AND ASSESSMENT (Mandatory from this point forward):

Height and weight history:

<<Clinical Details:Measurements>>

<<Clinical Details:Measurements>>

Measure height and weight:

Date: Height: Weight:	<<Miscellaneous:Date>>
--	------------------------

Identified Issues:	Actions:
---------------------------	-----------------

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:	Actions:
---------------------------	-----------------

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:	Actions:
---------------------------	-----------------

Check oral health - teeth and gums

- a potential tool is 'Lift the Lip'
- questioning whether the child has visited the dentist
- questioning how often the child brushes their teeth

Identified Issues:	Actions:
---------------------------	-----------------

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:	Actions:
---------------------------	-----------------

Allergies:

<<Clinical Details:Allergies>>

<<Patient Demographics:Full Name>>

Identified Issues:	Actions:
---------------------------	-----------------

Current Progress Notes:

<<Summary:Progress Note (Current)>>

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:	Actions:
---------------------------	-----------------

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:	Actions:
---------------------------	-----------------

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:	Actions:
---------------------------	-----------------

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

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

Identified Issues:	Actions:
---------------------------	-----------------

Question behaviour and mood - including but not limited to:

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

Identified Issues:	Actions:
---------------------------	-----------------

Other examinations considered necessary by GP/Practice Nurse

Examination:	Identified Issues:	Actions:
---------------------	---------------------------	-----------------