

Queensland Health

Personal Health *Record*





This is the Personal Health Record of

Personal details

Child's surname _____ Given name(s) _____

Home address _____

Change of address _____

Date of birth _____ / _____ / _____ M F Time of birth _____ Birth weight _____

Aboriginal Yes No Torres Strait Islander Yes No

Main language spoken at home _____ Interpreter needed? Yes No

Medicare number _____ Number of siblings _____

Mother's/guardian's name _____ Personal phone _____

Work phone _____ Email _____

Father's/guardian's name _____ Personal phone _____

Work phone _____ Email _____

Child Health Service Identification Number





Emergency contacts

General practitioner: _____

Poisons Information Centre (24 hours): **13 11 26**

Ambulance, Police or Fire, call 000

Hospital: _____

Other : _____

General contacts

Child health nurse _____ Dentist _____

Paediatrician _____ Other _____

13 HEALTH (24 hour health hotline including child health) **13 43 25 84** *and ask for the **Child Health Nurse**

Alcohol and Drug Information Service	(07) 3837 5989	1800 177 833	www.adis.health.qld.gov.au
Australian Immunisation Register		1800 653 809	www.servicesaustralia.gov.au/individual/services/medicare/australian-immunisation-register
Australian Breastfeeding Association Helpline		1800 686 268	www.breastfeeding.asn.au
Breastfeeding information and resources			www.health.qld.gov.au/breastfeeding
Beyondblue: Healthy Families		1300 224 636	healthyfamilies.beyondblue.org.au
Child Safety After Hours Service Centre	(07) 3235 9999	1800 177 135	www.communities.qld.gov.au/childsafety
Children's Health Queensland			www.childrens.health.qld.gov.au
Domestic Violence Information Line		1800 811 811	www.dvconnect.org
Disability Information and Support		1800 177 120	www.qld.gov.au/disability
Ellen Barron Family Centre	(07) 3139 6500		www.childrens.health.qld.gov.au/ellen-barron-family-centre
Kidsafe	(07) 3854 1829		www.kidsafeqld.com.au
Lactation Consultants of Australia and New Zealand			www.lcanz.org
Lifeline (24 hours, cost of a local call)		13 11 14	www.lifeline.org.au
PANDA (Perinatal Anxiety & Depression Aust)	1300 726 306		www.panda.org.au
Parentline (Parenting information and support)		1300 301 300	www.parentline.com.au
Quit HQ (smoking cessation)		13 78 48	www.quithq.initiatives.qld.gov.au
Raising Children Network			www.raisingchildren.net.au
True: relationships and reproductive health	(07) 3250 0200		www.true.org.au
Women's Health (incl free Midwife check-in service)	(07) 3216 0976	1800 017 676	www.womhealth.org.au



Significant health events/problems

This section is for your child's serious illnesses or conditions and should be completed by your doctor, nurse or other health care provider.

Parents may also like to record their child's other serious health problems here (e.g. allergies).

Date	Age	Problem	Management and/or health service attended

Foreword

This Personal Health Record meets the *Queensland Health Guidelines for Using Screening and Surveillance in the Early Detection of Childhood Conditions*, which was developed in response to the NHMRC report *Child Health Screening and Surveillance: A Critical Review of the Evidence*. (2002)

As standard ages for health checks are not recommended in these guidelines, the ages indicated for health checks in this booklet are given as a guide only.

Please keep in mind this booklet is designed as a general record to be used for children born on or around their due date. If your child has special needs, or you have concerns about your child's development, please discuss them with your health professional.

Acknowledgments

Queensland Health is grateful for the financial contribution of Golden Casket to the production of this booklet.

We also wish to thank all the parents, health professionals and professional and consumer organisations who assisted with the development of this Personal Health Record.



A My Health Record for your baby

The My Health Record is a secure, online summary of a patient's important health information and is an initiative of the Australian Government. The My Health Record enables patients and families to control the information they share and what health care providers can see. For health care providers, the My Health Record enables access to information about patients such as shared health summaries, discharge summaries, prescription and dispense records, pathology reports and diagnostic imaging reports.

Registering your baby for a My Health Record

In your Newborn Pack, you will find a Newborn Child Declaration form, which includes registering your child for Medicare. Once registered, your newborn child will get a My Health Record unless you say you do not want one created. A parent can then access their child's My Health Record via their own myGov account.

For more information, visit www.myhealthrecord.gov.au/for-you-your-family/howtos/create-record-for-your-newborn. This page also includes a link to the My Health Record newborn fact sheet.

Childhood Development

In the Childhood Development section of your child's My Health Record, you can find:

- Achievement Diary – record your child's developmental milestones, e.g. your child's first words or first steps (health care providers cannot view these)
- Australian Immunisation Register – A list of immunisations your child has received (this information is received from the Australian Immunisation Register)
- Growth Charts – track your child's growth, including their height, weight and head circumference
- Information for Parents – additional resources that can be helpful for your child's development.

For more information

For further information and/or assistance regarding your child's My Health Record, please visit www.myhealthrecord.gov.au or contact the My Health Record Help Line on 1800 723 471.



Aboriginal and Torres Strait Islander Children



Queensland Health is committed to closing the health gap between Indigenous and non-Indigenous Australians.

If your baby is Aboriginal and/or Torres Strait Islander, please put the enclosed stickers on the front red cover or book mark / writing shield. They inform health care providers that your baby needs regular ear checks and extra immunisations.



- While your baby may have passed their newborn hearing screen, a pass at birth is not a pass for life as hearing can change. It's important to have your child's ears regularly checked and raise any concerns about your baby's hearing at the health centre.
- Aboriginal and Torres Strait Islander children have the world's highest recorded rates of middle ear disease. Middle ear disease, if persistent or frequent, can impact on the child's hearing, learning, behaviour and development. It's important that their ears are checked whenever they come to the health centre.
- Aboriginal and Torres Strait Islander children are at greater risk of disease than the general population. To prevent identified diseases within this population, additional immunisations are required.

This resource was developed by the Queensland Health Deadly Ears Program.



Using this book



Registry of Births, Deaths and Marriages
Department of Justice and Attorney-General

Register your child's birth

It is compulsory to register the birth of your child with the Registry of Births, Deaths and Marriages.

How to register:

Online: www.qld.gov.au/births

- Parents will be asked to verify 2 forms of ID, e.g. Driver licence or Medicare card.
- You can order and pay for a certificate at the same time.

Download: Visit www.publications.qld.gov.au

- Search "Birth registration" and download the form.
- Print, complete, sign and lodge the registration form in person or by post.

If you don't have access to a computer and require a birth registration form, contact us or visit your nearest Queensland Magistrates Court or Queensland Government Agent Program office.

Births, Deaths and Marriages

Tel: 13 74 68

International: +61 7 3022 0001

Web: www.qld.gov.au/rbdm

Email: bdm-mail@justice.qld.gov.au

Office hours: Monday-Friday, 8:30am-4:30pm

Forms can be lodged:

In person:

- Level 32, 180 Ann Street, Brisbane
- Your local Queensland Magistrates Court (except Brisbane Magistrates Court)
- Queensland Government Agent Programs Office

By post:

- PO Box 15188, CITY EAST QLD 4002

Using the Personal Health Record


Congratulations on the birth of your baby.

This is an important book for you to keep. It allows you to record details of your child's health, growth, development and vaccination history. You may use this vaccination history for child care or school records.

