



Annual Health Assessment for People with Intellectual Disability

ADULT

Name of Person (with intellectual disability)

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This document is reviewed annually and updated as appropriate to be consistent with current relevant evidence and national and international guidelines. Check the Department of Health and Aged Care's website for the latest version of this document.

For more information on how the Australian Government is improving annual health assessments for people with intellectual disability visit <https://www.health.gov.au/our-work/improving-annualhealth-assessments-for-people-with-intellectual-disability>.

People supporting the annual health assessment

Name of Family Member / Support Staff

Name of General Practitioner (GP)

Steps to follow

1. The person with disability, family member and/or support staff fills in **Part 1** of this book for the person with disability. It is OK to get information from records, family members and staff.
2. Make a long appointment for the person with disability with their usual GP.
 - Ask the receptionist if the clinic has a Practice Nurse, as they may be able to assist with the health assessment.
 - You may wish to book the first appointment of the day to avoid long waiting times.
3. Take this book to the appointment with the GP.
4. The GP will look through the first part of this book and fill in **Part 2** while examining the individual.
5. It is important that the Action Plan is filled in at the end of the consultation. A copy of the Action Plan is to be kept with the individual's personal record.
6. Medicare supports this ANNUAL health assessment. Please refer to Page 17 for details of Medicare items.

People with intellectual disability generally have poor health. Their healthcare is generally of a lower standard. The Comprehensive Health Assessment Program (CHAP) was designed to improve the interaction between the GP and the person with intellectual disability.

It does this by:

- recording a dedicated health history from the person with disability and or their carer
- improving communication between, and integration of, disability and health services
- educating and empowering all those involved in the health assessment
- providing guidelines for the GP on commonly missed health issues for this population.

Use of the CHAP can improve the health of a person with intellectual disability.

Several randomised controlled trials and observational studies have demonstrated its benefit in detecting new disease, enhanced health screening and promotion.

Part 1 – For the Person with Disability

Please tick the boxes below if the person has experienced any of the following signs and symptoms in the **last year**.

If you are unsure or don't know the answer, please tick the 'unsure/don't know' box.

To make an accurate medical assessment of the person's health, the doctor needs to know about these signs and symptoms.

	Yes	No	Unsure/ don't know
1. Breathing system			
Does the person cough ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person cough up blood ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person cough up stuff/mucous/sputum ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person get short of breath ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person wheeze ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart system			
Does the person have chest pain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person's heart 'race'/ beat quickly ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the person's ankles swell ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person get short of breath while lying in bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person get a blue tinge to their skin (for example, fingers/lips/toes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Muscles & Joints			
Does the person have joint pain or back pain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have muscle pain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gastrointestinal system			
Has the person lost weight ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have trouble swallowing ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person regurgitate/vomit ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person get heartburn ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have diarrhoea ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have black bowel motions/faeces ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person get constipated ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person lose control of bowel movements ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have abdominal/stomach pain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Urinary system			
Does the person have pain when urinating ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have blood in the urine ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person urinate involuntarily /suffer incontinence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person urinate a lot /more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Allergies

Please list anything the person is allergic to, including medications.

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	Yes	No	Unsure/ don't know

10. Sleep

Does the person experience any problems with sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe			

11. Cause of intellectual disability

Is the cause of intellectual disability known?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe			

12. Epilepsy

Has the person ever had epileptic seizures/fits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No , please go to Question 13			
If Yes , please describe			

Type of Seizures	Number	Usual duration

Epilepsy – Continued

Which doctor treats the epileptic seizures/fits?	Please tick one
GP	<input type="checkbox"/>
Neurologist	<input type="checkbox"/>
Other <i>Please describe</i>	<input type="checkbox"/>

When did this doctor last review the person’s epilepsy?	
Month and year if known <input type="text" value="MM/YYYY"/>	
Unknown <input type="checkbox"/>	
Since this review, have the seizures	Please tick as applicable
Become more severe	<input type="checkbox"/>
Become more frequent	<input type="checkbox"/>
Remained the same	<input type="checkbox"/>
Improved	<input type="checkbox"/>

