

# **Veteran Health Check**

(formerly known as the ADF Post-discharge GP Health Assessment)

### **Information for GPs**

**Department of Veterans' Affairs (DVA)** may fund treatment for veterans and some former ADF members with posttraumatic stress disorder, depressive and anxiety disorders, cancer, tuberculosis and alcohol and other substance use disorders, whatever the cause (the condition does not have to be related to service).

Contact DVA on **1800 VETERAN (1800 838 372)** or <a href="https://www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions">www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions</a> to find out more or to check eligibility.

Where a diagnosed condition may be caused or aggravated by Defence service, the former ADF member should be encouraged to contact DVA on **1800 VETERAN** (**1800 838 372**) to discuss their eligibility for treatment and/or compensation. Further information can be found on the DVA website at www.dva.gov.au/.

**Open Arms – Veterans and Families Counselling (Open Arms)**, is a national mental health service that provides 24-hour free and confidential counselling, group programs and suicide prevention training for current and ex-serving ADF personnel, and their families. To get support or to find out more, call **1800 011 046** or visit www.OpenArms.gov.au

# Obtaining a copy of the ADF discharge summary

ADF members who have left service since May 2008 and do not have their 'Clinical Summary Transfer of Health Care form' can access a copy from Personnel Records (RAN/RAAF) or Army Records Office.

The transfer of health care form lists diagnoses and other health problems, allergies and reactions, current medications, current health care requirements and ongoing treatment needs.

### **Defence Health Records**

Defence Archive Centre - Fort Queenscliff (DAC-FQ) GPO Box 1932 Melbourne VIC 3001

adf.persrecordenquiries@defence.gov.au

# **Guide and Quick Reference Guide**

A detailed Guide and a Quick Reference Guide to the **Veteran Health Check** (formerly know as the ADF Post-Discharge GP Health Assessment) are available. These resources detail key actions, treatment options and referral pathways following the completion of this assessment. Visit the DVA website <a href="https://www.dva.gov.au">www.dva.gov.au</a> and search for 'veteran health check providers'.

## **Useful links**

- A list of surgeons can be found at www.surgeons.org/find-a-surgeon
- A list of psychologists can be found at www.psychology.org.au/findapsychologist
- A list of mental health trained social workers can be found at www.aasw.asn.au/find-a-social-worker/search
- A list of mental health trained occupational therapists can be found at www.otaus.com.au/find-an-occupational-therapist/
- Private psychiatrists: GPs can access a list at www.ranzcp.org/Resources/find-a-psychiatrist.aspx.

#### **Disclaimer**

The Veteran Health Check (formerly known as the ADF Post-discharge GP Health Assessment) tool was developed by Flinders University for the Department of Veterans' Affairs. The tool is not a replacement for professional advice; the Department of Veterans' Affairs and Flinders University will not be responsible for any damage resulting from use of the tool.



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1.	Name of doctor			
2.	Patient surname			
3.	Patient given name(s)			
4.	Patient address			Postcode
5.	Patient date of birth			
6.	Assessment date			
7.	Are you currently a serving member of the ADF?	No	Yes	
8.	Have you served in the ADF in the past?	No	Yes	
9.	Have you had this assessment before?	No	Yes	
10.	Does the patient consent to the health assessment?	No	Yes	
11.	Does the patient have a discharge summary from the ADF?	No	Yes	
	ADF history			
12.	Branch of service			
13.	Years of service e.g. 2008 to 2012			
14.	What field of work were you in during your time in the ADF?			
15.	How many times have you been deployed?			
16.	Do you have any health problems or injuries related to your service?	No	Yes	
17.	Have you experienced a concussion or other head injury?	No	Yes	
18.	Was your decision to leave the ADF voluntary or non-voluntary?			
19.	Are you receiving any support or treatment relating to your military service?	No	Yes	
	Notes			

	Social history		
20.	Are you married or in a relationship?	No 🗌	Yes
21.	Do you have children?	No	Yes
22.	What is your current occupation?		
	Medical conditions		
23.	What are your current medical conditions?		
	Hearing		
24.	Do you have difficulty with your hearing or ringing in your ears?	No	Yes
	Notes		
	Eye health		
25.	Do you have any difficulty with your eyes or vision?	No	Yes
26.	Have you noticed a change in your vision in the last 12 months?	No	Yes
	Notes		
	Medications		
27.	Do you take any prescribed or over the counter medications?	No	Yes
	Notes		
	Smoking		
28.	Do you smoke cigarettes?	No ☐ Yes ☐▶	How many do you smoke a day?
			Are you interested in quitting? No Yes
	Notes		