Be sure to present this record when you take your child to:

- immunisation sessions
- your doctor or paediatrician
- child health nurses – contact 13HEALTH for your local Community Child Health service
- drop in centres/clinics
- the dentist
- other health care provider
- hospital
- mental health service
- enrol in child care, kindergarten or school.

To get the most value out of this record, present it to health care providers and **ask them to record results and vaccinations in relevant sections.**

Parents should also make records in this book – look for the  for pages you should fill in. Prior to child health checks **complete the relevant 'Questions for parents' page, or the PEDS questionnaire.** This way you will be able to participate in your child's health assessment.

Child Health Information – your guide to the first 12 months.

Inserted in the cover of this Personal Health Record is a booklet, *Child Health Information – your guide to the first 12 months*. This booklet contains useful information including development, breastfeeding, introducing solids, safe sleeping, injury prevention and oral health. Refer to this booklet often to learn what to expect and to answer some questions you might have. You might also like to discuss the topics further with your health professional at your baby's health checks.

PDFs of the Personal Health Record and the Child Health Information booklet are available at:
www.childrens.health.qld.gov.au/personal-health-record

Do you need help with reading English?

If the meaning of anything in this book is not clear, please ask someone to explain it.
This book is valuable – please keep it in a safe place.

Languages spoken in the home: _____
Telephone Interpreter Service: 131450
ONCALL Interpreters & Translators Agency: 07 3115 6999
Other Interpreter Service: _____

إذا تعذر عليك فهم أي شيء من هذا الكتاب ، رجاء الاستعانة بشخص آخر في شرحه . لهذا الكتاب فائدة عظيمة ، لذا يجب الاحتفاظ به في مكان آمن . (Arabic)

Bu kitapta mānaları izah edilen herhangi bir şeyi tamamiyle anlamadıysanız, lütfen size açıklamaları için birisinden yardım isteyiniz. Bu kitap değerlidir - iyi bir yerde muhafaza ediniz! (Turkish)

Ako u ovoj knjizi naidete na nešto što ne razumijete, upitajte nekoga da Vam to objasni. Ova knjiga je vrlo vrijedna, te je stoga držite na sigurnom mjestu. (Croatian)

'Okapau 'oku 'ikai mahino ha me'a 'ihe Tohi ni, kataki 'o 'eke Kiha taha 'oku ne 'ilo. Koe tohi ni, 'oku mahu'inga 'aupito – 'oku totonu ke tuku 'iha feitu'u 'oku malu. (Tongan)

Se não compreender na totalidade qualquer dos assuntos mencionados neste livro, agradecemos que peça a alguém para que lhos explique. Este livro é importante – guarde-o num lugar seguro. (Portuguese)

Jeśli znaczenie czegokolwiek w tej książeczce nie jest jasne, proszę poprosić kogoś o wyjaśnienie. Książeczka ta jest bardzo ważna – proszę trzymać ją w bezpiecznym miejscu. (Polish)

如果你對小冊的內容有任何疑問，請找其他人向你解釋。
這小冊是十分寶貴的 — 請小心存放。 (Chinese)

이 책의 내용 중에 이해가 잘 안 되는 부분이 있으면, 누군가에 설명 해 달라고 하십시오.
이 책은 소중한합니다. - 잘 보관하십시오. (Korean)

Si el significado de cualquier cosa en este libro no está claro, por favor pídale a alguien que se lo explique. ¡Este libro es valioso – guárdelo en un lugar seguro! (Spanish)

Nếu có đoạn nào không rõ nghĩa trong cuốn sách này, quý vị nên kiếm người giải thích.
Cuốn sách này rất có giá trị – phải cất giữ ở nơi an toàn. (Vietnamese)

Уколико вам значење бипо које речи у овој књизи није јасно, молимо вас, питајте некога да вам је објасни. Ова књига је врло вредна. Чувајте је на сигурном месту! (Serbian)

Ако значењето на било што во оваа книга не ви е јасно, ве молам прашајте некој да ви го објасни. Оваа книга е од голема вредност – чувајте ја на сигурно место! (Macedonian)

General practitioner role

Your local general practitioner (GP or family doctor) plays a very important role in your family's health care. They are usually the first health professional to see if you have any concerns about your child's health. GPs provide continuing, comprehensive care for children and families, within the communities in which they live. Their services include:

- immunisation
- monitoring your child's health and development
- treatment of accidents, minor injuries and illnesses
- working closely with child health nurses, and specialists if needed, to help manage your child's care

Child health nurse role

Child health nurses are registered nurses with postgraduate qualifications and experience in child and family health nursing. Child health nurses may also hold additional qualifications in midwifery or paediatrics or be International Board Certified Lactation Consultants (IBCLC). They are able to support families with key health promotion interventions for children and families as well as evidence-based prevention, health education and anticipatory guidance, which include:

- immunisation
- breastfeeding
- infant and young child feeding and nutrition
- physical activity, normal infant development and play
- healthy weight and growth
- injury prevention and safety
- SIDS prevention and safe sleeping
- sun safety
- infant sleep
- oral health
- ear and hearing health
- speech and language
- parent-infant relationship
- infant behaviour and responding to infant cues
- relationship based parenting education and skill development
- family health promotion
- recovery from birth
- adjustment to parenting.

Parents' Evaluation of Development Status (PEDS)

As a parent you know your child better than anyone else does. You may notice things about your child that concern you – perhaps even things that no one else has noticed. It is important that you share these with your health care provider. Research shows us that sharing your concerns about your child can help your health care provider understand your child better, and may also help pick up any problems early. PEDS is a set of 10 tested and reliable questions that are included at the following health checks:

- 6 months (page 31)
- 12 months (page 35)
- 18 months (page 39)
- 2½–3½ years (page 43)
- 4–5 years (page 47).

Please answer these questions before each designated health check and discuss them with the health care provider during that health check to help them better understand your child.

Promoting your child's health

Screening tests are used to monitor your child's health and development and to identify problems early. It is important to complete the 'Questions for parents', including the PEDS questions, before each health check. If you circle any shaded answers, it is important to discuss these issues with your health care provider.

Tests which will be performed

NNST The Neonatal Screening Test involves taking a few drops of blood from your baby's heel to detect as early as possible some rare but serious conditions that require treatment to reduce harmful effects to your baby. If this test is not done in the hospital, it should be done by your GP before the baby is 10 days old.

Hearing Hearing screening is now offered to all newborn babies in Queensland. It is important to identify a hearing loss as soon after birth as possible so that your child is given the best chance for developing normal speech and language. If this screen is not done in hospital you should arrange an outpatient appointment to have it done as soon as possible.

Vision Your health professional will check for any problems, including turned eyes and poor vision. The following schedule of eye tests is recommended:

Assessment	0-6mths	6 mths	12 mths	18 mths	2 years	3 years	4-5 years
Ocular history	✓	✓	✓	✓	✓	✓	✓
External inspection of lids and eyes	✓	✓	✓	✓	✓	✓	✓
Red reflex testing	✓	✓	✓	✓	✓	✓	✓
Pupil examination	✓	✓	✓	✓	✓	✓	✓
Fixate and follow response	✓	✓	✓	✓			
Ocular alignment and motility assessment		✓	✓	✓	✓	✓	✓
Visual acuity					✓	✓	✓

Growth Measuring your child's height, weight and head circumference assists in assessing your child's growth.

Development Observations help to identify problems of speech, language, movement and social skills.