13. Sexual orientation and gender identity

What is the person’s gender identity:	Please tick one
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
Other	<input type="checkbox"/>

What sex was originally listed on the person’s birth certificate?	Please tick one
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other <i>Please describe</i>	<input type="checkbox"/>

Does the person identify as	Please tick one
Straight or heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Lesbian or gay	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>
Other	<input type="checkbox"/>

14. Relationships

Has the person ever been sexually active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person ever been abused (sexual, physical or psychological)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

For men and people with a penis, please go to question 16

15. Health of women and people with a cervix

Does the person have menstrual periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , date of last period <input type="text" value="DD/MM/YYYY"/>			
Unknown <input type="checkbox"/>			
Does the person use Implanon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person use an IUD (intrauterine device)? <i>Sometimes these are called 'Mirena' or 'Kyleena'</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person take the oral contraceptive pill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , what is the name of the pill:			
Does the person use any other contraceptive method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe:			

Does the person have any of the following:			
Pre-Menstrual Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-cycle bleeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal vaginal discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal irritation (e.g. thrush)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menopausal symptoms (e.g. hot flushes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Women and people with a cervix with intellectual disability have the same reason for needing cervical screening as those in the general population. It is recommended for both human papillomavirus (HPV) vaccinated and unvaccinated people, that an HPV test should be performed every five years starting at 25 years of age regardless of sexual orientation.

Since 1 July 2022, all people can be offered a choice of HPV testing either through a self-collected vaginal sample at the person's general practice or a clinician-collected sample from the cervix.

Taking a self-collected vaginal sample may be assisted by a GP, if necessary, or if the GP is confident a good sample can be collected, it can be taken by the person in a private place without assistance. This change is likely to make cervical screening accessible to more people with a disability.

Health of women and people with a cervix – Continued

Has the person had an HPV test? If Yes , date of last test <input type="text" value="DD / MM / YYYY"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person had a cervical screening? If Yes , date of last screening <input type="text" value="DD / MM / YYYY"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person need cervical screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If screening is needed but has not happened, please indicate why:

Distress about the procedure	<input type="checkbox"/>
Screening planned	<input type="checkbox"/>
Desensitisation/preparation planned	<input type="checkbox"/>
Desensitisation/preparation in progress	<input type="checkbox"/>
Other	<input type="checkbox"/>

A mammogram should be arranged every 2 years for women and people with a cervix who are over 50 years of age, or more regularly for people with a family history of breast/ovarian cancer, or Ashkenazi Jewish ancestry.

Are the person's breasts checked by a GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person ever had a mammogram? If Yes , date of last mammogram <input type="text" value="DD / MM / YYYY"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a mammogram is needed but has not happened, please indicate why:

Distress about the procedure	<input type="checkbox"/>
Mammogram planned	<input type="checkbox"/>
Desensitisation/preparation planned	<input type="checkbox"/>
Desensitisation/preparation in progress	<input type="checkbox"/>
Other	<input type="checkbox"/>

For women and people with a cervix, please go to question 17

16. Health of men and people with a penis

Does the person have any genital abnormality or discharge from their penis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have any erection dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have undescended testicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to question 17

17. Behaviours of concern

Does the person have any behaviours of concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If Yes, please describe the behaviours and any support the person receives to manage these behaviours.</p>			

18. Mental health

Does the person have any mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If Yes, please describe the problem and any help the person receives to manage this.</p>			

19. Vision

Does the person have a known problem with vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe the problem.			
If No or Unsure/don't know			
Do you suspect the person may have a problem with vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person ever been prescribed glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , does the person usually wear the glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When was the last vision test?			
Month and year if known <input type="text" value="MM / YYYY"/>			
Unknown <input type="checkbox"/>			
Never <input type="checkbox"/>			

