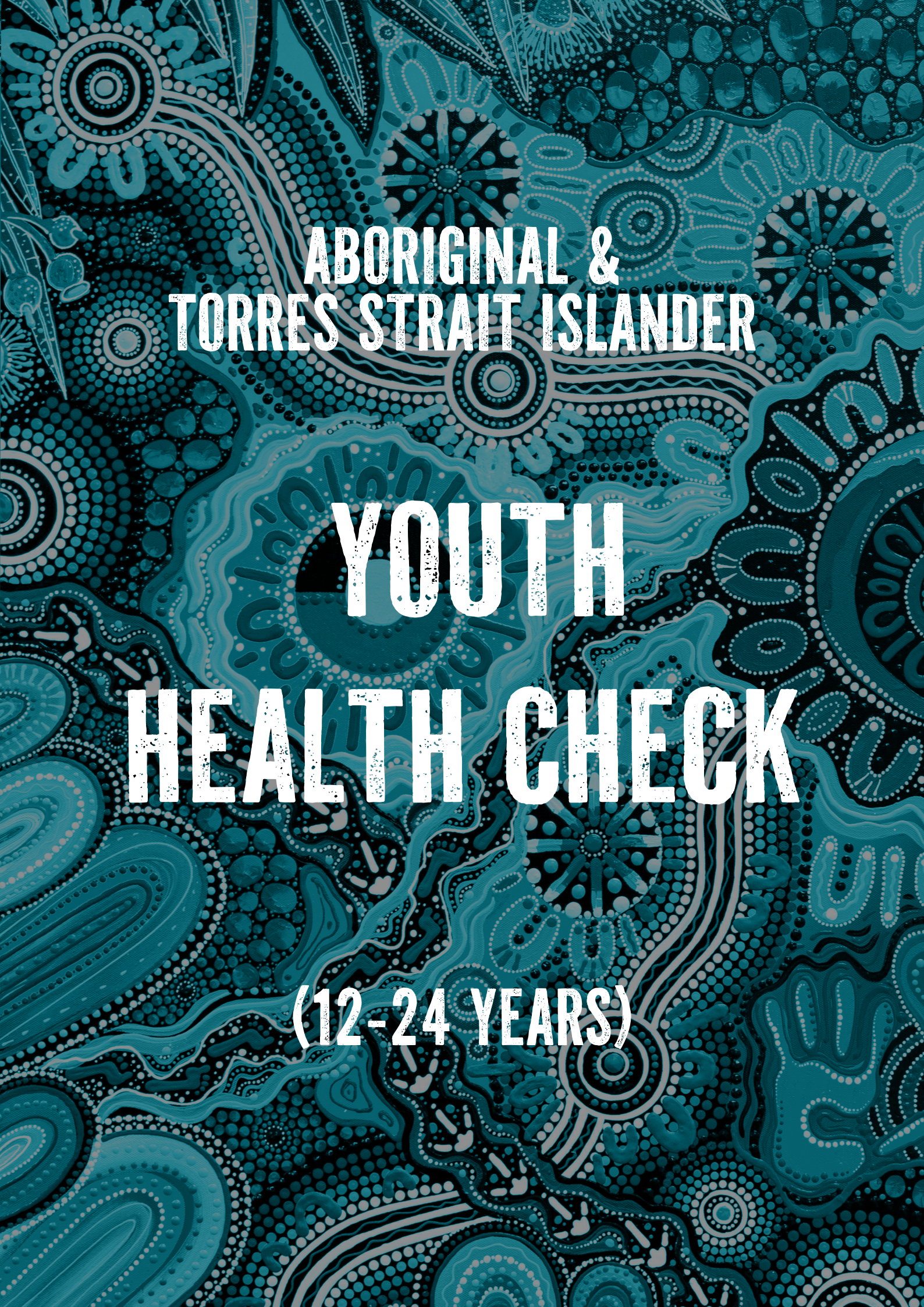




**ABORIGINAL &
TORRES STRAIT ISLANDER**

**YOUTH
HEALTH CHECK**

(12-24 YEARS)

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

YOUTH HEALTH CHECK TEMPLATE

The first two sections can be completed by the young person, with assistance if necessary from a carer, youth worker, or health professional. The third is to be completed by a health professional and the fourth section is for the young person and the health professional to complete together.

