



Physical Health Screening Tool

All information on this form will be treated as **CONFIDENTIAL**. One copy of the form will be filed with your notes and you will also be given a copy to keep.

Name: _____

Date: _____

	Please tick statements that apply to you and anything you would like to discuss further:	(√)	I would like to discuss (√)
1	I have been told by a doctor or other health professional that I have a health condition (arthritis, high blood pressure, diabetes, heart disease, a cancer, osteoporosis, asthma, lung disease, chronic kidney disease or other condition)		
2	I have had a GP check up in the last 6 months which included blood tests and a blood pressure check.		
3	I have had a pap smear in the past 2 years (for women)		
4	I have had a mammogram in the last 2 years (for women over 40 years old)		
5	I have had a prostate check in the last 12 months (for men over 50 years old)		
6	I would like a sexual health consultation (contraception, family planning, STIs)		
7	I am concerned about my medications		
8	I have recently had problems with my eye sight		
9	I have recently had problems with my hearing		
10	I have recently had problems with my teeth, mouth, gums or dentures		
11	I am concerned about my weight/body shape		
12	I have recently lost weight without trying		
13	I am concerned about my diet		
14	I am concerned about my lack of physical activity		
15	I have difficulties with my balance		
16	I have difficulty with daily tasks (getting dressed, showering)		
17	I currently smoke tobacco		
18	I am concerned about how much sleep I get		

19	I am concerned about how much alcohol I drink		
20	I am concerned about my use of drugs		
21	I am concerned about my gambling		
22	I have trouble managing my finances		
23	I often feel sad or depressed		
24	I often feel nervous or anxious		
25	I have felt afraid of someone who controls or hurts me		
26	I am concerned about my housing		

Workers may now like to refer to the **Human Services Directory** for details regarding physical health services and their contact details: <http://humanservicesdirectory.vic.gov.au/Home.aspx> or <http://www.serviceseeker.com.au/>

Table A

Question(s)	Referral to
1. Chronic Condition	GP or Chronic Disease Program
2. GP Check Up	GP
3. Pap Smear	GP, Community Health Service or Women's Health Service
4. Mammogram	Breastscreen Victoria or GP
5. Prostate	GP
6. Sexual health	GP or Community Health Nurse
7. Medications	GP
8. Vision	GP or Optometrist
9. Hearing	GP or Audiologist
10. Oral Health	Dental Program
11-13. Nutrition	GP
14-15. Physical Activity & Balance	GP
16. Daily Tasks	Occupational Therapist
17. Tobacco	Quit or Smoking Cessation Program
18-19. Alcohol and Drugs	Alcohol and Drug Counselor or Community Health Service
20. Gambling	Gambling Counsellor
21. Finances	Financial Counsellor
22-23. Anxiety and Depression	GP
24. Family Violence	Family Violence Program
25. Housing	Housing Service or Dpt of Human Services

What now?

Any physical health needs that you have identified and/or actions resulting from referrals to other services will now be included in your recovery plan and given to you with a copy of this form.

Symptoms Checklist

An optional addition to the physical health review questionnaire

On each body please use Xs to indicate any areas where you experience pain, discomfort or difficulties in your body. Please include issues such as skin, teeth, gum, ear problems or incontinence.

Place a mark in each area of the body affected and then use **Table B** to explain further details about it. For example, an 'X' placed over the chest area might indicate:

Problem - chest pain

How often - when exercising

How does it affect you - prevents me from exercising.

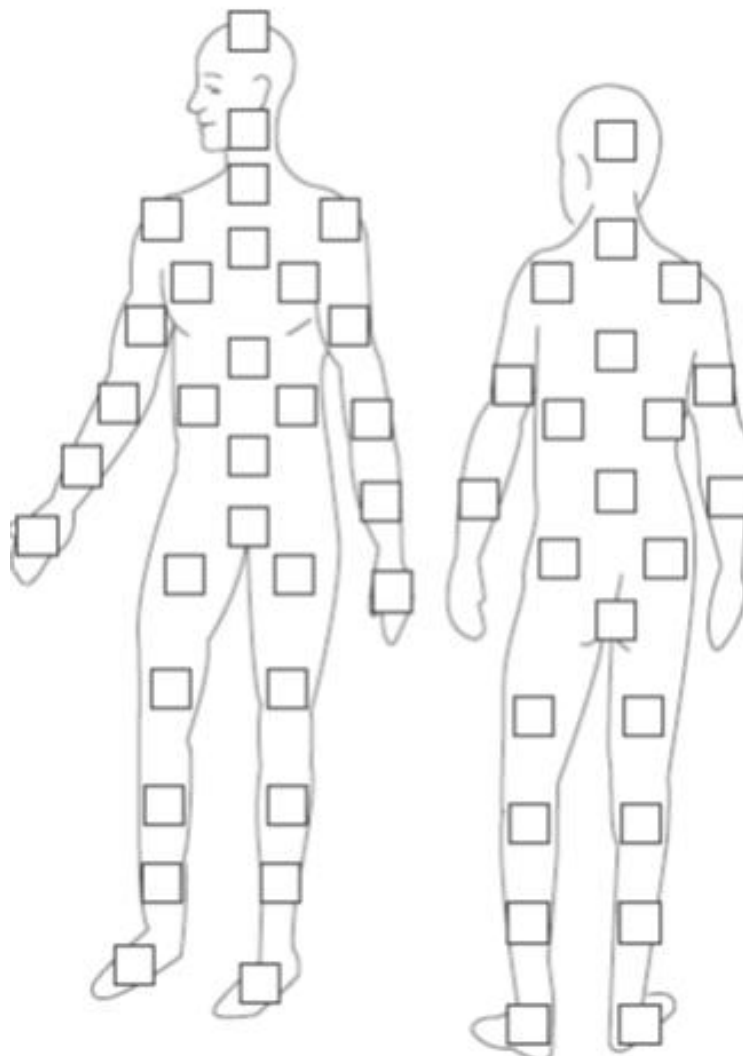


Table B
For symptoms marked on body, note how often and what affect it has on you in the table below:

Problem	How Often	How does it affect you
<i>Chest pain</i>	<i>When I exercise</i>	<i>Stops me from exercising</i>

Adaptation of documents developed by the NEPCP, Hume Whittlesea PCP *Physical Health Matters Too Project Steering Committee*, with support from the Victorian Department of Health under the Community Mental Health Planning and Service Coordination Initiative and Rethink Physical Health Check