

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

Older person (55+) Health Assessment

MEDICAL EXAMINATION

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

IDENTIFIED ISSUES	ACTION

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

IDENTIFIED ISSUES	ACTION

GUMS AND DENTITION: Normal Abnormal

IDENTIFIED ISSUES	ACTION

EAR AND HEARING: Otoscopy Whisper test (if indicated)

IDENTIFIED ISSUES	ACTION

URINALYSIS

IDENTIFIED ISSUES	ACTION

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

IDENTIFIED ISSUES	ACTION

SKIN

IDENTIFIED ISSUES	ACTION

ENVIRONMENTAL AND LIVING CONDITIONS

IDENTIFIED ISSUES	ACTION

VISUAL ACUITY Normal Abnormal (Test near and distance visual acuity)

IDENTIFIED ISSUES	ACTION

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	<input type="checkbox"/>	Date: ___/___/___	
Lipids	<input type="checkbox"/>	Date: ___/___/___	
Pap Smear	<input type="checkbox"/>	Date: ___/___/___	
STI	<input type="checkbox"/>	Date: ___/___/___	
Mammography	<input type="checkbox"/>	Date: ___/___/___	
Optometry	<input type="checkbox"/>	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
.....
.....

OTHER ACTION (if any)
.....
.....



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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

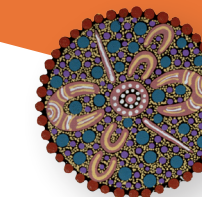
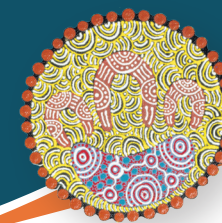
.....
.....
.....

TESTS UNDERTAKEN, RESULTS AND WHAT THEY MEAN

(some results may not be available)

TEST	AVAILABLE RESULTS & WHAT THEY MEAN

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

TREATMENT	HEALTH ADVICE	HEALTH SERVICES NEEDED

ACTION TO BE TAKEN BY PATIENT

.....

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

ALLERGIES/DRUG INTOLERANCE

.....

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

.....

RELEVANT FAMILY MEDICAL HISTORY

.....

CONTINENCE

IDENTIFIED ISSUES	ACTION

IMMUNISATION STATUS - INFLUENZA, TETANUS AND PNEUMOCOCCUS (referring to current age/sex schedule)

TYPE	DATE	TYPE	DATE

ACTIVITIES OF DAILY LIFE

IDENTIFIED ISSUES	ACTION

FALLS IN THE LAST 3 MONTHS

IDENTIFIED ISSUES	ACTION

NUTRITION

IDENTIFIED ISSUES	ACTION

ALCOHOL, TOBACCO AND OTHER SUBSTANCE USE

IDENTIFIED ISSUES	ACTION

HEARING LOSS

IDENTIFIED ISSUES	ACTION

COGNITION

IDENTIFIED ISSUES	ACTION

VISUAL ACUITY (ask about clarity and comfort of vision at distance and near)

IDENTIFIED ISSUES	ACTION

MOOD

IDENTIFIED ISSUES	ACTION

AVAILABILITY OF HELP

IDENTIFIED ISSUES	ACTION

CARING FOR ANOTHER PERSON

IDENTIFIED ISSUES	ACTION