Who performed this test?	Please tick one
Eye doctor / ophthalmologist	<input type="checkbox"/>
Optometrist	<input type="checkbox"/>
GP	<input type="checkbox"/>
Test while at school	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

Result of last vision test	Please tick one
Normal	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
Abnormality found	<input type="checkbox"/>
If an abnormality was found, please describe	

20. Hearing

Does the person have a known problem with hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe the problem.			
If No or Unsure/don't know			
Do you suspect the person may have a problem with hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the person been prescribed a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person usually wear the hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When was the person's last hearing test?			
Month and year if known	<input type="text" value="MM / YYYY"/>		
Unknown	<input type="checkbox"/>		
Never	<input type="checkbox"/>		

Who performed this test?	Please tick one
Audiologist	<input type="checkbox"/>
GP	<input type="checkbox"/>
Other	<input type="checkbox"/>

Result of last hearing test	Please tick one
Normal	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
Abnormality found	<input type="checkbox"/>

If an abnormality was found, please describe.	
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21. Health promotion & screening

Dental

Date of last review

Unknown

Blood pressure

Date of last check

Unknown

Cigarettes smoked (per day)

Alcohol (standard drinks per week)

Thyroid function test (TFT)

If the person has Down syndrome, what was the date of last test?

Unknown

Vitamin D test

Vitamin D deficiency appears to be quite common in people with intellectual disability.

Date of last review

Unknown

Bowel cancer test

Current guidelines recommend that people aged over 50 years should complete a bowel cancer screening test known as a Faecal Occult Blood Test every two years. People may also need a bowel cancer assessment if they have a family history of bowel cancer, a personal history of inflammatory bowel disease, or symptoms of bowel cancer or with high-risk familial syndromes, such as Lynch syndrome or familial polyposis.

Date of test

Unknown

Diabetes test

Date of test

Unknown

Skin check

Date of last review

Unknown

22. Activity & lifestyle

Has there been any mobility changes over time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any decline in the person's abilities, (for example, memory, dealing with money, making meals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the person physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person have any abnormal eating behaviours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there concerns about the quality of the person's diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactivity and poor diet can lead to significant health problems and depression.			

23. Immunisations

<p>COVID-19</p> <p>Is the person's COVID-19 immunisation up to date?</p> <p>If Yes, date/s of last immunisation/s</p> <p><input type="text" value="DD/MM/YYYY"/> <input type="text" value="DD/MM/YYYY"/> <input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tetanus/Diphtheria/Pertussis</p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Hepatitis A</p> <p><i>If required - check with the GP</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Hepatitis B</p> <p><i>If required - check with the GP</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immunisations – continued

<p>Influenza <i>(If required – check with the GP)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pneumococcus <i>(If required – check with the GP)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Measles, Mumps and Rubella <i>(If required – check with the GP)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Meningococcal Meningitis <i>(If required – check with the GP)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Cervical Cancer <i>(If required – check with the GP)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Shingles/Herpes Zoster <i>(If 60 years or over – check with the GP as cost to client)</i></p> <p>If Yes, date of most recent immunisation</p> <p><input type="text" value="DD/MM/YYYY"/></p> <p>If No, reason why</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Person's medical history

Please list any information about the person's health history, which has not been recorded in this booklet. Consider medical problems, surgery/operations, gynaecological, obstetric and psychiatric conditions

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25. Family medical history

Has anyone in the person's family (blood relation) had any of the following conditions?	Yes	No	Unsure/ don't know
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Summary of health concerns *(list your concerns about the person's health)*

27. Person who completed Part 1 of this document

Name

Date completed

DD / MM / YYYY

Remember!

If the clinic has a Practice Nurse, speak with them about completing this assessment as they may be able to assist. This will make the consultation with the GP easier.



Part 2 – For the General Practitioner

Thank you for reviewing this person's health care.

