

This audit tool is designed to be used with the accompanying protocol

## Section 1 General information

1.1	Auditor's initial and surname	_____		
1.2	Audit date	_____ / _____ / _____		
1.3	Client ID	- - - -		
1.4	Current Medicare number documented	<input type="checkbox"/> Yes		
1.5	Date of birth	_____ / _____ / _____		
1.6	Sex	1-Male	2-Female	
1.7	Indigenous status	1-Aboriginal 2-Torres Strait Islander 3-Both Aboriginal and Torres Strait Islander 4-Neither Aboriginal or Torres Strait Islander 5-No record		
1.8	Documented mature minor assessment (if client attended clinic without parent/guardian)	1-Yes	0-No	9-N/A

## Section 2 Attendance at health service

2.1	Date of last attendance	_____ / _____ / _____		
2.2	If the client has NOT attended in the last 24 months is there any documentation of an unsuccessful follow up attempt since last attendance?	1-Yes	0-No	9-N/A
2.3	Reason for last attendance (one only)	1-Well person's check 2-Acute care 3-Mental illness 4-Immunisation 5- Antenatal 6-Sexual health 7-Long term health condition 8-No record 9-N/A 10-Other		
2.4	If reason for last attendance is 'Other' please provide description			
2.5	If the client is Aboriginal or Torres Strait Islander, was an Aboriginal or Torres Strait Islander Health Practitioner seen at the most recent attendance?	1-Yes	0-No	8-No record 9-N/A
2.6	Is there a record that the client regularly attends other primary health care services?	1-Yes	0-No	
2.7	If yes, record the name/s of other primary health care services			
<b>If date of last attendance is more than 24 months before the audit date:</b> <ul style="list-style-type: none"> <li>audit ceases here, only complete section 1 and 2.</li> </ul>				
<b>When entering answers into the website</b> <ul style="list-style-type: none"> <li>N/A will be preselected for the remaining questions</li> <li>complete sections 1 and 2, then go to the end of section 7 and select 'save record' to save the audit</li> </ul>				

## Section 3 Key information in client record summaries

3.1	In a medical/health summary, is there documentation of <b>any chronic or long term health conditions</b> for which he/she should attend the health service regularly (see protocol for examples)?	1-Yes		0-No
3.2	If yes, list condition(s)			
3.3	If yes, is there a documented current <b>management plan</b> present?			1-MBS 721 GP management plan 2-Alternative chronic disease management plan 0-No 9-N/A
3.4	If the client is Aboriginal and/or Torres Strait Islander, without a chronic disease management plan (in question 3.3), is there a <b>Child or Adult Health Check MBS item 715</b> in the client's health record that has been completed within the last 2 years	1-Yes	0-No	9-N/A
3.5	If the client is Aboriginal or Torres Strait Islander, without a health check (MBS item 715 in question 3.4), is there an <b>alternative Child or Adult Health Check</b> appropriate to client age in the last 24 months?	1-Yes	0-No	9-N/A
3.6	If the client is Aboriginal or Torres Strait Islander, without a health check (MBS item 715 in question 3.4) is there a <b>youth health check</b> in the client's health record that has been completed within the last 2 years?	1-Yes	0-No	9-N/A
3.7	If there is any documented health check in the last 24 months, and the client is documented as a mature minor in question 1.8, is an adult, or a minor, is there a documented valid consent for a health check?	1-Yes	0-No	9-N/A

## Section 4 Scheduled Immunisations

4.1	Is there an <b>up-to-date immunisation record</b> present in the client's record?	1-Yes	0-No		
Is there a record that the client has received all the following scheduled immunisations, based on their age or school level, according to the local schedule?					
4.2	<b>Hep B</b>	1-Yes	0-No	8-Declined	9-N/A
4.3	<b>HPV</b>	1-Yes	0-No	8-Declined	9-N/A
4.4	<b>VZV</b>	1-Yes	0-No	8-Declined	9-N/A
4.5	<b>DTPa</b>	1-Yes	0-No	8-Declined	9-N/A
4.6	<b>Fluvax</b>	1-Yes	0-No	8-Declined	9-N/A
4.7	<b>Pneumococcal</b>	1-Yes	0-No	8-Declined	9-N/A

