NSW GOVERNMENT Health

Facility:

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

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
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 centile	Weight	kg centile	Head circumference	cm centile	BMI

Physical development/growth concerns **NO** ☐ **YES** ☐
Specify:

Oral Health annual check?	**Completed**	☐	**Referral required**	☐
Hearing	**No Concerns**	☐	**Concerns exist**	☐ (refer to audiology)
Vision	**No Concerns**	☐	**Concerns exist**	☐ (refer to eye specialist)

SMR060724

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

H606665 130314

OUT OF HOME CARE PRIMARY HEALTH SCREEN: 12-18 YEARS SMR060.724

NO WRITING

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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 HEEADSSS assessment tool http://www.caah.chw.edu.au/resources/gpkit/19_Appendix_2.pdf

H - Home	**No concerns** ☐	**Concerns exist** ☐
E - Education, Employment	**No concerns** ☐	**Concerns exist** ☐
E - Eating, Exercise	**No concerns** ☐	**Concerns exist** ☐
A - Activities, Hobbies & Peer Relationships	**No concerns** ☐	**Concerns exist** ☐
D - Drug Use	**No concerns** ☐	**Concerns exist** ☐
S - Sexual Activity & Sexuality	**No concerns** ☐	**Concerns exist** ☐
S - Suicide, Depression & Mental Health	**No concerns** ☐	**Concerns exist** ☐
S - Safety	**No concerns** ☐	**Concerns exist** ☐

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:**

NO WRITING

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