Hips Developmental dysplasia of the hips (previously called congenital dislocation of the hips) is a condition which can lead to problems with standing and walking and to painful degeneration of the hips with time. Examination and assessment of your baby's hips may enable early detection of problems.

Heart Your doctor will check your baby for heart problems, including congenital heart disease. This is done at birth, again within the first week and at six weeks. If you go home from hospital early, please ensure you have your baby checked by your doctor within the first week and at six weeks. This examination should be repeated between two and a half and three and a half years of age.

Testes Boys are assessed to check the testes have descended well down into the scrotum.



Milestones

Noting when your child reaches certain milestones is a great way to remember and record your child's development.

Milestone	Date	Age
Smiles at parents		
Follows objects with eyes		
Raises head when lying on tummy		
Turns eyes toward interesting sounds		
Chuckles, squeals, gurgles or laughs		
Starts to make speech-like sounds		
Holds head up when sitting on your knee		
Rolls over from tummy to back		
Rolls over from back to tummy		
Puts things into mouth		
Plays with toes		
Sits up without support		
Reaches out to be picked up		
Recognises own name		
Passes things from one hand to the other		
Is shy with strangers		
First tooth		
Waves goodbye		
Uses thumb and finger to pick things up		

Milestone	Date	Age
Tries to pull self up		
Stands holding on		
Claps hands		
Walks with one hand held		
Understands simple commands		
Says 'Ma-ma' or 'Da-da' appropriately		
First word (other than 'Ma-ma' or 'Da-da')		
Walks alone		
Holds cup and drinks by self		
Feeds self with spoon		
Puts two words together		
Runs		
Speaks in short sentences		
Is usually dry during the day		
Can draw a straight line and circle		
Dresses self		
Is usually dry through the night		
Manages buttons		
Ties shoe laces		



Neonatal examination

Have you looked at the *Raising Children Network* website?

www.raisingchildren.net.au

Newborn health examination – birth details (use writing shield when filling out this page)

To be completed by a doctor or midwife in the presence of the parents.

Place of birth _____ UR _____

Doctor/midwife _____

Date of birth ____ / ____ / ____ M F

Time of birth _____ Birth weight _____

Pregnancy information

Labour complications/medication that may affect the growth and development of the child _____

Mother's blood group _____ Anti D given? Yes No

Labour Spontaneous Induced Reason for induction _____

Labour complications _____ Type of delivery _____

Postpartum complications _____

Neonatal information

Gestation _____ Apgar: 1 minute _____ 5 minutes _____

Baby's blood group (if tested) _____ Birth length _____ Head circ _____

Abnormalities at birth _____ Problems requiring treatment _____

Vitamin K injection Yes No ____ / ____ / ____ If no, give reason _____

OR Vitamin K oral Dose 1 ____ / ____ / ____ Dose 2 ____ / ____ / ____ Dose 3 ____ / ____ / ____

Hepatitis B Immunoglobulin (if required) Yes No _____ TB advice to Chest Clinic (if required)

Neonatal notes

This page is for health professionals to record further notes from the neonatal examinations, if required.

Date	Age	Notes

Neonatal examination – prior to discharge

Child's name _____

Medical Record Number _____

Date ____ / ____ / ____ Age _____ Weight _____

NNST* Done Not done

Head circ _____ Feeding _____

Signature _____

Birthmarks _____

Additional information/Risk factors/concerns

Antenatally diagnosed fetal abnormality _____

Family history (including deafness) _____

Feeding concerns _____

Mother's medication/supplements _____

Baby's medication/supplements _____

SCN* or ICN* (duration and diagnosis) _____

Other issues _____

Examination

✓ = normal, ✗ = abnormal (explain in comments), ○ = not examined.

- | | | |
|--|--|---|
| <input type="checkbox"/> spine | <input type="checkbox"/> respiratory | <input type="checkbox"/> fontanelle/sutures |
| <input type="checkbox"/> genitalia | <input type="checkbox"/> cardiac (auscultation and femorals) | <input type="checkbox"/> ears |
| <input type="checkbox"/> anus | <input type="checkbox"/> abdomen | <input type="checkbox"/> mouth/palate/tongue/frenulum |
| <input type="checkbox"/> meconium passed | <input type="checkbox"/> hips | <input type="checkbox"/> limbs |
| <input type="checkbox"/> urine passed | <input type="checkbox"/> neurological/reflexes | <input type="checkbox"/> eyes and red reflexes |

Comments _____

Hepatitis B vaccination Yes No Date ____ / ____ / ____ (record on page 72)

Healthy Hearing screening Completed Not completed Date ____ / ____ / ____ (see page 21)

* NNST = Neonatal Screening Test. Health Professionals please note: if this is not filled in, please phone (07) 3646 7051 to determine whether the test has been undertaken.

* SCN = Special Care Nursery * ICN = Intensive Care Nursery

Neonatal examination – prior to discharge

Child's name _____

Medical Record Number _____

Date ____ / ____ / ____ Age _____ Weight _____

NNST* Done Not done

Head circ _____ Feeding _____

Signature _____

Birthmarks _____

Additional information/Risk factors/concerns

Antenatally diagnosed fetal abnormality _____

Family history (including deafness) _____

Feeding concerns _____

Mother's medication/supplements _____

Baby's medication/supplements _____

SCN* or ICN* (duration and diagnosis) _____

Other issues _____

Examination

✓ = normal, ✗ = abnormal (explain in comments), ○ = not examined.

- | | | |
|--|--|---|
| <input type="checkbox"/> spine | <input type="checkbox"/> respiratory | <input type="checkbox"/> fontanelle/sutures |
| <input type="checkbox"/> genitalia | <input type="checkbox"/> cardiac (auscultation and femorals) | <input type="checkbox"/> ears |
| <input type="checkbox"/> anus | <input type="checkbox"/> abdomen | <input type="checkbox"/> mouth/palate/tongue/frenulum |
| <input type="checkbox"/> meconium passed | <input type="checkbox"/> hips | <input type="checkbox"/> limbs |
| <input type="checkbox"/> urine passed | <input type="checkbox"/> neurological/reflexes | <input type="checkbox"/> eyes and red reflexes |

Comments _____

Hepatitis B vaccination Yes No Date ____ / ____ / ____ (record on page 72)

Healthy Hearing screening Completed Not completed Date ____ / ____ / ____ (see page 21)

* NNST = Neonatal Screening Test. Health Professionals please note: if this is not filled in, please phone (07) 3646 7051 to determine whether the test has been undertaken.

