

APPENDIX 3 - YOUTH HEALTH CHECK

PROMPTS FOR YOUTH-FRIENDLY PRACTICE: <i>Rapport, Affirm attendance, Confidentiality statement with exceptions, Discuss billing policy if relevant, Check consent, Time alone &/vs. Time with parent/guardian/partner</i> Consider developmental and physical health screening	
Name	
Assessment Date	
DOB	
Gender	
Culture & Language	E.g. Aboriginal or TSI; Language spoken at home
Other services/adults involved	E.g. Parents, guardians, carers, agencies
Medicare card number	
Preferred client contact method & time	
Confidentiality statement with exceptions provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUTH PSYCHOSOCIAL ASSESSMENT

HEEADSSS PSYCHOSOCIAL ASSESSMENT

Explain reasons for delving into sensitive areas and ask permission to proceed; consider third-person approach to sensitive questions; look for protective as well as risk factors

H - Home (Consider - living arrangements, transience, relationships with carers/significant others, supervision, childhood experiences, cultural identity and family cultural background/s)

E - Education, Employment (Consider - school/work retention & relationships, bullying, belonging, study/ career progress & goals, changes in grades/performance)

E - Eating, Exercise (Consider - nutrition, vegetarianism, eating patterns including recent changes, vegetarianism, weight gain/loss, physical activity, fitness, energy, preoccupation with weight or body image, attempts to lose or control weight or bulk up including restricting, purging, supplements)

A - Activities, Hobbies & Peer Relationships (Consider - free time, hobbies, culture, belonging to peer group, peer activities & venues, involvement in organized sport, religion, lifestyle factors, risk-taking, including managing chronic illness and adjustments in adolescence, injury avoidance, sun protection, use of technology)

D - Drug Use (Consider - alcohol, cigarettes, caffeine, prescription/Illicit drugs and type, quantity, frequency, administration, interactions, access, increases/decreases- treatments, education, motivational interviewing)

S - Sexual Activity & Sexuality (Consider - knowledge, sexual activity, age onset, safe sex practices, same sex attraction, sexual identity, STI screening, unwanted sex, sexual abuse, pregnancy/children)

S - Suicide, Depression & Mental Health (Consider - normal vs clinical, mood, anxiety symptoms vs stress, change in sleep patterns, self harm, suicidal thoughts/ideation/intent/method/past attempts/treatment, depression score and mental state exam)

S - Safety, Spirituality (Consider bullying, abuse, violence, traumatic experiences, risky behaviour, belief, religion; What helps them relax, escape? What gives them a sense of meaning?)

RISK ASSESSMENT

Consider R.I.S.K. guidelines: R - no risk = review; I - low risk = monitor; S - moderate risk = intervene; K- high risk = intervene			
Risk Factors		Protective Factors	
Suicidal ideation		Suicidal intent	
Current plan		Risk to Others	

CARE NETWORK: OTHER SERVICES/ADULTS INVOLVED IN CARE & SUPPORT

Consider any of the following	Aware of issues/ permission to share information?	Contact details
Parent/s, Carer/s, Guardian/s <i>(Who?)</i>		
School Staff <i>(E.g. school counsellor, Year Advisor, Teacher/s, Principal)</i>		
Medical / health specialists <i>(Including psychologist/ counsellor/ allied health)</i>		
Community health services		
Family support or counselling services		
Welfare services/ NGOs		
Other		

GOALS & ACTIONS

Feedback - Compliment areas going well, highlight need for on-going contact, negotiate management plan.	
Goals	Actions

FOLLOW UP

<p>Referrals. Consider providing information about referral services and associated costs</p>	
<p>Follow up arrangements: OK to call home number? Call mobile only? SMS?</p>	
<p>Agreement on information to be shared with third parties:</p>	

This document will be maintained in accordance with the relevant Privacy Legislation.