## Section 5 Protective factors, risk factors, brief intervention and referral

### Tobacco

5.1	What is the documented <b>tobacco use</b> status (in the last 24 months)?	1-Tobacco user 2-Non-tobacco user 3-No record 9-N/A
5.2	If there is documented <b>tobacco use</b> , indicate the <b>actions taken within one month</b> of the recorded tobacco use status (tick all appropriate)	<input type="checkbox"/> Brief intervention <input type="checkbox"/> Referral  <input type="checkbox"/> Social/cultural treatment <input type="checkbox"/> Medication prescribed  <input type="checkbox"/> Other action <input type="checkbox"/> No record of any action  Record 'other' action: _____  <input type="checkbox"/> Declined <b>OR</b> <input type="checkbox"/> N/A
5.3	If there is documentation of actions in question 5.2, is there documentation of those <b>actions reviewed within 3 months</b> ?	1-Yes      0-No      9-N/A
5.4	If referral was documented, is there documentation that a <b>report or communication</b> was received from the referral service <b>within 6 months of referral</b> ?	1-Yes      0-No      9-N/A

**Alcohol**

**5.5** What is the documented **alcohol use** (in the last 24 months)?

0-No documented concerns/screened not at risk  
1-Documented concerns/screened at risk  
2-No record of discussion

If there is documentation of alcohol use discussion, was the client's alcohol use assessed using:

<b>5.6</b>	<b>AUDIT C</b> tool?	1-Yes	0-No	9-N/A
<b>5.7</b>	<b>IRIS</b> tool?	1-Yes	0-No	9-N/A
<b>5.8</b>	<b>CRAFFT</b> tool?	1-Yes	0-No	9-N/A
<b>5.9</b>	<b>SACS</b> tool?	1-Yes	0-No	9-N/A

**5.10** Record whether a tool **other** than the recommended screening tools was used by **specifying the name of the tool**

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**5.11** Indicate the **actions taken within one month** of the recorded alcohol use discussion (tick all appropriate)

<input type="checkbox"/> Brief intervention	<input type="checkbox"/> Referral
<input type="checkbox"/> Social/cultural treatment	<input type="checkbox"/> Medication prescribed
<input type="checkbox"/> Other action	<input type="checkbox"/> No record of any action

Record 'other' action:

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Declined by client      **OR**     N/A

**5.12** If actions were documented in question 5.11, is there documentation that any or all of the **actions were reviewed within 3 months**?

1-Yes      0-No      9-N/A

**5.13** If a referral was documented in question 5.11, is there documentation of a **report or communication from the referral service within 6 months**?

1-Yes      0-No      9-N/A

**Other drugs**

**5.14** What is the client's current recorded use of other **drugs or substances**, as documented in the last 24 months?

0-No documented concerns/screened not at risk  
1-Documented concerns/screened at risk  
2-No record of discussion

If there is documentation of other drug and substance use discussion, was the client's other drug and substance use assessed using:

<b>5.15</b>	<b>IRIS</b> tool?	1-Yes	0-No	9-N/A
<b>5.16</b>	<b>CRAFFT</b> tool?	1-Yes	0-No	9-N/A
<b>5.17</b>	<b>SACS</b> tool?	1-Yes	0-No	9-N/A

**5.18** Record whether a tool **other** than the recommended screening tools was used by **specifying the name of the tool**

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<b>5.19</b>	If any other drug or substance use is documented, <b>specify</b> the drug/s and/or substance/s:	<hr/>		
<b>5.20</b>	Indicate if there is documentation of the following <b>actions</b> within one month of the recorded <b>drug and/or substance use</b> status	<input type="checkbox"/> Brief intervention	<input type="checkbox"/> Referral	
		<input type="checkbox"/> Social/cultural treatment	<input type="checkbox"/> Medication prescribed	
		<input type="checkbox"/> Other action	<input type="checkbox"/> No record of any action	
		Record 'other' action: <hr/>		
		<input type="checkbox"/> Declined by client	<b>or</b> <input type="checkbox"/> N/A	
<b>5.21</b>	If actions were documented in previous question, is there documentation that any or all of the <b>actions were reviewed within 3 months?</b>	1-Yes	0-No	9-N/A
<b>5.22</b>	If a referral was documented in previous question, is there documentation of a <b>report from the referral service within 6 months?</b>	1-Yes	0-No	9-N/A

