



Australian Government
Department of Health and Ageing

MBS HEALTH ASSESSMENT FOR PEOPLE AGED 45 TO 49 YEARS WHO ARE AT RISK OF DEVELOPING CHRONIC DISEASE

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 at www.health.gov.au/mbsonline

Patient's Name:

Male:

Female:

DOB:

or

Age:

(45-49 Inclusive)

Country of Birth:

Patient's Occupation:

CONSENT – PATIENT

Explanation of health assessment given

Yes

Patient consent for health assessment given

Yes

Date consent was given:

dd/mm/yyyy

Consent given for information to be collected by:

Nurse

Yes

No

Other health professional

Yes

No

please specify

PREVIOUS HEALTH CHECK

Has the patient had a previous health assessment?

Yes

No

Date of last health assessment (if known)

Type of assessment:

Service provided by Dr.

HEALTH ASSESSMENT SUMMARY

PATIENT'S OVERALL HEALTH STATUS

HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH PATIENT

TESTS UNDERTAKEN AS INDICATED, RESULTS AND WHAT THEY MEAN

TEST

--

RESULTS AND WHAT THEY MEAN

--

RECOMMENDED INTERVENTION

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Next appointment with doctor:

GP: Dr.

Date:

GP's signature

Date:

COMPONENTS OF THE HEALTH ASSESSMENT

(The following information must be collected as part of the assessment)

INFORMATION COLLECTION

Patient history

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CURRENT HEALTH ISSUES

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CURRENT RISK FACTORS

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Family history of chronic disease

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Other relevant family history

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RISK FACTOR ASSESSMENT OF THE PATIENT

(Based on consideration from patient history, examination and results of any investigations)

A chronic medical condition is one that has been, or is likely to be present for 6 months or longer.

<input type="checkbox"/>	ASTHMA
RISK FACTORS	ACTION

<input type="checkbox"/>	CANCER
RISK FACTORS	ACTION

<input type="checkbox"/>	CARDIOVASCULAR ILLNESS
RISK FACTORS	ACTION

<input type="checkbox"/>	DIABETES MELLITUS
RISK FACTORS	ACTION

<input type="checkbox"/>	MENTAL HEALTH CONDITIONS (DEPRESSION AND SELF-HARM RISK)
RISK FACTORS	ACTION

<input type="checkbox"/>	ARTHRITIS
RISK FACTORS	ACTION

<input type="checkbox"/>	MUSCULOSKELETAL CONDITIONS (INCLUDING OSTEOPOROSIS)
RISK FACTORS	ACTION

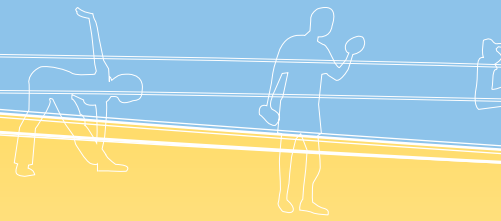
<input type="checkbox"/>	OTHER
RISK FACTORS	ACTION

Life Style Risk Factors

<input type="checkbox"/>	SMOKING
RISK FACTORS	ACTION

<input type="checkbox"/>	NUTRITION
RISK FACTORS	ACTION

<input type="checkbox"/>	ALCOHOL AND OTHER SUBSTANCE MISUSE
RISK FACTORS	ACTION



PHYSICAL INACTIVITY

RISK FACTORS	ACTION
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MOODS

RISK FACTORS	ACTION
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Biomedical Risk factors

BLOOD PRESSURE

Blood Pressure: Pulse Rate and Rhythm: Normal Abnormal

RISK FACTORS	ACTION
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BODY WEIGHT

Waist circumference (if indicated): Weight: Height: BMI:

RISK FACTORS	ACTION
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HIGH CHOLESTEROL

RISK FACTORS	ACTION
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IMPAIRED GLUCOSE METABOLISM

RISK FACTORS	ACTION
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URINALYSIS

RISK FACTORS	ACTION
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OTHER EXAMINATIONS CONSIDERED NECESSARY BY GP

RISK FACTORS	ACTION
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INVESTIGATIONS IF CLINICALLY INDICATED

INVESTIGATION	TESTS DONE	TESTS ORDERED	ARRANGEMENTS (E.G. REFERRALS)
Fasting blood sugar	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Lipids	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Pap Smear	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Mammography	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Testicular Examination	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Prostate Assessment	<input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Other:	<input type="text"/>		



ADVICE AND INFORMATION TO THE PATIENT (including strategies to achieve lifestyle and behaviour changes utilising *Lifescrpts* resources)

Risk factors identified and discussed with patient

Actions to be taken by the patient

Other action (if any)



NOTES

A large, empty white rectangular area framed by a light blue border, intended for taking notes.