Date of visit

DD / MM / YYYY

Review the history provided in the Part 1 of this document.

Common health deficits for people with intellectual disability include:

- unrecognised pain or infections
- poor dental care
- over-use and inadequate review of anti-psychotics/anti-convulsants
- unrecognised mental disorder/s, poor psychiatric assessment / management
- inadequate epilepsy assessment / management
- unrecognised / poorly managed constipation
- unrecognised / poorly managed dysphagia and aspiration
- unrecognised reflux esophagitis / H.pylori infection
- unrecognised or poorly managed hearing and vision impairment +/- pathology
- incomplete immunisation schedules
- incomplete health screens – BP, skin, breast, cervical
- unrecognised osteoporosis and Vitamin D deficiency
- unrecognised or poorly managed obesity / malnutrition
- undescended testes/ hypogonadism
- inadequate information about menstrual management
- inadequate information about human relations and sexuality
- uninvestigated cause of intellectual disability.

The Medicare Benefits Schedule items for Health Assessments provided for people with an intellectual disability are:

- 701 (brief)
- 703 (standard)
- 705 (long) or
- 707 (prolonged)

A health assessment for people with an intellectual disability may be claimed once every twelve months by an eligible patient.

The Chronic Disease Care Management items are:

- GP Management Plan (item 721)
- Team Care Arrangements (item 723)

Please perform a COMPREHENSIVE REVIEW of your patient's health:

- full physical examination
- screening areas often neglected
- other tests you feel are indicated, for example, a urine analysis.

Please record your findings on the following pages.

The last page of this book has syndrome specific information for you to keep.

Using this Comprehensive Health Assessment Program (CHAP) can improve the health of a person with intellectual disability. Several randomised controlled trials and observational studies have demonstrated its beneficial effect to detect new disease, enhance health screening and promotion. This information is updated on an annual basis in line with current evidence and national and international guidelines.

1. Check

Height cm
Weight kg
Blood Pressure mmHg
Pulse Rate BPM

If the person has a weight / blood pressure problem, please specify action recommended or taken:

Weight control
Hypertension

Is waist measurement necessary? Yes No

2. Systems check

Please perform a complete comprehensive physical examination

New findings

Cardiovascular
Respiratory
Musculo-skeletal
Renal / urogenital
Endocrine
Gastrointestinal
Nervous
Psychiatric/
Behavioural
Skin

3. Mental health

People with intellectual disability have very high rates of mental ill health which is often unrecognised.

Is there any evidence of a comorbid psychiatric disorder?

4. Epilepsy

If present

- Has the person's seizure control been reviewed? Yes No
- Does the person have an epilepsy management plan? Yes No
- Has the risk of SUDEP been minimised? Yes No
- Has a referral been considered? Yes No

5. Vision test

For those who cannot name letters, please use the last page to aid testing

- Has the person's vision been tested? Yes No

Test result

- Both eyes Right Left
- Unable to test Uncertain

If abnormal, unable to test or uncertain, consider referral.

6. Hearing test

Appropriate hearing test: Whisper test both sides at 0.6 metre & tympanometry

- Has a hearing test been performed? Yes No

Test result

- Right ear Left ear
- Unable to test Uncertain

If abnormal, unable to test or uncertain, consider referral.

- Has an otoscopy been performed? Yes No

If hearing test or otoscopy abnormal, unable to test or uncertain, consider referral.

7. Aetiology

If there is no definitive diagnosis and the tests below have not been performed

- First Recommend a CGH Microarray (Medicare indication: Intellectual disability)
- Then Recommend testing for Fragile X, a urinary and plasma metabolic screen
- And If no results, consider referring to a genetics clinic

8. Sleep

- Does the person have sleep apnoea or sleep problems? Yes No

9. Health of women and people with a cervix

- Was a breast examination undertaken? Yes No

- Is a mammogram required? Yes No

- Was cervical screening undertaken/organised for the future (e.g. Supporting vaginal swab for HPV)? Yes No

If the person has symptoms which could be suspicious for cervical cancer a co-test rather than a screening test should be ordered alongside other investigations as appropriate.