Medico-legal considerations:

Please refer to State & Territory legislation for details regarding age of consent to medical treatment and mandatory reporting responsibility.

In brief, a young person below the age of consent to medical treatment cannot be seen alone without having an assessment of maturity ("mature minor" assessment). Such assessments can ONLY be done by medical practitioners.

A young person above the age of consent to medical treatment as well as a mature minor is entitled to the same levels of confidentiality and privacy as adults. Confidentiality can only be breached if there is harm or risk of harm to the young person, or the young person is at risk of harming another person.

Section 1: My General Information

This section is meant to be completed by the young person, but she/he may need help to complete it. Even if the young person completes this section without the health professional's help, the health professional should go through it with the young person to make sure all the information is correct. This section includes informed consent, contact details, usual health provider details, services attended, allergies, medical history, medications, and family history.

Section 2: Staying Deadly Questionnaire

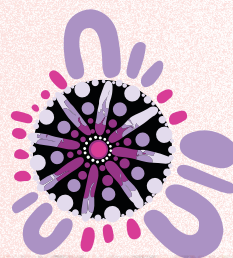
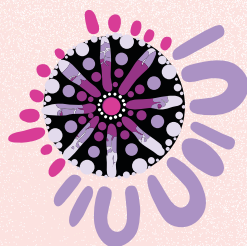
The Staying Deadly Questionnaire is where young people can identify the factors that help to keep them strong and healthy, in addition to any health concerns. This section is to be completed by the young person themselves. There is also a mental health screening tool (the K5 Psychological Distress Scale) that they fill out.

Section 3: Assessment by Health Professional

This section is performed by the health professional and includes a cultural, social, emotional wellbeing assessment; additional assessment, physical examination, and tests.

Section 4: Staying Deadly Plan

The Staying Deadly Plan is completed by both the young person and health professional and has a young person centred focus. It includes a summary of areas that are going well, problems that have been identified, action areas as prioritised by the young person, advice provided by the health professional and referrals that have been made. The action plan then details the top three areas for action, including what will happen, who is involved, a date for review and a review of progress.



Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SECTION 1: MY GENERAL INFORMATION

Date: / /

CONSENT

I agree to having a health check ☐ OR I agree to the young person in my care having a health check ☐

I would like SMS reminders for appointments ☐

CONTACT DETAILS

Current address:

Current phone no:

Medicare no.:

Reference number:

Expiry date:

Centrelink concession no.:

PARENT/GUARDIAN DETAILS (if this applies):

Name:

Relationship to you:

Address (if this is different to yours):

Phone number:

USUAL HEALTH PROVIDER/SERVICE (do not fill in if we are your usual health service)

Name:

Address:

Contact number/fax:

I would like a copy of my health check report to be given to my usual health provider

YOUTH GROUPS OR OTHER HEALTH SERVICES THAT YOU ATTEND (if this applies to you):

Do you also get help from a traditional healer (e.g. Ngangakari)?

☐ YES

☐ NO

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

ALLERGIES:

Are you allergic to anything? ☐ Yes ☐ No ☐ Don't know

If yes, what are you allergic to?

HEALTH CONDITIONS OR PROBLEMS

Have you had or do you have any of the following health problems?

☐ Diabetes ☐ Asthma ☐ Heart disease ☐ High blood sugars ☐ Mental health problems
☐ Hormonal problems ☐ Other

For females only: ☐ Diabetes during pregnancy ☐ Women's business problems

Have you ever had any operations or had to go to hospital? ☐ Yes ☐ No

If yes, what for?

