# Health Check
**4 Years**

**Medicare Item No. 715 or 'Healthy Kid' check**

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Date of birth:</th>
<th>Sex: M ☐ F ☐ ☐</th>
</tr>
</thead>
</table>

**Legend:** 
☐ Indicates a health risk that requires brief intervention, follow up or action.

**Patient's actual age:**

<table>
<thead>
<tr>
<th>Indigenous status:</th>
<th>Parent / carer’s name:</th>
<th>Relationship:</th>
<th>Signature (consent for health check):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Aboriginal but not Torres Strait Islander origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Torres Strait Islander but not Aboriginal origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Both Aboriginal and Torres Strait Islander origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Neither Aboriginal or Torres Strait Islander origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Not stated / unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Has the carer / parent been advised of the process and benefits of health check?** ☐ Yes ☐ No

## Medical history

**Allergies:**

**Family history:**

**Medical history:**

**Current problems / concerns:**

**Examination** (*MO’s note: examination requirements on following pages):**

**Medications:**

**Immunisations due at 4 years of age:**

**Immunisations current:** ☐ Yes ☐ No (proceed to consent and immunise child)

**Evidence of 4 year old immunisation sighted?** ☐ Yes ☐ No (child must be vaccinated to claim “Healthy Kid” check)

**Evidence of immunisation sighted by** (print name):

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

© State of Queensland (Queensland Health) 2012 
Licensed under: http://creativecommons.org/licenses/by-nd/3.0/au/deed.en

Contact: CIM@health.qld.gov.au
**Body measurements**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Print name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Body Mass Index (BMI)**

- Underweight
- Healthy
- Overweight
- Obese

**Clinical measurements**

<table>
<thead>
<tr>
<th>Item</th>
<th>Print name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Heart sounds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General appearance**

<table>
<thead>
<tr>
<th>Item</th>
<th>Print name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joints</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Skin**

- Healthy
- Intact
- Jaundice
- Sores
- Rash
- Bites
- Scars
- Bruises
- Itchy

**Developmental milestones**

- Hops on one foot
- Catches and throws ball
- Runs and turns corners without over balancing
- Draws a person with 2 or more parts (e.g. eyes, arms)
- Is able to name drawing (e.g. drawing of dog, parent)
- Uses a pencil grip
- Plays with other children
- Able to have a conversation
- Is fluent in conversation
- Is easily understood
- Asks questions
- Understands opposites

**Ears and hearing**

- Has your child had any ear infections or ear discharge in the last 12 months?
- Are you concerned about your child's ears or hearing?
- Otoscopy
- Tympanometry

**Comments:**

__________________________________________________________________________

__________________________________________________________________________
## Nutrition

### Healthy food
- [ ] Cereal with iron
- [ ] Vegetables
- [ ] Meat
- [ ] Fruit
- [ ] Fish

### Unhealthy food
- [ ] Coke / soft drink
- [ ] Junk food
- [ ] Juice
- [ ] Tea
- [ ] Cordial

If your child was hungry are you always able to provide food?
- [ ] Yes
- [ ] No

## Continence / elimination

Is the child independent in toileting?
- [ ] Yes
- [ ] No

Is the child incontinent of urine or faeces?
- [ ] Yes
- [ ] No

Does the child wet the bed?
- [ ] Yes
- [ ] No

## Oral health

Are teeth present?
- [ ] Yes
- [ ] No

Do you clean your child's teeth and gums using a soft toothbrush with a low fluoride toothpaste, twice per day?
- [ ] Yes
- [ ] No

### Oral examination of teeth
- [ ] Healthy
- [ ] Decay
- [ ] Malalignment
- [ ] No exam

### Oral examination of gums
- [ ] Healthy
- [ ] Bleeding
- [ ] Swelling
- [ ] No exam

## Social emotional well-being

Does the parent / carer have concerns about any of the following?
- Coping:
  - [ ] Yes
  - [ ] No
- Relationships (family and social):
  - [ ] Yes
  - [ ] No
- Support available:
  - [ ] Yes
  - [ ] No
- Violence:
  - [ ] Yes
  - [ ] No
- Child’s behaviour:
  - [ ] Yes
  - [ ] No

Observe: is interaction between mother / carer and child positive?
- [ ] Yes
- [ ] No

## Environment

Is the child exposed to cigarette smoke?
- [ ] Yes
- [ ] No

How many people live in the house?

### Topics for discussion / education

- [ ] Cross infection
- [ ] Injury prevention

Comments:

- 
- 
- 
- 
- 
- 
- 
- 
- 
-
Health Check
4 Years
Medicare Item No. 715 or ‘Healthy Kid’ check

Action plan for good health

<table>
<thead>
<tr>
<th>Risks identified</th>
<th>Referrals / actions</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Actions to be taken by patient / carer

- All risks, outcomes and results discussed and explained to carer / parent by MO? □ Yes □ No
  Medical Officer signature: __________________________ Date: ________

- Written feedback report provided to carer / parent? □ Yes □ No
  Carer / parent signature: __________________________ Date: ________

- Care plans / follow up assigned on PHCIS? □ Yes □ No

- Medicare Item No. 715 Aboriginal and Torres Strait Islander Child Health Check (all Item 715 can be claimed every 9 months if items complete) □ Yes □ No
  Date: ________

- Healthy Kid check claimed (701, 703, 705, 709 MO or 10986 Nurse or Health worker) □ Yes □ No

- ‘Get Set for Life’ book provided (must be provided for Healthy Kids check claim) □ Yes □ No