10. Health of men and people with a penis

Was the person checked for undescended testicles? Yes No

Does this person need prostate screening? Yes No

11. Sexual and reproductive health

Recommend a review of their reproductive health, sexual activity and sexual development.

12. Abuse and Trauma

Check for signs of physical, psychological or sexual abuse and trauma.

13. Dental Health

Has the person been reviewed by a dentist in the last six months? Yes No

Is there obvious dental pathology? Yes No

14. GIT and bladder function

Especially for people with cerebral palsy

Has the person been assessed for dysphagia? Yes No

Has the person been assessed for gastro-oesophageal disease? Yes No

Does the person experience urinary or bowel incontinence? Yes No

Does the person have chronic constipation? Yes No

15. Activity and lifestyle

Inactivity and poor diet can lead to significant health problems and depression

Does the person have sufficient **exercise**? Yes No

Does the person have any **diet problems / abnormal eating behaviours**? Yes No

Is a referral needed for any of these? Yes No

16. Health promotion and screening

Blood glucose tested? Yes No

Lipid Screen tested? Yes No

Thyroid function tested? Yes No

Especially in people with Down syndrome

Colorectal cancer assessment? Yes No

Same risk factors as general population

Osteoporosis risk assessed? Yes No

Vitamin D deficiency, poor diet, lack of exercise, hypogonadism and medication (including anti-psychotics & anti-convulsants) issues all appear to be common in some people with intellectual disability.

17. Immunisations

Are the following immunisations indicated?

COVID-19	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tetanus, diphtheria & pertussis (dTpa)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pneumococcus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meningococcal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Measles, Mumps & Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HPV cervical cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Herpes Zoster	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Influenza, Pneumococcus and Meningococcal immunisation may be indicated for people with intellectual and developmental disability. For more details, please refer to The Australian Immunisation Handbook:

<https://immunisationhandbook.health.gov.au/>

18. Medication review

Including prescription and non-prescription medications

Have the person's medications been reviewed? Yes No

Have you communicated indications, side effects and interactions? Yes No

19. Future planning

Have there been any **mobility** changes over time? Yes No

Has there been any **functional decline** over time? Yes No

Would you be surprised if the person were to die in the next 12 months? Yes No

If **No**, have you considered **advanced care planning and palliative care**, and discussed with the person, their family or carers? Yes No

If possible, please assist the carer or support worker to complete the 'ACTION PLAN' on the following page. A copy of the ACTION PLAN can be given to the person and their care provider. This book can be returned to the care provider who came to this consultation.

Thank you for your comprehensive health review of this person. Your efforts are part of improving the poor health status of the 400,000+ Australians with intellectual disability.

Based on this, you can make a further appointment to do a formal management plan.

The Medicare Benefits Schedule items for Health Assessments provided for people with an intellectual disability are:

- 701 (brief)
- 703 (standard)
- 705 (long) or
- 707 (prolonged).

The Chronic Disease Care Management items are:

- GP Management Plan (item 721)
- Team Care Arrangements (item 723)

Name of person

Address

ACTION PLAN

Problem(s) identified	Action(s) to be Taken	MEDICATION CHANGES (Name of medication, how often, how much OR whether to cease)	Action(s) by, Arranged by:	By when (Date)	Actions completed & date

Comments or notes about the consultation

Details of **case conference** (including other professionals involved)

Completed by (please print)