* SCN = Special Care Nursery * ICN = Intensive Care Nursery

Child's name _____

Medical Record Number _____

Treatment required

- | | | | | |
|------------------|--------------------------|-----|--------------------------|----|
| Jaundice | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Antibiotic | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Phototherapy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Proven Infection | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other _____ | | | | |

Investigations

Health promotion topics discussed with parents or care giver

- | | |
|---|---|
| <input type="checkbox"/> Using this Personal Health Record including PEDS | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Using the Child Health Information booklet | <input type="checkbox"/> Parent/carer pertussis vaccination (record on page 75) |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Tobacco, e-cigarettes (incl passive smoking)/alcohol/drug use |
| <input type="checkbox"/> Safe infant sleeping information | <input type="checkbox"/> Roles of GP/child health nurse/community midwife/health worker |
| <input type="checkbox"/> Injury prevention & reducing home hazards | <input type="checkbox"/> Adjustment to parenthood / parents' mental health & wellbeing |
| <input type="checkbox"/> Importance of regular growth checks | <input type="checkbox"/> Ear & hearing health and need for regular ear & hearing checks
<small>(Aboriginal and Torres Strait Islander)</small> |

Recommendations, follow-ups, discharge medication

- Repeat neonatal examination by GP by day 7 after birth (discharged within 72 hours)

Signature of doctor or midwife _____ Name _____

Child's name _____

Medical Record Number _____

Treatment required

- | | | | | |
|------------------|--------------------------|-----|--------------------------|----|
| Jaundice | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Antibiotic | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Phototherapy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Proven Infection | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other _____ | | | | |

Investigations

Health promotion topics discussed with parents or care giver

- | | |
|---|---|
| <input type="checkbox"/> Using this Personal Health Record including PEDS | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Using the Child Health Information booklet | <input type="checkbox"/> Parent/carer pertussis vaccination (record on page 75) |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Tobacco, e-cigarettes (incl passive smoking)/alcohol/drug use |
| <input type="checkbox"/> Safe infant sleeping information | <input type="checkbox"/> Roles of GP/child health nurse/community midwife/health worker |
| <input type="checkbox"/> Injury prevention & reducing home hazards | <input type="checkbox"/> Adjustment to parenthood / parents' mental health & wellbeing |
| <input type="checkbox"/> Importance of regular growth checks | <input type="checkbox"/> Ear & hearing health and need for regular ear & hearing checks
<small>(Aboriginal and Torres Strait Islander)</small> |

Recommendations, follow-ups, discharge medication

- Repeat neonatal examination by GP by day 7 after birth (discharged within 72 hours)

Signature of doctor or midwife _____ Name _____

Healthy Hearing

If hearing screen was not undertaken, indicate reason: _____

Hearing screen results

Screen 1	Date ____/____/____	Screen 2	Date ____/____/____	Screen 3	Date ____/____/____
Right ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Right ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Right ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer
Left ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left ear	<input type="checkbox"/> Pass <input type="checkbox"/> Refer
2nd screen required....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Action: Audiology testing referral		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Family Support referral		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____		Signature _____		Signature _____	

Follow-up audiology retesting required before child's first birthday? Yes No At _____
(Paediatrician or GP may request earlier audiology test)

List risk factors _____

For Aboriginal and Torres Strait Islander children, discussed ear infections and importance of hearing for development

Audiology testing centre

Date: ____/____/____ Test/s _____ Result: _____

Date: ____/____/____ Test/s _____ Result: _____

Actions following audiology testing

- ENT recommended
- Discharged
- Advised Australian Hearing
- GP/paediatrician advised of results
- Early intervention advice
- Other _____

Further audiology review: Yes No Date/clinic: _____

ENT findings _____

Neonatal examination by day 7

If baby is discharged from hospital within 72 hours of birth this examination should be conducted by a GP.

Date ____ / ____ / ____ Age _____ Weight _____ NNST* (see page 17) Done now Done previously

Head Circ _____ Feeding _____ Signature _____

Hearing screen (see page 21): Further assessment indicated No further assessment indicated Screen not done

Family history (including deafness) _____

Mother's medication/supplements _____

Baby's medication/supplements _____

Feeding concerns _____

Birth marks _____

Examination

✓ = normal, ✗ = abnormal (explain in comments), ○ = not examined.

- | | | |
|---|---|---|
| <input type="checkbox"/> jaundice | <input type="checkbox"/> spine | <input type="checkbox"/> respiratory |
| <input type="checkbox"/> fontanelle/sutures | <input type="checkbox"/> genitalia | <input type="checkbox"/> cardiac (auscultation) |
| <input type="checkbox"/> eyes / red reflexes / white pupils | <input type="checkbox"/> anus | <input type="checkbox"/> cardiac (femoral pulses) |
| <input type="checkbox"/> face/ears/mouth/palate/tongue/frenulum | <input type="checkbox"/> meconium within 24 hours | <input type="checkbox"/> hips |
| <input type="checkbox"/> neck/imbs | <input type="checkbox"/> abdomen and umbilicus | <input type="checkbox"/> neurological/reflexes |

Comments _____

Recommendations, follow ups, medication _____

Health promotion issues discussed with parents or care giver

- | | |
|--|--|
| <input type="checkbox"/> Roles of GP/child health nurse/community midwife/health worker | <input type="checkbox"/> Vaccinations funded/non-funded |
| <input type="checkbox"/> Safety, e.g. injury prevention, safe sleeping, smoke-free environment | <input type="checkbox"/> Hearing / ear health <input type="checkbox"/> Feeding |

Doctor's signature _____ Name _____



Health checks



Questions for parents

Promptly after your baby's birth, answer the following.

Circle your answers

Hearing profile			
Has your baby had a hearing screen (see P21)?	Yes	No	Unsure
If yes, was your baby referred for a further hearing test by an audiologist?	Yes	No	Unsure
Did any of baby's parents, brothers or sisters have permanent hearing loss before they were three years old?	Yes	No	Unsure
Did any of baby's parents, brothers or sisters have middle ear infections, and/or associated hearing loss?	Yes	No	Unsure
Did your baby have severe problems with breathing (asphyxia) or convulsions when he/she was born?	Yes	No	Unsure
Did you have any infections, such as rubella, toxoplasmosis, CMV, herpes or syphilis during pregnancy?	Yes	No	Unsure
Has your baby had meningitis?	Yes	No	Unsure
Was your baby ventilated for more than five days?	Yes	No	Unsure
Does your baby have a cleft palate or other problem of his/her face or head?	Yes	No	Unsure
Has your baby been diagnosed with a syndrome, e.g. Down Syndrome?	Yes	No	Unsure
Was your baby treated for severe jaundice while in hospital?	Yes	No	Unsure
Vision profile			
Have any of your baby's close relatives had a turned eye or lazy eye?	Yes	No	Unsure
Did anyone in your family have problems with vision when they were children?	Yes	No	Unsure
Was your baby born before 37 weeks?	Yes	No	Unsure
Did you have any infections during pregnancy?	Yes	No	Unsure
Other			
Did baby's mother have a diabetic condition during pregnancy? (If yes – discuss regular screening for mother)	Yes	No	Unsure
Do you have any questions about your baby's immunisation?	Yes	No	Unsure
Do you feel you and your partner are coping with the adjustment to parenthood?	Yes	No	Unsure
If you circled any of the shaded answers, it is important to discuss these with your health professional.			



Questions for parents

Circle your answers

Before your child's first health check

Did you answer any shaded questions on the previous page?	Yes	No	Unsure
Do you have any concerns about your baby?	Yes	No	Unsure
Is your baby startled by loud noises such as a loud clap?	Yes	No	Unsure
Have you had any problems feeding your baby?	Yes	No	Unsure
If you have circled any of the shaded answers, it is important to discuss these with your health professional.			
What feeding method are you using?			