**Sexual behaviour**

<b>5.23</b>	What is the client's current recorded <b>sexual behaviour risk</b> , as documented in the last 24 months?	0-No documented concerns/screened not at risk 1-Documented concerns/screened at risk 2-No record		
<b>5.24</b>	If there is a documented concern about sexual behaviour in previous question, indicate if there is documentation of the following <b>actions</b> within one month of the recorded concerns about sexual behaviour	<input type="checkbox"/> Brief intervention	<input type="checkbox"/> Referral	
		<input type="checkbox"/> Social/cultural treatment	<input type="checkbox"/> Contraception prescribed or recommended	
		<input type="checkbox"/> Other action	<input type="checkbox"/> No record of any action	
		Record 'other' action: <hr/>		
		<input type="checkbox"/> Declined by client	<b>or</b> <input type="checkbox"/> N/A	
<b>5.25</b>	If actions were documented in question 5.23, is there documentation that any or all of the <b>actions were reviewed within 3 months?</b>	1-Yes	0-No	9-N/A
<b>5.26</b>	If a referral was documented in question 5.23, is there documentation of a <b>report from the referral service within 6 months of referral?</b>	1-Yes	0-No	9-N/A

**Emotional wellbeing**

<b>5.27</b>	What is the client's current recorded <b>emotional wellbeing status</b> , as documented in the last 24 months?	1-Documented concerns/screened at risk 0-No documented concerns/screened not at risk 2-No record of discussion
If there is documentation of emotional wellbeing discussion, was the client's emotional wellbeing assessed using the		
<b>5.28</b>	<b>K5</b> tool?	1-Yes      0-No      9-N/A
<b>5.29</b>	<b>K6</b> tool?	1-Yes      0-No      9-N/A
<b>5.30</b>	<b>K10</b> tool?	1-Yes      0-No      9-N/A
<b>5.31</b>	<b>IRIS</b> tool?	1-Yes      0-No      9-N/A
<b>5.32</b>	Record whether a tool other than the recommended screening tools was used by <b>specifying the name of the tool</b>	
<b>5.33</b>	If the client is at risk (see protocol), what is the client's current recorded risk status for <b>suicide and self harm</b> , as documented in the last 24 months?	1-Documented concerns/screened at risk 0-No documented concerns/screened not at risk 2-No record 9-N/A
<b>5.34</b>	If the client was documented at risk for emotional wellbeing and/or at risk of suicide or self harm, indicate if there is a record of the following <b>actions</b> within one month of the documented concern	<input type="checkbox"/> Brief intervention <input type="checkbox"/> Referral  <input type="checkbox"/> Social/cultural treatment <input type="checkbox"/> Medication prescribed or recommended  <input type="checkbox"/> Other action <input type="checkbox"/> No record of any action  Record 'other' action: <input type="checkbox"/> Declined by client <b>or</b> <input type="checkbox"/> N/A
<b>5.35</b>	If actions were documented in question 5.34, is there documentation that any or all of the actions were <b>reviewed within 3 months</b> ?	1-Yes      0-No      9-N/A
<b>5.36</b>	If a referral was documented in question 5.34, is there documentation of a <b>report from the referral service within 6 months</b> ?	1-Yes      0-No      9-N/A

**Lifestyle**

<b>5.37</b>	Indicate if there is a record of discussion about the following <b>lifestyle factors</b> in the last 24 months:	<input type="checkbox"/> Home environment <input type="checkbox"/> Education/ Employment  <input type="checkbox"/> Activities/ peer relationships <input type="checkbox"/> Diet and eating  <input type="checkbox"/> Physical activity <input type="checkbox"/> Gambling  <input type="checkbox"/> Cultural engagement (Aboriginal and/or Torres Strait Islander only) <b>Or</b> <input type="checkbox"/> No record of any discussions
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## Section 6 Scheduled services

Documented in the last 24 months (unless stated otherwise):