MEDICINES / MEDICATIONS

Are you on any medications? ☐ Yes (please answer the following questions) ☐ No (move on to next section)

If yes, please write the name and dose of the medications you are on:

Name	Dose

Are you able to get cheaper medicines through your doctor or clinic? ☐ Yes ☐ No ☐ Don't know

Are you or your family able to pay for your medications? ☐ Yes ☐ No ☐ Sometimes

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

Do you take your medicines as recommended? ☐ Yes ☐ No ☐ Sometimes

If your answer is no or sometimes, please tell us why:

☐ Keep forgetting ☐ Not important to me ☐ Don't like being on them ☐ Other

FAMILY'S HEALTH PROBLEMS

Does anyone in your family have any of the following problems?:

☐ Smoker ☐ Diabetes or high blood sugar ☐ Heart disease
☐ Kidney disease ☐ Mental illness ☐ Other

HEALTH PROFESSIONALS TO COMPLETE

☐ Allergy alert ☐ Refer to GP if there are any existing health conditions

TESTING

WHO	TEST	WHEN/FREQUENCY
All adults aged ≥ 18 years; Children/adolescents aged ≥ 10 years (if clinically indicated).*	• HbA1c (preferred) OR Fasting blood glucose (FBG)	Opportunistically
	• Test lipids	
	• Test eGFR and urinary ACR	

Examples of clinical indications may include: children with type 1 and type 2 diabetes; those overweight or obese; family history of maternal diabetes or gestational diabetes; first degree relative with Type II diabetes; clinical signs of insulin resistance (acanthosis nigricans). Please check the [National Aboriginal Community Controlled Health Organisation](#) and [The Royal Australian College of General Practitioners. National guide to preventive healthcare for Aboriginal and Torres Strait Islander people: Recommendations. 4th edition. East Melbourne, Vic: RACGP, 2024.](#)

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

SECTION 2: STAYING DEADLY QUESTIONNAIRE

Date: ____ / ____ / ____

PEOPLE THAT KEEP ME STRONG: (family, friends, elders, community members)

The person whom I trust ,to give advice about my treatment or health concerns is:

THINGS THAT ARE HELPING TO KEEP ME STRONG: (tick all the boxes that apply to you and circle the 3 biggest strengths)

☐	Culture, language, heritage, spiritual belief	☐	Friends or supportive person to yarn with
☐	Going to country	☐	Having a safe place to go to
☐	Religion	☐	Art and craft
☐	Family and/or relationship	☐	Dance
☐	Health centre, health worker, doctor	☐	Music
☐	Traditional healer (e.g. Ngangakari)	☐	Hunting and fishing
☐	Good diet	☐	Positive thinking
☐	Sport / Exercise	☐	Making my own choices
☐	School / Learning new things	☐	Sleeping well / A good night's sleep
☐	Work / Community involvement	☐	Good Health
☐	Social Media	☐	Other

YOU CAN USE THIS SPACE TO WRITE MORE ABOUT THINGS THAT KEEP YOU STRONG:

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SOME WORRIES I HAVE ARE: (tick all the boxes that apply to you and circle your 3 biggest worries)

☐	Cultural or spiritual worries	☐	Racism
☐	Family and relationship worries	☐	Feeling alone / Feeling left out – not mixing much with others
☐	Where and how I am living	☐	Feeling sad inside, no interest in doing things
☐	Ongoing health issues	☐	Feeling anxious or nervous or jumpy
☐	Hearing trouble	☐	Sleep worry / Sleeping problems
☐	Not eating well	☐	Problem with my behaviour
☐	Not enough exercise	☐	Not caring for self: trouble shopping, cooking, cleaning
☐	Missing school or trouble at school	☐	Mixed up thoughts, paranoid thinking or silly thoughts
☐	Getting picked on or feeling pressured to do things	☐	Hearing voices or seeing things
☐	Nothing to do / Bored	☐	Self-harm behaviour or thoughts of suicide
☐	Not working or trouble at work	☐	Too much energy, cant slow down, thinking too fast
☐	Money worries	☐	How I look / My appearance
☐	Marijuana, alcohol, cigarettes, vapes, other drugs	☐	Not being able to make my own choices
☐	Gambling worries	☐	Language barrier
☐	Violence / Harm towards me	☐	Social media
☐	Difficulty reading and writing	☐	Other worry
☐	Losing family / friends	☐	

YOU CAN USE THIS SPACE TO WRITE MORE ABOUT THINGS THAT WORRY YOU:

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

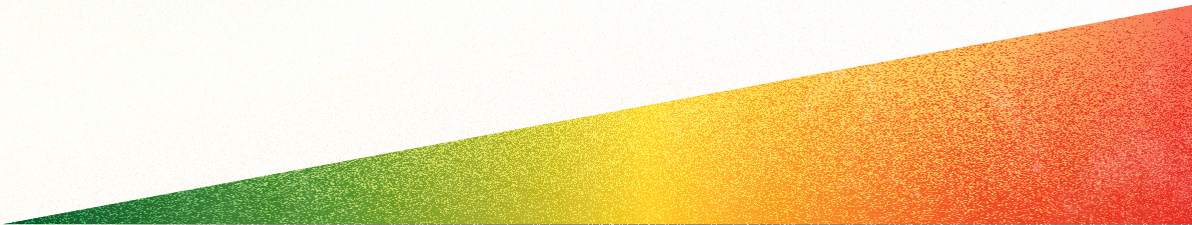
DOB: / /

The Mental Health Screening Tool (Kessler-5 Psychological Distress Scale) *

DATE OF ASSESSMENT: / / (Put a circle around the answer to each question)

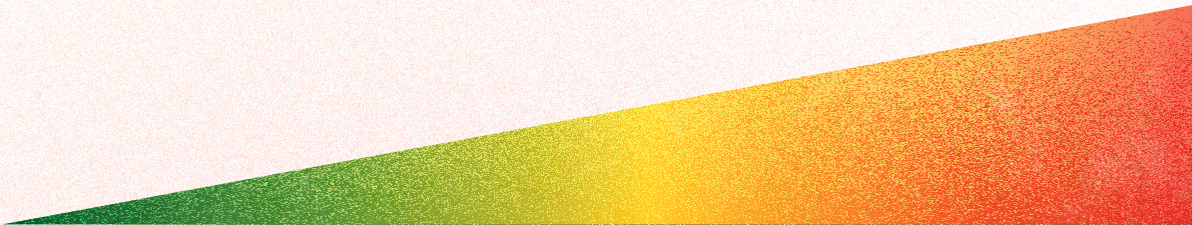
In the last four weeks how often did you feel...

Nervous or Anxious?



None of the time Little of the time Some of the time Most of the time All of the time

Hopeless (without hope)?



None of the time Little of the time Some of the time Most of the time All of the time

* Adapted from the Menzies School of Health Research Aboriginal and Islander Mental health initiative (AIMhi) Stay Strong Plan

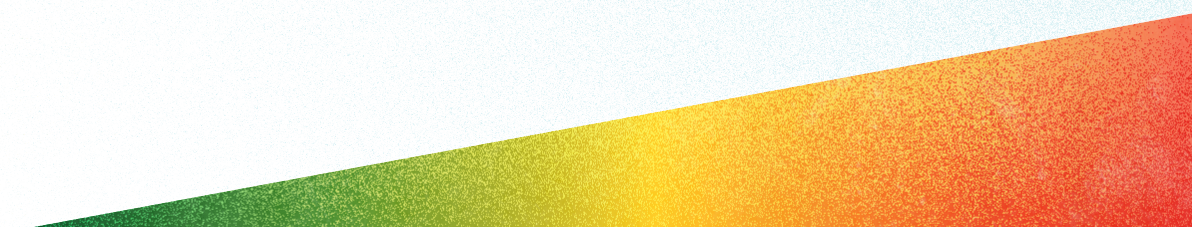
Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

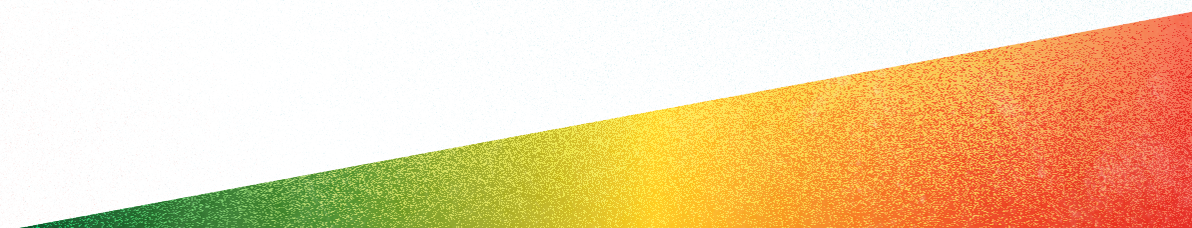
DOB: ____ / ____ / ____

Restless or Jumpy?



