



SMR060723

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




NH606664 200813


Facility:

**OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A):
6 -11 YEARS**

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		

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 <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 centile	Weight	kg centile	Head Circumference	cm centile	BMI
Growth concerns NO <input type="checkbox"/> YES <input type="checkbox"/> 						
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)	
Findings on physical examination						



DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (Language, play skills, gross motor, fine motor, self-help, cognitive skills) Within normal limits <input type="checkbox"/> Concerns exist <input type="checkbox"/> 
Specify:


PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Mental health diagnosis present?	No <input type="checkbox"/>	Yes <input type="checkbox"/> 
Relationship issues:	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> 
School/academic issues:	No concerns <input type="checkbox"/>	Concerns exist <input type="checkbox"/> 
Child in a residential care placement?	No <input type="checkbox"/>	Yes <input type="checkbox"/> 

EMOTIONAL DEVELOPMENT/BEHAVIOURAL CONCERNS (Anxious, aggressive, emotional regulation issues)

No concerns <input type="checkbox"/> Concerns exist <input type="checkbox"/> 
CARER CONCERNS REGARDING PLACEMENT: Carer wellbeing and capacity to meet the needs of the child/ young person No concerns <input type="checkbox"/> Concerns exist <input type="checkbox"/> 

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: Complete results at <http://www.sdqscore.org/>

Clinically significant difficulties No <input type="checkbox"/> Yes <input type="checkbox"/> 
COMPREHENSIVE ASSESSMENT REQUIRED YES <input type="checkbox"/> Referral made to: NO <input type="checkbox"/> If no, please complete Health Management Plan (SMR060.720 (NH606661))

Assessment completed by: (Name and designation)	Signature:	Date:
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