Signature



Syndrome specific list for general practitioners

SYSTEM	CEREBRAL PALSY 1:500	DOWN SYNDROME 1:700	PRADER-WILLI 1:25,000
AUDIOVISUAL	Visual: Increased risk of cicatricial retinopathy of prematurity, cortical visual impairment, strabismus Hearing: Sensorineural hearing	Visual most common - Refractive errors (myopia, hyperopia, astigmatism), Strabismus, Nystagmus, Keratoconus, and cataracts Hearing: Otitis media affects 50 to 70% DS children, conductive and sensorineural hearing loss Annual assessments recommended	Strabismus Myopia
ENDOCRINE		Thyroid dysfunction & diabetes (both hypo or hyperthyroidism) – Hypo is more common Annual TFT recommended Growth, short stature Obesity and diabetes Osteoporosis	Hypothalamic & pituitary dysfunction Growth hormone deficiency Adrenal insufficiency Hypothyroidism, Type 2 Diabetes, Hypogonadism, Osteoporosis Delayed puberty
PSYCHIATRIC/ PSYCHOLOGICAL	Depression Not all have intellectual disability	Depression, anxiety, OCD Alzheimer's type dementia (Clinical onset uncommon before 40 years)	Hyperphagia Impulse control difficulties Self-injury Depression, anxiety, psychosis Not all have intellectual disability
C.N.S.	Epilepsy	Epilepsy (Usually clonic/tonic)	Epilepsy
CARDIOVASCULAR		Congenital Heart Defects (Common - in 40 to 50%)	Hypertension
MUSCULO-SKELETAL	Contractures, scoliosis, joint dysfunction Managing pain, maintaining range of movement, muscle strength and general fitness Physiotherapy to monitor muscular function.	Joint laxity and hypotonia Predisposition to osteoarthritis Atlantoaxial dislocation, instability	Scoliosis Kyphosis Hypotonia
ADDITIONAL	Genito-urinary problems Incontinence, Constipation Dental problems Recurrent aspiration Oesophagitis, Reflux +/- bleeding/ anaemia; Swallowing/eating difficulties - Speech disorders affect 40-50%; Abnormal function of oropharyngeal muscles Orthopaedic disorders; Osteopenia Pulmonary disease (caused by reflux & aspiration) Growth failure	Blood dyscrasias Childhood leukaemia – AML, ALL Sleep apnoea Increased risk of infections Coeliac disease Urological abnormalities Skin disorders, alopecia, eczema Gastrointestinal abnormalities	Infantile failure to thrive, then hyperphagia and severe obesity High tolerance to pain Decreased ability to vomit Sleep apnoea Undescended testes Dental Abnormalities Gastroesophageal reflux Skin picking
INHERITANCE	75% prenatal causes 8-10% perinatal asphyxia	Most cases are sporadic; 4% due to translocation involving chromosome 21 or rarely, parental mosaicism	Atypical. Most cases are sporadic.

Syndrome specific list for general practitioners

SYSTEM	RETT 1:10,000 FEMALES	NOONAN <1:10,000	TUBEROUS SCLEROSIS 1:6,000-17,000	NEUROFIBRO MATOSIS Type 1 - 1:3,000 Type 2 - 1:30,000
AUDIOVISUAL	Refractory errors	Strabismus, refractive errors Vision/hearing impairments	Retinal tumours Eye rhabdomyomas	Hearing impairment (Glioma affecting auditory nerve) Optic gliomas
ENDOCRINE				Various endocrine abnormalities
PSYCHIATRIC/ PSYCHOLOGICAL	Intellectual disability	Intellectual disability	Variable intellectual capacity Sleep problems Hyperactivity Aggressive behaviour Autism spectrum disorder Not all have intellectual disability	Increased risk of attention deficit disorders Not all have intellectual disability
C.N.S.	Epilepsy Vasomotor instability	Epilepsy	Cerebral astrocytomas Epilepsy	Variable clinical phenomena depending on site of the tumours Epilepsy
CARDIOVASCULAR	Prolonged QT interval	Pulmonary Valvular Stenosis ASD, VSD, PDA	Rhabdomyomas Hypertension	Rarely structural cardiac complications Increase in blood pressure with age
MUSCULO-SKELETAL	Osteopenia Fractures Scoliosis Gate abnormality	Scoliosis Talipes equinovarus Pectus carinatum/ excavatum	Bone Rhabdomyomata	Skeletal abnormalities esp. Kyphoscoliosis
ADDITIONAL	Hyperventilation Apnoea Reflux Feeding difficulties Growth failure Partial or complete loss of acquired spoken language Partial or complete loss of purposeful hand skills Impaired sleep pattern	Abnormal clotting factors, Platelet dysfunction Undescended testes, Deficient spermatogenesis Lymphoedema Hepatosplenomegaly Cubitus valgus, Hand abnormalities Characteristic facial features Short stature (80%)	Kidney & lung hamartomata Polycystic kidneys Liver Rhabdomyomata Dental abnormalities Skin lesions Subependymal nodules	Variable clinical phenomena depends on neurofibroma location Tumours susceptible to malignant change Cafe au lait spots Axillary and inguinal freckling Usually back pain & headaches Pheochromocytoma & renal artery stenosis rare
INHERITANCE	Usually sporadic. X linked	Autosomal dominant, may be sporadic	Autosomal dominant	Autosomal dominant