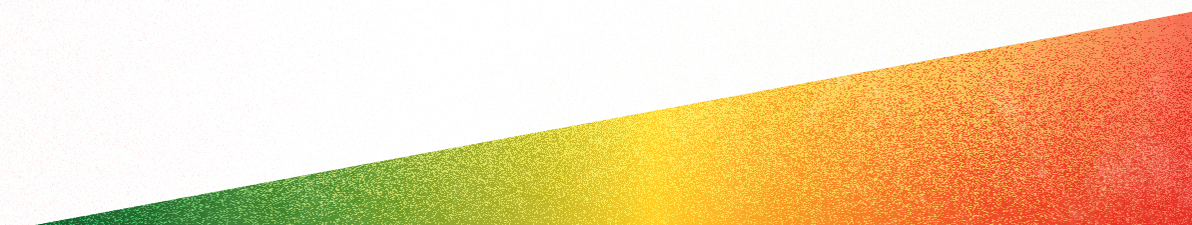
None of the time Little of the time Some of the time Most of the time All of the time

Everything was an effort?



None of the time Little of the time Some of the time Most of the time All of the time

So sad that nothing could cheer you up?



None of the time Little of the time Some of the time Most of the time All of the time

Would you like help with this?

☐ Yes ☐ Yes, but not today ☐ No

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

THIS SECTION TO BE FILLED IN BY A HEALTH PROFESSIONAL.

DATE OF ASSESSMENT: ____/____/____

Health professionals can calculate the total score based on the young persons responses for every item in the K5 as follows:

- None of the time = 1 point
- A little of the time = 2 points
- Some of the time = 3 points
- Most of the time = 4 points
- All of the time = 5 points

Add up each score.
Assess the significance as per the score table.

K 5 SCORE = _____

Circle the relevant section:

ASSESS THE SIGNIFICANCE OF THE TOTAL K5 SCORE			
TOTAL SCORE	RISK OF DEPRESSION OR ANXIETY	ASK ABOUT SELF HARM/ SUICIDAL IDEAS	FOLLOW UP
5 – 11	Low risk to Moderate risk	May be necessary if other psychosocial risk factors are present	May be necessary
12 – 25	High risk to Very high risk	YES	Necessary

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

SECTION 3: ASSESSMENT BY HEALTH PROFESSIONAL

Date: ____ / ____ / ____

Confidentiality discussed ☐

Cultural social emotional wellbeing assessment (modified HEEADSSS)

(Begin with the answers on the Stay Deadly questionnaire. It is good to use open ended questions and probe or clarify as needed. You can refer to the question guide, but please do not ask every single question in it)

GENERAL (Begin by asking if the young person has any concerns. Then ask about the person's connection to culture, country, and language. Also ask about exposure to racism and prejudice.)

ACTIONS

☐ Refer to Youth group

☐ Refer to Community group

☐ Refer to GP

☐ Other

HOME (Ask about the home situation, family life, relationships and stability. We also want to identify any overcrowding)

ACTIONS

☐ Refer to GP

☐ Housing assistance needed

☐ Refer to counsellor/wellbeing worker

☐ Other

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

LEARNING/WORK (Check how the young person is going at school/work and relationships with teachers/peers/ workmates; whether there have been changes recently; whether there is bullying etc)

ACTIONS

Referral:

☐ Aboriginal education officer/ youth counsellor/
school counsellor

☐ GP

EATING/EXERCISE (Ask about the young person's food and eating habits, including bush tucker; whether they are getting enough to eat. Also ask about physical activity including traditional dance)

ASSESSMENT:

Eating enough fruit ☐ Yes ☐ No

Eating enough veggies ☐ Yes ☐ No

Drinking enough water ☐ Yes ☐ No

Having dairy ☐ Yes ☐ No

Type of Physical Activity: _____

For how long: _____

How often: _____

ISSUES:

☐ Not having enough to eat

☐ Too many sugary foods

☐ High fat foods

☐ Low physical activity

☐ Possible eating disorder

☐ Other

ACTIONS:

Brief intervention:

☐ Food & diet

☐ Physical activity

Referral:

☐ GP

☐ Financial counselling/ support

Follow up:

☐ Dietary assessment

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

HOBBIES/INTERESTS/FRIENDSHIPS (Ask about the young person's hobbies and interests and relationships with other young people, how they are socialising, and whether they are engaging in any high risk behaviours. Ask about use of seat belts helmets, sunglasses, sun screen etc. Ask about gambling, including online gambling)

High risk behaviours: ☐ Yes ☐ No

Gambling: ☐ Yes ☐ No

ACTIONS

Referral:

☐ GP

☐ Counselling

☐ Other

☐ Gambling assistance

Brief intervention:

☐ Safety advice

SUBSTANCE USE INCLUDING CIGARETTES (Ask about use, what type, how much and how often. If they are taking drugs or alcohol, find out if this has become a problem. Also find out if the people they live with smoke, vape, drink or use drugs)

Smoking tobacco: ☐ No ☐ Occasionally
☐ Yes Packs per day: How many years?:

Exposed to other people smoking: ☐ No ☐ Yes

If smoker or exposed to smoke, ask about symptoms of:

Asthma (shortness of breath, chest tightness, wheeze, cough) ☐ Yes ☐ No

COPD (shortness of breath, chronic cough/sputum production, wheeze) ☐ Yes ☐ No

Smoking yarrdi/marijuana ☐ Yes ☐ No

Alcohol ☐ Yes ☐ No

ACTIONS

Brief intervention:

☐ Smoking

☐ Vaping

☐ Passive smoking

☐ Alcohol

☐ Drugs

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

AUDIT-C test score:

Vaping ☐ Yes ☐ No ☐ Occasionally

How much:

How often:

Hazardous drinking: ☐ Yes ☐ No

Other drugs ☐ Yes ☐ No

If yes, what drugs are being used?

Method of use:

When/ Where/ Who with:

How much:

How often:

If injecting, sharing needles ☐ Yes ☐ No

Referral:

☐ Drug & alcohol service

☐ GP

☐ Needle exchange service

☐ Quit smoking or vaping program/service

Follow up:

☐ Fagerstrom test for nicotine dependence

☐ Spirometry (symptoms of asthma/ COPD)

MENTAL HEALTH (Refer to the K5 plus one filled out by the young person. If the score indicates moderate to high risk, must ask about self-harm or suicidal thoughts. If no-low risk, consider asking about self harm if other risks present)

Enter the K5 score:

Is this score ☐ Low risk ☐ Moderate risk
☐ High risk

Is there risk of self harm or suicide ☐ Yes ☐ No

Enjoying things as usual ☐ Yes ☐ No

Appetite Normal ☐ Yes ☐ No

Sleep Normal ☐ Yes ☐ No

Affected by traumatic experience ☐ Yes ☐ No

ACTIONS

Referral:

☐ Mental health service

☐ GP

☐ Counsellor

☐ Self-harm prevention/intervention

☐ Hospital

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

SEXUAL HEALTH (Ask about sexual activity, contraception/protection, safe sex practices, sexual orientation, pressure to have sex, STIs)

Has been sexually active ☐ Yes ☐ No (If yes, offer STI testing)

Age first started: _____

Using protection (condoms) ☐ Yes, all the time

☐ Yes, sometimes ☐ No ☐ N/A

Has anyone ever taken advantage of you or used you? Have you ever felt uncomfortable or pressured about having sexual intercourse ☐ Yes ☐ No

Are you attracted to ☐ Boys/males

☐ Girls/ females ☐ Both

☐ Unsure

Do you feel comfortable with your sexuality ☐ Yes ☐ No

☐ Unsure

Have you had an STI (e.g. Gonorrhoea, Chlamydia)

☐ Yes ☐ No ☐ Unsure ☐ N/A

Consents to STI test ☐

ACTIONS

Brief intervention:

☐ Safe sex & condom use

Referral:

☐ Sexual health service

☐ GP

☐ Antenatal care (for females)

STI screen (see table 3 on page 27):

☐ HIV

☐ Chlamydia

☐ Gonorrhea

☐ Trichomonas vaginalis (for females)

☐ Syphilis

☐ Blood Borne Virus screen (see Tests)

☐ Appt for cervical screening test (for females only)

See current information on STI testing can be found here: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide/sexually-transmissible-infections-and-blood-borne>

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

For females only:

On contraception ☐ Pill ☐ Depo ☐ Implanon ☐ Other ☐ No ☐ N/A

Is your monthly period regular ☐ Yes ☐ No ☐ There's problems ☐ N/A

When was your last period?