Suggested topics for discussion

General

- Using this record
- Services offered by your GP/child health nurse
- Using the Child Health Information booklet
- The importance of the PEDS questionnaire

Your baby

- Immunisation
- Safe infant sleeping information
- Passive smoking
- Tummy time
- Ear infections and hearing loss
- Vision and eye health
- Strategies for supine settling
- Sleeping, comforting
- Talking, reading, singing and playing with your baby
- Parent-child relationships (bonding/attachment)
- Injury prevention (e.g. car capsules) & reducing home hazards
- Sun protection
- Feeding and growth
- No screen time e.g. TV

Parents' health

- Support groups
- Contraception
- Mother's breast care, breastfeeding, (attachment positioning, comfort, supply, expressing)
- How you are coping with your baby
- Nutrition and rest
- Tobacco, alcohol, drug use
- General health (including mother's EPDS*)
- Family relationships

Health assessment

Approx 0–4 weeks

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Head symmetry					
Mouth/palate/frenulum					
Vision/eye examination (refer to P.12)					
Hearing screen completed*	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Cardiovascular					
Femoral pulses					
Hips					
Genitalia					
Development					
Other _____					

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

Remember your baby's vaccinations can be given from 6 weeks.



Questions for parents

Circle your answers

Before your child's 2 month health check

Did you circle any shaded answers on P23?	Yes	No	Unsure
Has baby's mother had a postnatal check six weeks after the birth?	Yes	No	Unsure
Was your baby checked then?	Yes	No	Unsure
Have you had the opportunity to complete the Edinburgh Postnatal Depression Scale?	Yes	No	Unsure
Does your baby turn towards light?	Yes	No	Unsure
Does your baby watch your face and follow with his/her eyes?	Yes	No	Unsure
Does your baby smile at you?	Yes	No	Unsure
Do you think your baby can hear you?	Yes	No	Unsure
Is your baby startled by loud sounds?	Yes	No	Unsure
When lying face down during supervised play-time, does your baby lift his/her head?	Yes	No	Unsure
Has your baby been given their vaccinations due at 6 weeks?	Yes	No	Unsure
Have you had any problems feeding your baby?	Yes	No	Unsure
If you have circled any of the shaded answers, it is important to discuss these with your health professional.			

What are you feeding your baby?

Suggested topics for discussion (also refer to the *Child Health Information* booklet)

- The importance of the PEDS questionnaire
- Immunisation
- Parents' health and wellbeing (including mother's EPDS*)
- Injury prevention & reducing home hazards
- Feeding including patterns and growth
- Continuing breastfeeding – supply
- Introduction of solids at around 6 months
- Infant tooth decay
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Tummy time
- Safe sleeping
- Comforting, sleeping & settling
- Wrapping techniques
- What to expect from your baby
- Ear infections and hearing loss
- Sun protection
- Genital care and hygiene
- Parent-child relationships
- No screen time e.g. TV
- Bowel motion changes
- Contraception
- Vision and eye health
- Family relationships
- Talking, reading, singing & playing with your baby

*EPDS = Edinburgh Postnatal Depression Scale

Health assessment

Approx 2 months (6–8 weeks)

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Head symmetry					
Mouth/palate/frenulum					
Vision/eye examination (refer to P12)					
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check (otoscopy)*	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Cardiovascular					
Femoral pulses					
Hips					
Genitalia					
Development					

Child's vaccinations up to date: Yes No If no, comments:

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

**Remember your baby's vaccinations can be given from 6 weeks
See page 70 and speak to your vaccination provider.**



Questions for parents

Circle your answers

Before your child's 4 month health check

Are you concerned about any aspect of your baby's health?	Yes	No	Unsure
Are your baby's vaccinations up-to-date?	Yes	No	Unsure
Have you had any problems feeding your baby?	Yes	No	Unsure
Did you circle any shaded answers to questions on P23?	Yes	No	Unsure

Hearing profile

Does your baby look towards sounds?	Yes	No	Unsure
Does your baby settle to familiar sounds or voices?	Yes	No	Unsure

Vision profile

Are you concerned about your baby's vision?	Yes	No	Unsure
Does your baby watch your face and follow with his/her eyes?	Yes	No	Unsure

Development and activity

Does your baby chuckle, squeal, gurgle or laugh?	Yes	No	Unsure
When you hold your baby on your lap, can baby hold his/her head up?	Yes	No	Unsure

If you have circled any of the shaded answers, it is important to discuss these with your health professional.

What are you feeding your baby?

Suggested topics for discussion (also refer to the *Child Health Information* booklet)

- The importance of the PEDS questionnaire
- Immunisation
- Parents' health and wellbeing
- Injury prevention & reducing home hazards
- Infant tooth decay
- Daily routine
- Sun protection
- Continuing breastfeeding – supply
- Feeding and growth
- Introduction of solids, around 6 months
- Family relationships
- Parent-child relationships
- Ear infections and hearing loss
- Vision and eye health
- Tobacco, e-cigarettes (incl passive smoking)/alcohol/drug use
- Safe sleeping
- Wrapping techniques
- Comforting, sleeping & settling
- Tummy time
- Siblings
- No screen time e.g. TV
- Both parents' adjustment to parenthood
- Talking, reading, singing & playing with your baby

Health assessment

Approx 4 months

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Head symmetry					
Mouth/palate/frenulum					
Vision/eye examination (refer to P12)					
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check (otoscopy)*	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Other _____					

Child's vaccinations up to date: Yes No If no, comments:

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

Your baby's 4 month vaccinations are due. See page 70 and speak to your vaccination provider.



Health check

Approx 6 months

PEDS: At this visit, your health care provider will discuss the PEDS questionnaire with you to better understand your child. The questions on the following page ask you about any concerns you have about your child and the way they are growing or developing. It is important that you share these with your health professional. They can assist you to complete it if necessary – just ask them.

Suggested topics for discussion (also refer to the *Child Health Information* booklet)

As well as the information in the PEDS questionnaire, your health care provider will discuss issues that impact on your baby's health, safety, growth and development. Some topics which are relevant at this age are:

- The importance of the PEDS questionnaire
- Immunisation
- Parents' health & wellbeing
- Feeding (introduction of solids; tracking growth)
- Continuing breastfeeding
- Oral health and infant tooth decay
- Siblings
- Active play activities
- Safe sleeping & tummy time
- Talking, reading, singing & playing with your baby
- Parent-child relationships (bonding/attachment)
- Sun protection
- Injury prevention (inc. water/pool & home safety)
- Comforting, sleeping & settling
- Ear infections and hearing loss
- No screen time e.g. TV
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Both parents' adjustment to parenthood
- Family relationships

If you have any other topics you would like to discuss, write them here:

- _____
- _____
- _____
- _____



Parents' Evaluation of Development Status (PEDS)

Today's date: ___ / ___ / ___

Child's name: _____ Parent's name: _____ Child's age _____

Please list any concerns about your child's learning, development and behaviour.

Do you have any concerns about how your child talks and makes speech sounds?

No Yes A little

Comments:

Do you have any concerns about how your child understands what you say?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her arms and legs?

No Yes A little

Comments:

Do you have any concerns about how your child behaves?

No Yes A little

Comments:

Do you have any concerns about how your child gets along with others?

No Yes A little

Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?

No Yes A little

Comments:

Do you have any concerns about how your child is learning preschool or school skills?

No Yes A little

Comments:

Please list any other concerns.

Health assessment

Approx 6 months

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Head symmetry					
Mouth/palate/frenulum					
Communication					
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check*	Otoscopy	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
	Tympanometry	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
Vision/eye examination (refer to P12)	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Corneal light reflex	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Hips					
Genitalia					
Development					

Child's vaccinations up to date: Yes No If no, comments:

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

Your baby's 6 month vaccinations are due. See page 70 and speak to your vaccination provider.



