**Medicare Health Assessment for**
Aboriginal and Torres Strait Islander People

*Adult Health Assessment (15–54)*

GUMS AND DENTITION: Normal ☐ Abnormal ☐ .....

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

EAR AND HEARING: Otoscopy ☐ Whisper test (if indicated) ☐

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

VISION: Test near and distance visual acuity ☐

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

URINALYSIS ☐

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

OTHER MEDICAL EXAMINATION – AS INDICATED FOR PATIENT

TRICHIASIS ☐ (Note: Examine those people who have grown up in remote communities or have a history of 'sore or watery eye')

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

SKIN ☐

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

OTHER EXAMINATIONS CONSIDERED NECESSARY BY GP

| EXAMINATION | IDENTIFIED ISSUES | ACTION |
|---|---|---|
| | | |
| | | |
| | | |

INVESTIGATIONS AS REQUIRED

| INVESTIGATION | TESTS DONE | TESTS ORDERED | ARRANGEMENTS (eg referral details) |
|---|---|---|---|
| Fasting blood sugar | ☐ | Date: ___/___/_____ | |
| Lipids | ☐ | Date: ___/___/_____ | |
| Pap Smear | ☐ | Date: ___/___/_____ | |
| STI | ☐ | Date: ___/___/_____ | |
| Mammography | ☐ | Date: ___/___/_____ | |
| Optometry | ☐ | Date: ___/___/_____ | |

Other:.....

.....

## ASSESSMENT OF PATIENT

(based on consideration of evidence from patient history, examination and results of any investigation)

| EXISTING HEALTH ISSUES | IDENTIFIED RISK FACTORS |
|---|---|
| | |
| | |
| | |

## INTERVENTION ACTION

HEALTH ADVICE PROVIDED TO PATIENT

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.....

.....

OTHER ACTION (if any)

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For information on this MBS item and its Explanatory Notes,
visit the Department of Health and Ageing's website at **www.health.gov.au/mbsonline**

D0494 August 2011

**Medicare Health Assessment for**
Aboriginal and Torres Strait Islander People (MBS Item 715)

Australian Government
Department of Health and Ageing

*Adult Health Assessment (15–54)*

*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 in the Explanatory Notes for the health assessment found at www.health.gov.au/mbsonline. The first page of this form can be used as a report of the health assessment.*

Patient's Name ..... Male ☐ Female ☐ DOB: ___/___/_____ or Age:____

Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐

Work status.....

### Current contact details

**Address**.....

**Phone**.....

**Alternative contact details**.....

**Address**.....

**Phone**.....

### Patient Consent

Explanation of health assessment given ☐ Yes

Patient consent for health assessment given ☐ Yes

Date consent was given: ___/___/_____

### Consent given for information to be collected by

Aboriginal health worker ☐

Practice nurse ☐

Other suitably qualified health professional ☐

### Previous health assessment

Has the patient had a previous health assessment?

No ☐ Yes ☐

Date of last health assessment (if known) ___/___/_____

Service provided by DR.....

### PATIENT'S OVERALL HEALTH

.....

.....

.....

.....

### RISK FACTORS IDENTIFIED AND DISCUSSED WITH PATIENT

.....

.....

.....

.....

### TESTS UNDERTAKEN, RESULTS AND WHAT THEY MEAN

(some results may not be available)

| TEST | AVAILABLE RESULTS & WHAT THEY MEAN |
|---|---|
| | |
| | |
| | |
| | |

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*Adult Health Assessment (15–54)*

## STRATEGY FOR GOOD HEALTH: REQUIRED TREATMENT/SERVICES/HEALTH ADVICE

| TREATMENT | HEALTH ADVICE | HEALTH SERVICES NEEDED |
|---|---|---|
| | | |
| | | |
| | | |

## ACTION TO BE TAKEN BY PATIENT

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.....

Next appointment with doctor:..... Date: ___/___/_____ Next Health Assessment: ___/___/_____

GP: Dr ..... GP's Signature: ..... Date: ___/___/_____

## MEDICAL HISTORY

FAMILY RELATIONSHIP

Does the patient care for someone else? No ☐ Yes ☐ Is the patient cared for by someone else? No ☐ Yes ☐

| CURRENT ISSUES | CURRENT RISK FACTORS |
|---|---|
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| | |

ALLERGIES/DRUG INTOLERANCE

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.....

.....

CURRENT MEDICATIONS (including prescription and over the counter and supplied by doctor without prescription)

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RELEVANT FAMILY MEDICAL HISTORY

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IMMUNISATION STATUS (referring to current age/sex schedule)

| TYPE | DATE | TYPE | DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICAL ACTIVITY

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

NUTRITION

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

ALCOHOL, TOBACCO AND OTHER SUBSTANCE USE

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

HEARING LOSS

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

MOOD (depression and self harm risk)

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
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| | |

SEXUAL AND REPRODUCTIVE HEALTH

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

## OTHER MEDICAL HISTORY AS INDICATED FOR PATIENT

VISUAL ACUITY (ask about clarity and comfort of vision at distance and near, recommended for over 40s)

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |
| | |

ENVIRONMENTAL AND LIVING CONDITIONS

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

**Other history considered necessary by doctor or collector** (eg work environment)

| IDENTIFIED ISSUES | ACTION |
|---|---|
| | |
| | |
| | |

## MEDICAL EXAMINATION

BLOOD PRESSURE:..... ☐ PULSE RATE AND RHYTHM: Normal ☐ Abnormal ☐

| IDENTIFIED ISSUES | ACTION |
|---|---|
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| | |

WEIGHT:..... Height:..... BMI:..... Waist circumference (if indicated):.....

| IDENTIFIED ISSUES | ACTION |
|---|---|
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