Have you had a cervical screening test ☐ Yes ☐ No ☐ Unsure ☐ N/A

If yes, was it in the last five years ☐ Yes ☐ No ☐ Unsure

Was the result ☐ Normal

☐ Had to go for more check ups ☐ Had treatment

For males only:

Partner on contraception ☐ Yes ☐ No ☐ Unsure

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

Table 3*

TESTING FOR SPECIFIC SEXUALLY TRANSMISSIBLE INFECTIONS AND BLOOD-BORNE VIRUSES		
TEST	PROCESS	CONSIDERATION
HIV	HIV antigen/antibody	Repeat in six weeks if there is recent exposure and antigen/antibody negative
Syphilis	Serology: syphilis antibody Swab of ulcer: PCR	Antibody tests are usually positive for life following infection RPR is a marker of disease activity and response to treatment; non-reactive if treatment is successful If there is recent exposure, repeat at 12 weeks and treat presumptively
Hepatitis B	HBsAg Anti-HBs antibody Anti-HBc antibody	HBsAg indicates active infection Anti-HBs antibody indicates immunity (vaccination or past infection) Anti-HBc antibody indicates infection (past or current)
Hepatitis C	Hepatitis C antibody test Hepatitis C RNA test	Hepatitis C antibody test indicates whether there has ever been HCV infection Hepatitis C RNA test indicates present HCV infection
Chlamydia, gonorrhoea, trichomoniasis	Urethral first-pass urine or vaginal swab for NAAT	Vaginal swab is more sensitive and the preferred method Trichomonas testing is only performed in populations with high prevalence
Herpes simplex virus	Swab from genital lesion for NAAT	Consider also testing for syphilis
Cervical screening	Either cervical smear or patient-collected vaginal swab	
Mycoplasma genitalium, bacterial vaginosis, HPV	Asymptomatic screening not recommended	
Anti-HBc antibody, anti-hepatitis B core antibody; anti-HBs antibody, anti-hepatitis B surface antibody; HBsAg, hepatitis B s antigen; HCV, hepatitis C virus; HPV, human papilloma virus; NAAT, nucleic acid amplification test; PCR, polymerase chain reaction; RPR, rapid plasma regain.		

* National Guide to Preventive Healthcare for Aboriginal and Torres Strait Islander people (4th edition, 2025): <https://www.racgp.org.au/getattachment/ef5164d0-14ce-40b6-bd2e-7fe38922f7d4/National-Guide-to-preventive-healthcare-for-Aboriginal-and-Torres-Strait-Islander-people.aspx>

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

VACCINATION STATUS

Yearly Influenza ☐ Yes ☐ No ☐ Unsure

dTpa (11–13 yrs booster) ☐ Yes ☐ No ☐ Unsure

dT (for those who have never received a dT vaccine in childhood) ☐ Yes ☐ No ☐ Unsure

Hepatitis B ☐ Started ☐ Completed

☐ No ☐ Unsure

Hepatitis A ☐ Started ☐ Completed

☐ No ☐ Unsure

HPV 12–25 yrs ☐ Started ☐ Complete

☐ No ☐ Unsure

Varicella ☐ Started ☐ Completed

☐ No ☐ Unsure

Pneumococcal ☐ Yes ☐ No

☐ Unsure

Status: _____

Immunisations up to date as per National Immunisation Schedule ☐

ACTIONS

☐ Check AIR for immunisations

☐ RN/GP/Immunisation clinic

YOUTH HEALTH CHECK (12-24 YEARS)

