Medicare Benefits Schedule (MBS)
Healthy Kids Check

CHECKLIST

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: ....../....../.....

Age: .....years .......months

Current contact details

Address .................................................................

Phone .................................................................

Parent/Guardian name/s

Healthy Kids Check

Explanation of Healthy Kids Check given Yes ☐

Consent for Check given Yes ☐

Date consent was given: ....../...... Signature of Parent/Guardian authorising consent for the Healthy Kids Check to be undertaken

Get Set 4 Life – habits for healthy kids (the Guide)

Parent/Guardian advised of the Guide Yes ☐

Date advised: ....../...... Signature of Parent/Guardian advised of Get Set 4 Life

Four year old Immunisation

Consent for immunisation given Yes ☐

Date consent was given: ....../...... Signature of Parent/Guardian authorising consent for immunisation

If immunisation has previously been given note evidence:

Personal Health Record Yes ☐

Other .................................................................

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<tr>
<th>Vaccine</th>
<th>Batch No.</th>
<th>Date given</th>
<th>Signature / Stamp</th>
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<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis</td>
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<tr>
<td>Poliomyelitis</td>
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<tr>
<td>Measles, mumps, rubella*</td>
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*to be given only if MMRV was not given at 18 months
PATIENT HISTORY

Family and environmental factors:
- Family relationships
- Care arrangements

Medical and social history:
- Paediatrician
- Previous presentations

Lifestyle risk factors:
- Eating Habits
- Physical activity/inactivity

PATIENT’S OVERALL HEALTH STATUS

HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH THE PATIENT’S PARENT/GUARDIAN

RECOMMENDED INTERVENTION AND/OR REFERRALS

GP, practice nurse or Aboriginal and Torres Strait Islander health practitioner: 
Signature: 

If the check has not been conducted at the patient’s usual medical practice, a copy of the record is to be sent to:

Name of ‘usual’ GP/Practice 
Parent/Guardian consent to provide copy
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Measure height and weight
Height: ____________          Weight: ____________

Check eyesight – may include (but not limited to):
- conducting a visual inspection of the eyes
- using an eye chart if appropriate
- seeking parental/other concerns about vision (eg. amblyopia, squint, infection, injury)
- questioning family history of eyesight problems
- referring the child to an optometrist for an eyesight assessment if appropriate

Check hearing – may include (but not limited to):
- conducting an ear examination
- seeking parental/other concerns regarding the child’s hearing or listening, following instructions or language
- questioning any history of ear infections, ear discharge, recurrent or chronic otitis media
- referring the child to an audiologist for a hearing assessment if appropriate

Check oral health – teeth and gums (a potential tool could include Lift the Lip)
- questioning whether the child has visited the dentist
- questioning how often the child brushes their teeth

Question toilet habits – may include (but not limited to):
- questioning whether the child needs assistance or can use a toilet independently
- questioning whether the child is a bed wetter

Note known or suspected allergies
ADDITIONAL MATTERS FOR CONSIDERATION

The health check may include the following matters, at the discretion of the GP/Practice nurse/Aboriginal and Torres Strait Islander health practitioner and according to his or her clinical judgement. It may be useful to refer to the patient’s State/Territory personal health record and the Guide.

General wellbeing:

☐ Discuss eating habits – may include (but not limited to):
  • discussing the child’s appetite
  • questioning about the variety of foods the child eats
  • discussing the frequency of consuming processed foods

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☐ Discuss physical activity – may include (but not limited to):
  • discussing the time spent in active or energetic play
  • discussing the time spent in sedentary activities

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☐ Question speech and language development – may include (but not limited to):
  • seeking parent/guardian concerns about:
    - the number of words their child uses or their understanding of directions
    - whether their child speaks clearly and takes an active part in conversations

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☐ Question fine and gross motor skills – may include (but not limited to):
  • picking up small objects
  • walking, running, jumping, hopping, climbing stairs
  • drawing without scribbling
  • riding a tricycle

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☐ Question behaviour and mood – may include (but not limited to):
  • sleeping
  • energy levels
  • social and emotional well-being
  • ability to separate from main carer

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☐ Other examinations considered necessary by GP/practice nurse/Aboriginal and Torres Strait Islander health practitioner

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