	Alconol (AUDII-C) – © World He	ealth Organisation 2001. Used with perm	ilssion.			
29. Do you drink alcohol?  No Se Go to question 30  Yes Fator number in brackets below score						
		Enteri	number in brackets below score	Score		
		How often do you have a drink	Monthly or less (1)			
		containing alcohol?	2-4 times a month (2)			
			2–3 times per week (3)			
			>= 4 times a week (4)			
		How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 (0)			
			3 or 4 (1)			
			5 or 6 (2)			
			7 to 9 (3)			
			>= 10 (4)			
		How often do you have six or more	Never (0)			
		drinks on one occasion?	Less than monthly (1)			
			Monthly (2)			
			Weekly (3)			
			Daily or almost daily (4)			
			AUDIT-C Total score:			
			Addit-C lotal scole.			
30.	In the past year, have you used illicit drugs?	No Go to question 33 Yes				
31.	In the past year, how often have you used illicit drugs?		2-3 times per week  >= 4 times a week			
32.	Which drugs?	Amphetamines	Heroin			
		Cannabis	Inhalants			
		Cocaine Pharmaceuticals				
		Ecstasy Steroids Steroids				
		Hallucinogens Other				
33.	Does the use of alcohol or drugs cause any problems in your life?	No Go to question 35  Yes What type of problems?  Friends Family	Money Othe	r 🗌		
34.	Would you like some assistance in managing this issue?	No Yes				
	Notes					

Physical activity						
5. How many times a week do you do 30 minutes or more of moderately intense physical activity?						
Notes						
Pain – © The RAND Corporation.	Used with permission					
6. How much bodily pain have you had during the past 4 weeks?	None Moderate		Very mile Severe		Very	Mild
Notes						
Sleep						
7. Do you have difficulty getting to sleep or staying asleep?	, , ,	No  Yes – difficulty getting to sleep  Yes – difficulty staying asleep				
Notes						
Distress (K10) - © World Heal	th Organisation 2003. Used	d with permi	ssion.			
			Ent	er number ii	n brackets b	elow choice
3. In the past 4 weeks, about how often did you feel:		None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
1. tired out for no good reason?	?					
2. nervous?						
*3. so nervous that nothing coul	d calm you down?					
4. hopeless?						
5. restless or fidgety?						
*6. so restless you could not sit	still?					
7. depressed?						
8. that everything is an effort?						
9. so sad that nothing could ch	eer you up?					
10. worthless?	B TOTAL – for each column					
* Questions 3 and 6 are not asker in which case questions 3 and	ed if the person answered 'N					_
•	•			S	um of sub-to	tal amount
For the military and ex-military, a so distress. Further assessment of me or similar measure.				K10 To	tal score:	

Posttraumatic stress (PC-PIS	at <u>www.ptsc</u>					
39. In your life, have you ever had any experience that was so frightening, horrible, or upsetting						
that, in the past 4 weeks, you:	a) had nightma did not wan	ares about it or thought about it when yout to?	No No	Yes		
		not to think about it or went out of your distinctions that remind you of it?	No	Yes		
	c) were consta	antly on guard, watchful or easily startle	<b>i?</b> No	Yes		
	d) felt numb o surrounding	r detached from others, activities, or you	No 🗌	Yes		
		PC-PTSD Tota	nl 'Yes' response	es:		
	Scoring: In prima	ary care, 2 or more 'Yes' responses is cons				
Risk of harm to self or other	© Commonweal	Ith of Australia 2013. Used with permissio	n.			
40. Are there times when things		<u> </u>				
seem so hopeless that you have thought about:	a) killing yours	self or harming yourself in some way?	No	Yes		
<b>3</b>		lives of others around you?	No 🗌	Yes		
	If the natient re	esponds 'Yes' to either question, check for r	ecency and inte	ntion		
	If the patient responds 'Yes' to either question, check for recency and intention to act on these thoughts. Practice nurses and health workers should immediately inform the GP if the patient responds 'Yes' to either question.					
	others, consult tice, chosocial/suicid					
<b>Anger</b> – Assistant Secretary of Def	se for Health Aff	fairs. DD Form 2796, dated Sept. 2012. U	sed with permiss	sion.		
41. Over the past 4 weeks have you had thoughts or concerns that you might hurt or lose control with someone?	No Yes					
Notes						
Sexual health						
42. Are you concerned about your sexual health?	No Yes					
Notes						

	Other				
43.	Do you have any other health concerns that you would like to discuss?	No Yes	Please specify		
44.	BMI, waist circumference and blood pressure	Height Weight	cm	Waist circumference Blood pressure	cm
45.	Has your weight changed (loss or gain) in the last year?	No	Yes	Blood pressure	
	Summary				
46.	Please list any problems				
47.	Recommendations				
48.	Referrals				
49.	GP review – next appointment				

#### References

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