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

Examination and other screening

Date: ____ / ____ / ____	
Pulse rate: Pulse rhythm: ☐ Regular ☐ Irregular Blood Pressure reading (12+ yrs):	ACTIONS ☐ Refer to GP
Height: Weight: BMI: weight (kg)/height (m) ² Waist circumference measurement (recommended 18 yrs +): If BMI > 25 or > 85th percentile, do brief interventions and make necessary referrals. If BMI < 18.5 or < 5th percentile, refer to GP.	ACTIONS Brief intervention: ☐ Food & diet ☐ Physical activity Referral: ☐ Dietician ☐ GP ☐ Exercise physiologist Follow up: ☐ Weight management
DENTAL Do you have any problems with your teeth or gums ☐ Yes ☐ No If yes, describe the problems: _____ Risk for dental caries (high sugar intake, smoking, alcohol, teeth brushing, fluoride access (toothpaste and water): ☐ Yes ☐ No Have you seen a dentist in the last 12 months ☐ Yes ☐ No ORAL EXAM Check teeth, gums and inside mouth: ☐ Normal ☐ Abnormal	ACTIONS Brief intervention: ☐ Dental hygiene Referral: ☐ GP ☐ Dental Care

Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: / /

EARS

Do you have any problems hearing ☐ Yes ☐ No

If yes, has the client been referred to or seen an audiologist

☐ Yes ☐ No

Otoscopy (up to age 15 years):

L Ear: ☐ Normal ☐ Abnormal

R Ear: ☐ Normal ☐ Abnormal

ACTIONS

Referral:

☐ GP

☐ Audiologist

Brief intervention:

☐ Risk of noise exposure

EYES

Do you have any problems/difficulties with your vision or eyes

☐ Yes ☐ No

Do you have any problems with your glasses or contact lenses

☐ Yes ☐ No ☐ N/A

Visual acuity check:

L eye:

R eye:

Eye check (for trachoma endemic areas):

L eye: ☐ Trichiasis ☐ Pterygium ☐ Scarring

R eye: ☐ Trichiasis ☐ Pterygium ☐ Scarring

ACTIONS

Brief intervention:

☐ Trachoma prevention

Referral:

☐ GP

☐ Optometrist

HEART EXAMINATION (HAS TO BE DONE BY A GP)

Cardiac murmur ☐ Present ☐ Absent

If present, give details:

ACTIONS

☐ ECG

Refer for echocardiography if murmurs are suggestive of valve disease, or if the patient has a past history of acute rheumatic fever.

Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

SKIN

Do you have any problems with your skin ☐ Yes ☐ No

If yes, describe them:

Do you have any tattoos or piercings ☐ Yes ☐ No

If yes, where this was done:

Examine skin for following:

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------------|----------------------------------|
| ☐ Normal | ☐ Rashes | ☐ Eczema | ☐ Scabies |
| ☐ Head Lice | ☐ Acne | ☐ School sores | ☐ Bruises |
| ☐ Insect bites | ☐ Other | | |

ACTIONS

Referral:

☐ GP

Brief intervention:

- ☐ Risks of unsterilised tattoo equipment
- ☐ BBV screening (see Tests)



Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name:

Other Names:

DOB: ____/____/____

SECTION 4: MY STAYING DEADLY HEALTH PLAN

Date: ____/____/____

THINGS THAT ARE GOING WELL

PROBLEMS IDENTIFIED





Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name: _____

Other Names: _____

DOB: ____ / ____ / ____

YOUNG PERSON'S PRIORITIES (WHICH THINGS I WANT TO TACKLE FIRST)

ADVICE OFFERED BY HEALTH PROFESSIONAL

REFERRALS





Aboriginal & Torres Strait Islander YOUTH HEALTH CHECK (12-24 years)

Name: _____

Other Names: _____

DOB: ____/____/____

My Staying Deadly action plan

Date: ____/____/____

TOP 3 ACTION ITEMS	WHAT'S GOING TO HAPPEN
1.	
2.	
3.	

If applicable:

☐ I give permission for this Health and Action Plan to be shared with my usual health provider or clinic

Updated on:

YOUTH HEALTH CHECK (12-24 YEARS)



Aboriginal & Torres Strait Islander Youth Health Check (12-24 Years)

Name:

Other Names:

DOB: / /

WHO'S INVOLVED	DATE FOR CHECKING ON ACTION ITEM	HOW THINGS ARE GOING
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done
		☐ Not started ☐ Started ☐ A little way ☐ Half way ☐ Almost there ☐ Stalled ☐ Done

This Health Plan has been created by:

(My Name)

(Name and position of Health Professional)