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Department of Health

**Medicare 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

Consent given for information to be collected by:

Explanation of health assessment given Yes Nurse Yes No
Patient consent for health assessment given Yes Other health professional Yes No
Date consent was given:/...../.....
- please specify

Previous health check

Has the patient had a previous health assessment? Date of last health assessment (if known)...../...../.....
Yes No Service provided by Dr.
Type of assessment:

HEALTH ASSESSMENT SUMMARY

PATIENT'S OVERALL HEALTH STATUS

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

HEALTH ISSUES IDENTIFIED AND DISCUSSED WITH PATIENT

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



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TESTS UNDERTAKEN AS INDICATED, RESULTS AND WHAT THEY MEAN

TEST	RESULTS AND WHAT THEY MEAN

RECOMMENDED INTERVENTION

.....

Next appointment with doctor:

Date:/...../.....

GP: Dr.

GP's signature

Date:/...../.....

Components of the Health Assessment

Information Collection

Patient history

.....

CURRENT HEALTH ISSUES	CURRENT RISK FACTORS

Family history of chronic disease

.....

Other relevant family history

.....



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Risk Factor Assessment of the Patient

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

Asthma

RISK FACTORS	ACTION

Cancer

RISK FACTORS	ACTION

Cardiovascular illness

RISK FACTORS	ACTION

Diabetes mellitus

RISK FACTORS	ACTION

Mental health conditions (depression and self harm risk)

RISK FACTORS	ACTION

Arthritis

RISK FACTORS	ACTION



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Musculoskeletal conditions (including osteoporosis)

RISK FACTORS	ACTION

Other

RISK FACTORS	ACTION

Lifestyle Risk Factors

Smoking

RISK FACTORS	ACTION

Nutrition

RISK FACTORS	ACTION

Alcohol and other substance misuse

RISK FACTORS	ACTION

Physical inactivity

RISK FACTORS	ACTION

Moods

RISK FACTORS	ACTION



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Biomedical Risk Factors

Blood pressure

Blood Pressure: Pulse Rate and Rhythm: Normal Abnormal

RISK FACTORS	ACTION

Body weight

Waist circumference (if indicated):

Weight: Height: BMI:

RISK FACTORS	ACTION

High cholesterol

RISK FACTORS	ACTION

Impaired glucose metabolism

RISK FACTORS	ACTION

Urinalysis

RISK FACTORS	ACTION

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="checkbox"/>	Date: ... / ... /	
Lipids	<input type="checkbox"/>	Date: ... / ... /	
Pap Smear	<input type="checkbox"/>	Date: ... / ... /	
Mammography	<input type="checkbox"/>	Date: ... / ... /	
Testicular Examination	<input type="checkbox"/>	Date: ... / ... /	
Prostate Assessment	<input type="checkbox"/>	Date: ... / ... /	
Other:			

Advice and Information to the Patient (including strategies to achieve lifestyle and behaviour changes)

Risk factors identified and discussed with patient

.....

Action to be taken by the patient

.....

Other action (if any)

.....