<b>6.1</b>	Record the <b>most recent BMI</b> result	_____	0-No record	8-Decl
<b>6.2</b>	Record the <b>most recent waist circumference</b> measurement	_____	0-No record	8-Decl
<b>6.3</b>	Is BMI or waist circumference abnormal?	1-Yes	0-No	9- N/A
<b>6.4</b>	If BMI and/or waist measurement is abnormal, indicate if there is documentation of the following <b>actions within one month</b> of the recorded BMI or waist circumference	<input type="checkbox"/> Weight management plan <input type="checkbox"/> Blood lipids <input type="checkbox"/> No record of any action <input type="checkbox"/> Declined <input type="checkbox"/> 9-N/A		
<b>6.5</b>	Indicate the result of the most recent <b>oral health check</b>	1-No concerns 2-Poor oral health 8-Declined 0-No record		
<b>6.6</b>	If poor oral health was indicated in question 6.5, is there a record of <b>referral to a dentist within one month</b> ?	1-Yes	0-No	8-Declined 9-N/A
<b>6.7</b>	Indicate the results of the <b>most recent ear and hearing check</b>	1-No concerns 2-Recurrent or chronic ear infections or possible hearing loss 8-Declined 0-No record		
<b>6.8</b>	If there are documented concerns about ears and hearing, record the <b>actions taken within 1 month</b> of assessment	<input type="checkbox"/> Treatment <input type="checkbox"/> Referral to audiology <input type="checkbox"/> Referral to ENT specialist <input type="checkbox"/> Follow up examination within 3 months of action <input type="checkbox"/> No record of any action <input type="checkbox"/> Declined <input type="checkbox"/> N/A		
<b>6.9</b>	Indicate the results of the <b>most recent cardiac auscultation</b>	1-No concerns 2-Heart murmur suggesting valve disease 8-Declined 0-No record 9-N/A		
<b>6.10</b>	If there are documented concerns about cardiac auscultation, record the <b>actions taken within 1 month</b> of assessment	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Referral to GP or specialist <input type="checkbox"/> No record of action <input type="checkbox"/> Declined <input type="checkbox"/> N/A		

<b>6.11</b>	If the client is <b>&lt;15 years</b> , indicate the results of the <b>most recent skin examination</b>	1-No concerns 2-Skin sores/ infections 0-No record 8-Declined 9-N/A			
<b>6.12</b>	If there are documented <b>skin sores/infection</b> , record the <b>actions taken</b>	<input type="checkbox"/> Cleaning and treatment (including antibiotic treatment)	<input type="checkbox"/> Follow up within 3 months		
		<input type="checkbox"/> No record of action	<input type="checkbox"/> N/A		
<b>6.13</b>	If the client <b>≥ 18 years</b> , record the most recent <b>blood pressure</b>	_____/_____/_____ or			
		0-No record	8-Declined	9-N/A	
<b>6.14</b>	If the client is <b>≥ 18 years</b> (non Indigenous) or <b>≥15 years</b> (and Aboriginal and/or Torres Strait Islander) record the most recent <b>BGL</b>	_____			
		0-No record	8-Declined	9-N/A	
<b>6.15</b>	If a blood glucose level of <b>≥ 5.5 mmol</b> was recorded in 6.14, is there documentation of a <b>management plan including repeat blood glucose testing?</b>	1-Yes	0-No	8-Declined	9-N/A
<b>6.16</b>	If the client is <b>female and ≥ 20 years</b> , record the result of the most recent <b>pap smear</b>	1-Normal 2-Abnormal 0-No record 8-Declined 9-N/A			
<b>6.17</b>	If there is a record of an <b>abnormal pap smear</b> test in question 6.16, is there documentation of the <b>appropriate follow up within 12 months?</b>	1-Yes	0-No	8-Declined	9-N/A
<b>6.18</b>	If the client is aged <b>≥15</b> , or any sexual activity is documented and a <b>sexual health check</b> was performed according to local guidelines in the previous 24 months, were any of the results <b>positive?</b>	1-Yes 0-No 8-Declined 2-No record 9-N/A			
<b>6.19</b>	If any <b>positive STI test result</b> was recorded in question 6.18, record the <b>actions taken</b>	<input type="checkbox"/> Appropriate treatment (according to local guidelines)	<input type="checkbox"/> Retest within 3 months		
		<input type="checkbox"/> Contact tracing	<input type="checkbox"/> No record of actions		
		<input type="checkbox"/> Declined	<input type="checkbox"/> N/A		