Health check

Approx 12 months

PEDS: At this visit, your health care provider will discuss the PEDS questionnaire with you to better understand your child. The questions on the following page ask you about any concerns you have about your child and the way they are growing or developing. It is important that you share these with your health professional. They can assist you to complete it if necessary – just ask them.

Suggested topics for discussion (also refer to the *Child Health Information* booklet)

As well as the information in the PEDS questionnaire, your health care provider will discuss issues that impact on your baby's health, safety, growth and development. Some topics which are relevant at this age are:

- The importance of the PEDS questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Sun protection
- Safe sleeping
- Comforting, sleeping & settling
- Parenting, child's behaviour
- Parent-child relationships (bonding/attachment)
- Parents' health and wellbeing (including mother's second EPDS*)
- Ear infections and hearing loss
- Vision and eye health
- Continuing breastfeeding
- Healthy family eating and drinking
- Tracking growth (weight and length)
- Talking, reading, singing & playing with your baby
- Toys and active play
- Oral health and infant tooth decay
- No screen time e.g. TV, computer
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Family relationships

If you have any other topics you would like to discuss, write them here:

- _____
- _____
- _____
- _____



Parents' Evaluation of Development Status (PEDS)

Today's date: ___/___/___

Child's name: _____ Parent's name: _____ Child's age _____

Please list any concerns about your child's learning, development and behaviour.

Do you have any concerns about how your child talks and makes speech sounds?

No Yes A little

Comments:

Do you have any concerns about how your child understands what you say?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her arms and legs?

No Yes A little

Comments:

Do you have any concerns about how your child behaves?

No Yes A little

Comments:

Do you have any concerns about how your child gets along with others?

No Yes A little

Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?

No Yes A little

Comments:

Do you have any concerns about how your child is learning preschool or school skills?

No Yes A little

Comments:

Please list any other concerns.

Health assessment

Approx 12 months

Child's age _____

To be completed by doctor or child health nurse. It is critical that ALL tests are performed at this appointment and referrals made where necessary.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Head symmetry					
Mouth/palate/frenulum					
Communication					
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check*	Otосcopy	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
	Tympanometry	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
Vision/eye examination (refer to P12)	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Other _____					
Other _____					

Child's vaccinations up to date: Yes No If no, comments:

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

Your child's 12 month vaccinations are due. See page 70 and speak to your vaccination provider.



Health check

Approx 18 months

PEDS: At this visit, your health care provider will discuss the PEDS questionnaire with you to better understand your child. The questions on the following page ask you about any concerns you have about your child and the way they are growing or developing. It is important that you share these with your health professional. They can assist you to complete it if necessary – just ask them.

Suggested topics for discussion

As well as the information in the PEDS questionnaire, your health care provider will discuss issues that impact on your baby's health, safety, growth and development. Some topics which are relevant at this age are:

- The importance of the PEDS questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Siblings
- Sun protection
- Language/speech development
- Talking, reading, singing and playing with your child
- Healthy eating and drinking / fussy eating
- Healthy drinks
- Growth
- Gross and fine motor development
- Parenting, child's behaviour
- Parent-child relationships (bonding/attachment)
- Oral health and infant tooth decay
- No screen time e.g. TV, computer
- Toilet training
- Toys and active play
- Ear infections and hearing loss
- Vision and eye health
- Continuing breastfeeding
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Family relationships

If you have any other topics you would like to discuss, write them here:

- _____
- _____
- _____
- _____



Parents' Evaluation of Development Status (PEDS)

Today's date: ___/___/___

Child's name: _____ Parent's name: _____ Child's age _____

Please list any concerns about your child's learning, development and behaviour.

Do you have any concerns about how your child talks and makes speech sounds?

No Yes A little

Comments:

Do you have any concerns about how your child understands what you say?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her arms and legs?

No Yes A little

Comments:

Do you have any concerns about how your child behaves?

No Yes A little

Comments:

Do you have any concerns about how your child gets along with others?

No Yes A little

Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?

No Yes A little

Comments:

Do you have any concerns about how your child is learning preschool or school skills?

No Yes A little

Comments:

Please list any other concerns.

Health assessment

Approx 18 months

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Length _____ cm					
Head circumference _____ cm					
Mouth/palate/frenulum					
Communication					
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check*	Otoscopy	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
	Tympanometry	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
Vision/eye examination (refer to P12)	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Gait					
Development					
Other _____					

Child's vaccinations up to date: Yes No If no, comments:

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____

Your child's 18 month vaccinations are due. See page 70 and speak to your vaccination provider.



Health check

Approx 2½ – 3½ years

PEDS: At this visit, your health care provider will discuss the PEDS questionnaire with you to better understand your child. The questions on the following page ask you about any concerns you have about your child and the way they are growing or developing. It is important that you share these with your health professional. They can assist you to complete it if necessary – just ask them.

Suggested topics for discussion

As well as the information in the PEDS questionnaire, your health care provider will discuss issues that impact on your baby's health, safety, growth and development. Some topics which are relevant at this age are:

- The importance of the PEDS questionnaire
- Immunisation
- Sleeping
- Healthy eating and drinking/ fussy eating
- Growth and healthy weight
- Eating while in care
- Injury prevention (inc. water/pool & home safety)
- Ear infections and hearing loss
- Vision and eye health
- Sun protection
- Language/speech development
- Physical activity
- Gross and fine motor development
- Oral health
- Talking, reading, singing & playing with your child
- Parenting, child's behaviour
- Parent-child relationships (bonding/attachment)
- Limit TV, electronic devices (<1 hr/day)
- Toilet training
- Siblings
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Family relationships

If you have any other topics you would like to discuss, write them here:

- _____
- _____
- _____
- _____



Parents' Evaluation of Development Status (PEDS)

Today's date: ___ / ___ / ___

Child's name: _____ Parent's name: _____ Child's age _____

Please list any concerns about your child's learning, development and behaviour.

Do you have any concerns about how your child talks and makes speech sounds?

No Yes A little

Comments:

Do you have any concerns about how your child understands what you say?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her arms and legs?

No Yes A little

Comments:

Do you have any concerns about how your child behaves?

No Yes A little

Comments:

Do you have any concerns about how your child gets along with others?

No Yes A little

Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?

No Yes A little

Comments:

Do you have any concerns about how your child is learning preschool or school skills?

No Yes A little

Comments:

Please list any other concerns.

Health assessment

Approx 2 ½ – 3 ½ years

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Height _____ cm					
BMI (kg/m ²)					
Vision /eye examination (refer to P12)					
Corneal light reflex	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Vision – near cover test	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Ear and hearing health	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Aboriginal and Torres Strait Islander ear check*	Otoscopy	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
	Tympanometry	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>		
Understanding and communication					
Speech					
Gait					
Cardiovascular					
Development					
Genitalia					
Other _____					

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____/____/____



Health check

Approx 4–5 years

PEDS: At this visit, your health care provider will discuss the PEDS questionnaire with you to better understand your child. The questions on the following page ask you about any concerns you have about your child and the way they are growing or developing. It is important that you share these with your health professional. They can assist you to complete it if necessary – just ask them.

