

## PREVENTIVE HEALTH ASSESSMENT PRESCRIPTION

**Provider (GP) Name** \_\_\_\_\_ **eProvider No** \_\_\_\_\_  
**Patient Name** \_\_\_\_\_ **Patient ID No** \_\_\_\_\_  
**Preventive Prescription No** \_\_\_\_\_ **DVA ID No** \_\_\_\_\_

**ITEMS TO PRESCRIBE FOR THREE MONTHS (COMPLETE AS MANY AS REQUIRED)**

	HEALTH PROMOTIONAL ACTIVITY	FREQUENCY	DURATION/QUANTITY	ACTIVITY SPECIFIED INTENSITY/EXTENT/ DEPTH
1	Physical Activity			
2	Relaxation – Yoga, T'ai Chi			
3	Meditation			
4	Health Education – book, magazine			
5	Health Education – audio, video, internet, health literacy			
6	Stress reduction			
7	Diet – fruit/ vegetables			
8	Diet – chicken/ fish			
9	Alcohol			
10	Tobacco			
11	Other:			
12	Other:			
13	Other:			

**Example:**

1	Exercise – walking - for 30 mins - 3 times per week - to sweat
2	Home relaxation tape - ½ hour per day
9	Alcohol - 3 alcohol free days per week

**GOALS (written in words)**

<input type="checkbox"/> Nutrition	<input type="checkbox"/> BMI	<input type="checkbox"/> Physical Function	<input type="checkbox"/> Mental Function	<input type="checkbox"/> PRA	<input type="checkbox"/> Overall Health Risk

**IMPLEMENTATION & SUPERVISION RECORD**

**PRESCRIBED MATERIAL – Educational information recommended/ given**  
 (ie pamphlets, videos etc from GP, pharmacy, public health unit, internet, National Heart Foundation etc)

SOURCE	MATERIAL

**ADHERENCE STRATEGY**

Daily diary record - Patient advised to record activity duration and intensity in a daily diary.

Progress Date: \_\_\_/\_\_\_/\_\_\_ (3 months regular consultation if required)

Re-assessment Date: \_\_\_/\_\_\_/\_\_\_ (Recommended 12 months, or 6 months if change in clinical condition)

*I have agreed/ my carer has agreed to this Health Assessment and understand/s the recommendations above.*

Signed by Patient/ Carer/ verbal \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**K Give a copy of this completed and signed form to patient**

