



**Australian Government**  
**Department of Health**

**Medicare Health Assessment for people with an intellectual disability**

**Proforma**

*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 below. The first two pages of this form can be used as a report of the health assessment.*

*This proforma must be read in conjunction with the explanatory notes for **MBS Items 701, 703, 705 and 707.***

**Patient details**

Name .....  
Address .....  
Phone .....  
Date of birth ..... Male / Female

**Carer details**

Name .....  
Address .....  
Phone .....

**Consent**

Explanation of health assessment given to patient and/or carer  
Patient consent for health assessment given on ...../...../.....  
Patient consent for information to be collected by nurse .....  
Other health professional .....

**Previous health check**

Has the patient had a previous health assessment Yes / No  
Date of last health assessment ...../...../.....  
Service provided by Dr .....

**Patient's overall health status**

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**Health issues identified and discussed with patient and/or carer**

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**Tests undertaken, results and what they mean (some results may not be available)**

Note: The assessment should not include diagnostic or pathology services unless the health assessment detects issues that require clinically relevant diagnostic imaging or pathology services.

<i>Test</i>	<i>Available results</i>
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*Recommended intervention action*

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*Action to be taken by patient and/or carer*

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Next appointment with doctor ...../...../.....

Next health assessment ...../...../.....

Name of GP .....

Signature .....

Date ...../...../.....

**Patient history**

Paediatrician .....

Government provided or funded disability service .....

Previous presentations  
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Family relationships  
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Care arrangements  
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Current problems  
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Current risk factors  
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Allergies/drug intolerance  
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**Health assessment as relevant to the patient:**

***Check dental health (including dentition)***

Identified issues

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Action

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***Conduct aural examination (arrange formal audiometry every 5 years)***

Identified issues

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Action

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***Assess ocular health (arrange ophthalmologist/optometrist review every 5 years)***

Identified issues

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Action

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***Assess nutritional status and review growth and development***

Weight ..... Height .....

Identified issues

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Action

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***Assess bowel and bladder function (particularly for incontinence and chronic constipation)***

Identified issues

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Action

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***Assess medications (including 'non-prescription' medicines taken by the patient, prescriptions from other doctors, medications prescribed but not taken, interactions, side effects and review of indications)***

Identified issues

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Action

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***Check immunisation status (refer to the current Australian Standard Vaccination Schedule (NHMRC) for appropriate vaccination schedules)***

- |             |               |
|-------------|---------------|
| Influenza   | Measles       |
| Tetanus     | Mumps         |
| Hepatitis A | Rubella (MMR) |
| Hepatitis B | Pneumococcal  |

Identified issues

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Action

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***Check exercise opportunities (aim for at least 30 minutes of moderate exercise per day)***

Identified issues

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Action

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***Check and review support provided for activities of daily living***

Identified issues

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Action

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***Consider the need for breast examination, mammography, Papanicolaou smears, testicular examination, lipid measurement and prostate assessment***

Identified issues

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Action

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***Check for dysphagia and gastro-oesophageal disease, especially for patients with cerebral palsy, and arrange investigation/treatment as required***

Identified issues

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Action

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***Assess risk factors for osteoporosis and arrange investigation/treatment as required***

Identified issues

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Action

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***For patients diagnosed with epilepsy, review seizure control (including anticonvulsant drugs) and refer to neurologist as appropriate***

Identified issues

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Action

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***Screen for thyroid disease at least every two years (or yearly for patients with Down syndrome)***

Identified issues

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Action

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***For patients without a definitive aetiological diagnosis, consider referral to a genetic clinic every 5 years***

Identified issues

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Action

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***Assess or review treatment for comorbid mental health issues***

Identified issues

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Action

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***Consider timing of puberty and management of sexual development, sexual activity and reproductive health***

Identified issues

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Action

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***Consider any signs of physical, psychological or sexual abuse***

Identified issues

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Action

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**Health assessment as relevant to the patient**

The balance between the patient's health and physical, psychological and social function domains is a matter for professional judgement in relation to each patient. Practitioners should also consider the following:

***Medical***

- Consider follow-up consultations where medical treatment is required (e.g. high blood pressure, likelihood or other health problems)
- Assess pathology if continence problems are evident

Action

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**Physical function**

- Consider the health impact of the patient’s general skills levels and daily activities
- Consider the need for a referral for a formal review of activities of daily living

Action

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**Psychological function**

- Consider and investigate medical/psychiatric causes where problems with cognition and skill decline are clinically suspected
- Consider depression where there is change in weight, sleep habit and escalation of behavioural problems
- Ensure there are systems in place to keep track of the patient’s current behavioural status
- Consider psychiatric disorders when changes in behaviour are evident

Action

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**Social function**

- Assess suitability of the patient’s accommodation setting to provide the best physical and psychological outcomes
- Consider issues that relate to the care provided by the patient’s carer to meet the health related needs of the patient

Action

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**Other examinations as considered necessary by the GP**

Examination

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Identified issues

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Action

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**Involving the patient’s carer or appropriate disability professionals**

- Consider the need for referrals such as accommodation, daily assistance assessment, disability support services and psychologists

Action

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