Suggested topics for discussion

As well as the information in the PEDS questionnaire, your health care provider will discuss issues that impact on your baby's health, safety, growth and development. Some topics which are relevant at this age are:

- The importance of the PEDS questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Growth
- Healthy weight
- BMI
- Healthy eating and drinks
- Ear infections and hearing loss
- Vision and eye health
- Oral health
- Testes check
- Parenting, child's behaviour
- Parent-child relationships (bonding/attachment)
- Talking, reading, singing & playing with your child
- Gross and fine motor development
- Starting school
- Language/speech development
- Physical activity
- Limit TV, electronic devices (<1 hour/day)
- Sun protection
- Tobacco, e-cigarettes (incl passive smoking) /alcohol/drug use
- Family relationships

If you have any other topics you would like to discuss, write them here:

- _____
- _____
- _____
- _____



Parents' Evaluation of Development Status (PEDS)

Today's date: ___ / ___ / ___

Child's name: _____ Parent's name: _____ Child's age _____

Please list any concerns about your child's learning, development and behaviour.

Do you have any concerns about how your child talks and makes speech sounds?

No Yes A little

Comments:

Do you have any concerns about how your child understands what you say?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

No Yes A little

Comments:

Do you have any concerns about how your child uses his or her arms and legs?

No Yes A little

Comments:

Do you have any concerns about how your child behaves?

No Yes A little

Comments:

Do you have any concerns about how your child gets along with others?

No Yes A little

Comments:

Do you have any concerns about how your child is learning to do things for himself/herself?

No Yes A little

Comments:

Do you have any concerns about how your child is learning preschool or school skills?

No Yes A little

Comments:

Please list any other concerns.

Health assessment

Approx 4–5 years

Child's age _____

To be completed by doctor or child health nurse.

Health Assessment	Within Normal Limits		Review	Refer	Comments
	Yes	No			
Weight _____ gm					
Height _____ cm					
BMI (kg/m ²)					
Development					
Vision / eye examination (Refer to P12)	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Vision acuity	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Vision – cover test near	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Vision – cover test far	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Otoscopy	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Tympanometry	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>			
Ears and hearing*	Hearing – right 4000 Hz at 25dB				
	Hearing – right 2000 Hz at 25dB				
	Hearing – right 1000 Hz at 25dB				
	Hearing – left 4000 Hz at 25dB				
	Hearing – left 2000 Hz at 25dB				
	Hearing – left 1000 Hz at 25dB				
Speech					
Language					
Gait					

Child's vaccinations up to date: Yes No If no, comments: _____

* When an at risk family presents it is critical that all tests occur during this appointment

Comments _____

Name _____ Medical Practitioner Registered Nurse

Signature _____ Date ____ / ____ / ____

Your child's 4 year vaccinations are due. See page 70 and speak to your vaccination provider.



Growth charts

Children's growth charts

The following growth charts are indicative of growth for well, full-term children. You and your health professional can use them to record your child's growth. If you are concerned about your child's growth, please discuss this with your health care professional.

Using the growth charts

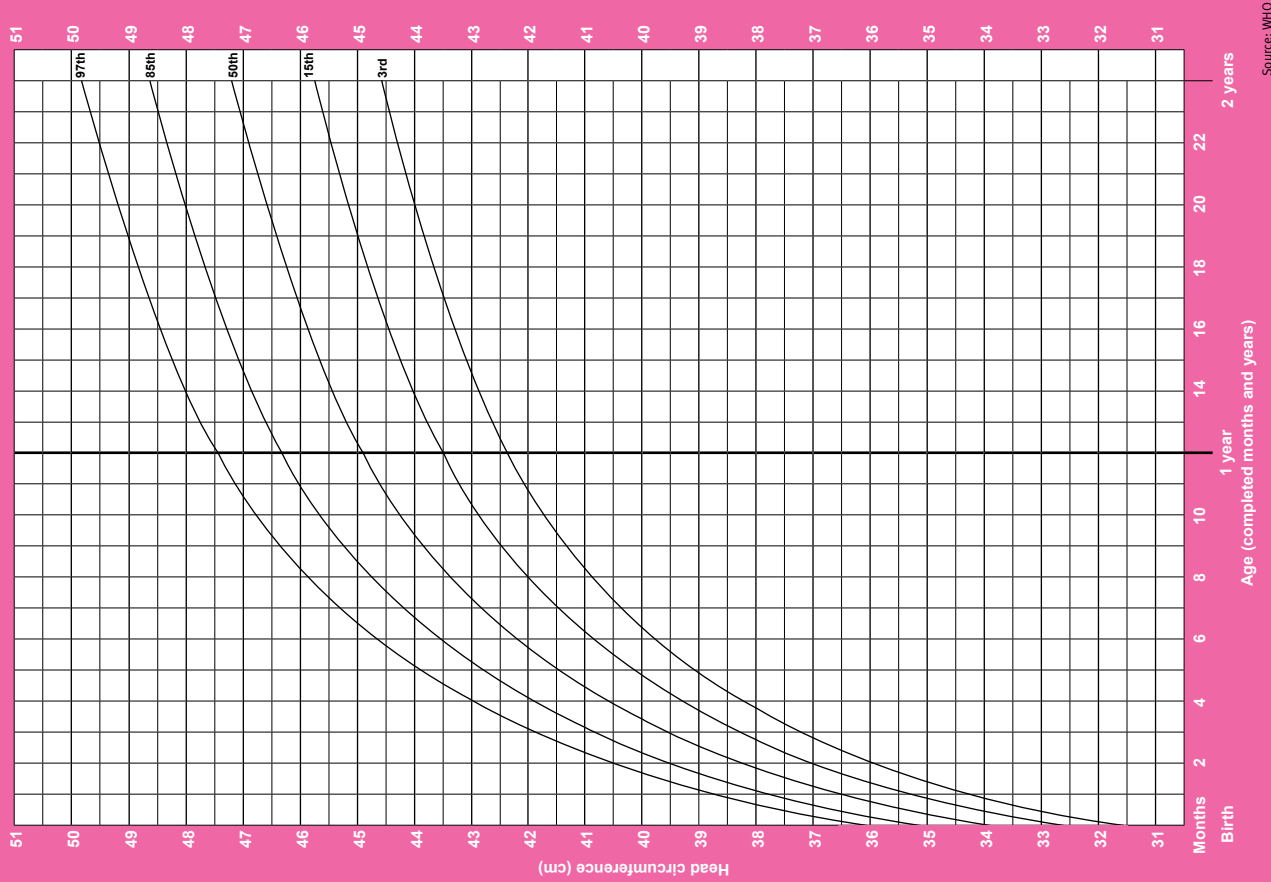
- Measure your child regularly and record measurements on the growth charts.
- The pattern of growth is more important than a single figure.
- It is important that the pattern of your child's growth follows the shape of the line on the graph.
- If the pattern of your child's growth is flat or going down, talk to your doctor or child health professional.
- Use the same scales whenever possible. Try to make sure they are accurate.
- These growth charts can be used for both breastfed and bottle-fed babies.
- 0 to 24 month length charts measure a child lying down. Growth charts for height for 2 to 20 years measure a child standing up.
- BMI (body mass index) is calculated by dividing weight (in kilograms) by height (in metres²). Use of BMI measures for children are different to those for adults.
Talk to your health care professional if your child is over the 85th percentile on the BMI charts.

SOURCE:

0 to 2 years: Developed by World Health Organisation Child Growth Standards. Geneva: World Health Organisation; 2006

2 to 20 years: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion. Hyattsville, MD, USA: National Center for Health Statistics; 2000.