Syndrome specific list for general practitioners

SYSTEM	FRAGILE X 1:4,000 to 7,000 ¹	PHENYLKETONURIA 1:13,500-1:19,000	ANGELMANN SYNDROME 1:10,000-52,000	WILLIAMS <1:20,000
AUDIOVISUAL	Visual Impairment – Multifactorial, Strabismus Hearing Impairment - Recurrent ear infections		Glaucoma Strabismus is possible	Hyperacusis Strabismus
ENDOCRINE	Primary ovarian failure in carriers			Diabetes Hypercalcaemia Hypothyroidism
PSYCHIATRIC/ PSYCHOLOGICAL	Attention deficit/ hyperactivity Social difficulties Anxiety & Autism Spectrum Disorders Not all have intellectual disability	Phobic anxiety Social difficulties Excessive sadness, fear & anxiety; sense of isolation & poor self-image Not all have intellectual disability	Easily excitable Hyperactive Intellectual disability	Attention deficit problems in childhood Not all have intellectual disability
C.N.S.	Epilepsy (Usually clonic/tonic, complex partial)	Epilepsy Hyperactivity Tremor & pyramidal tract signs Extrapyramidal syndromes	Epilepsy	Perceptual & motor function reduced
CARDIOVASCULAR	Aortic dilatation, Mitral Valve prolapse (related to connective tissue dysplasia)			Cardiac abnormalities Hypertension, CVAs Chronic hemiparesis
MUSCULO- SKELETAL	Connective tissue dysplasia Scoliosis Congenital hip dislocation	Osteopenia	Joint contractures & scoliosis (in adults)	Joint contractures Scoliosis Hypotonia
ADDITIONAL	FXTAS in carriers Herniae (CT related) Abnormalities of speech & language Avoidant behaviour Delayed language development Obesity & hyperphagia	Eczema Low phenylalanine diet provides considerable benefit	Speech impairment, Movement & balance disorder; Characteristic EEG changes; Gastrointestinal problems; Orthopaedic problems; Sleep problems; Obesity; Microcephaly	Renal abnormalities Short stature Characteristic facial features (elfin) Gastrointestinal problems
INHERITANCE	X linked	Autosomal recessive	Variety of genetic mechanisms on Chromosome 15	Microdeletion on chromosome 7

Adapted from an original unpublished version by Michael Kerr and Glyn

¹ Permutation prevalence – 1 in 130-250 females; 1 in 250-810 males (see: http://www.irdjournal.com/files/IRD_2014Vol3No4_pp100_182.pdf)

A 

V 

T 

U 

X 

O 

H 

If the person has difficulty naming letters from the Snellen Chart,
ask them to point to the corresponding letter on this page.

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All information in this publication is correct as at May 2023

