



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		

Facility:

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

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	Weight	kg	Head circumference	cm	BMI
	centile		centile		centile	

Growth concerns NO YES

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)



SMR060723

3Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH60664A 190416

OUT OF HOME CARE PRIMARY HEALTH SCREEN:
6 -11 YEARS
SMR060.723



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

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Facility:

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

LOCATION / WARD

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Findings on physical examination

DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (Language, play skills, gross motor, fine motor, self-help, cognitive skills)

Within normal limits Concerns exist

Specify:

PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Mental health diagnosis present? No Yes

Relationship issues: No concerns Concerns exist

School/academic issues: No concerns Concerns exist

Child in a residential care placement? No Yes

EMOTIONAL DEVELOPMENT/BEHAVIOURAL CONCERNS (Anxious, aggressive, emotional regulation issues)
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: print and sign Date:

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

