



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

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.

Patient's Name Male Female DOB: __/__/____ or Age: __

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Works status

Current contact details

Address
Phone

Alternative contact details

Address
Phone

Patient Consent

Explanation of health check given Yes
Patient consent for health check given Yes
Date consent was given: __/__/____

Consent given for information to be collected by:

Aboriginal and Torres Strait Islander
health practitioner
Practice nurse
Other suitably qualified health professional

Previous health assessment

Has the patient had a previous health assessment?
Yes No

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 AND WHAT THEY MEAN



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: Date: / /
 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

.....

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



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 40's)

IDENTIFIED ISSUES	ACTION

ENVIRONMENTAL AND LIVING CONDITIONS

IDENTIFIED ISSUES	ACTION

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: Weight 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

VISION: Test near and distance visual acuity

IDENTIFIED ISSUES	ACTION

URINALYSIS

IDENTIFIED ISSUES	ACTION



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

SKIN

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

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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 website at www.health.gov.au/mbsonline