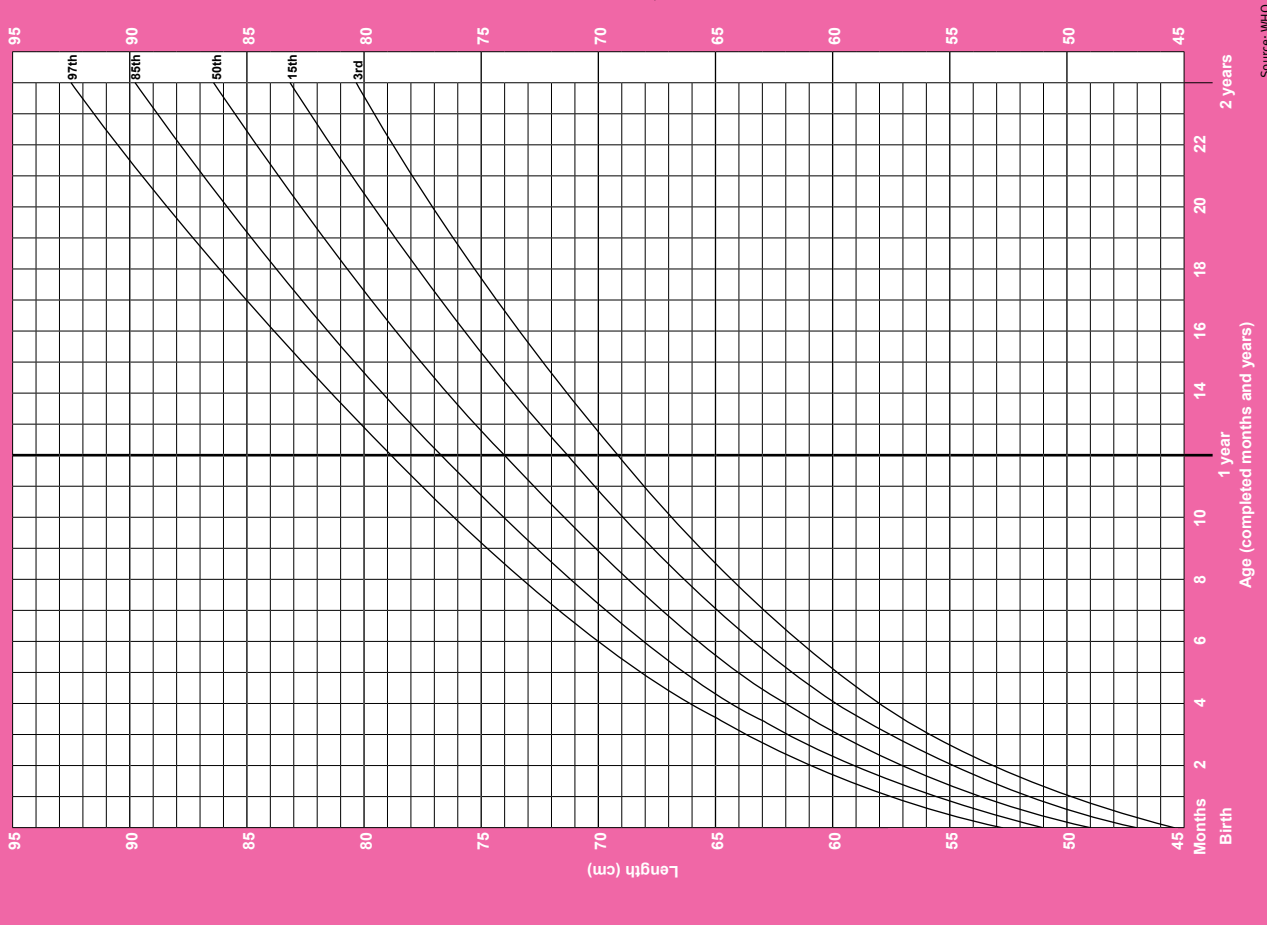
Head circumference-for-age percentiles: Girls, birth to 2 years



Source: WHO

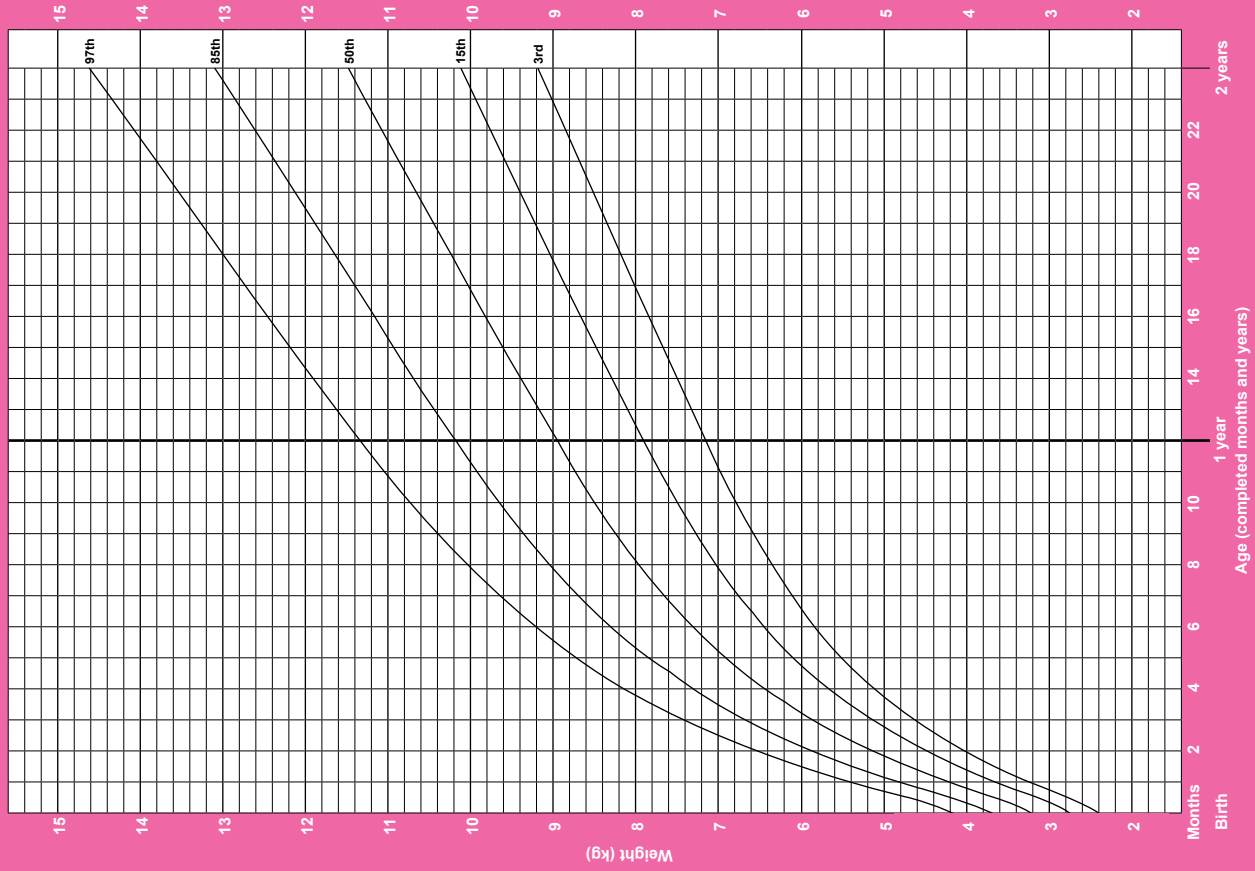
Length-for-age percentiles: Girls, birth to 2 years

(Measure child lying down)



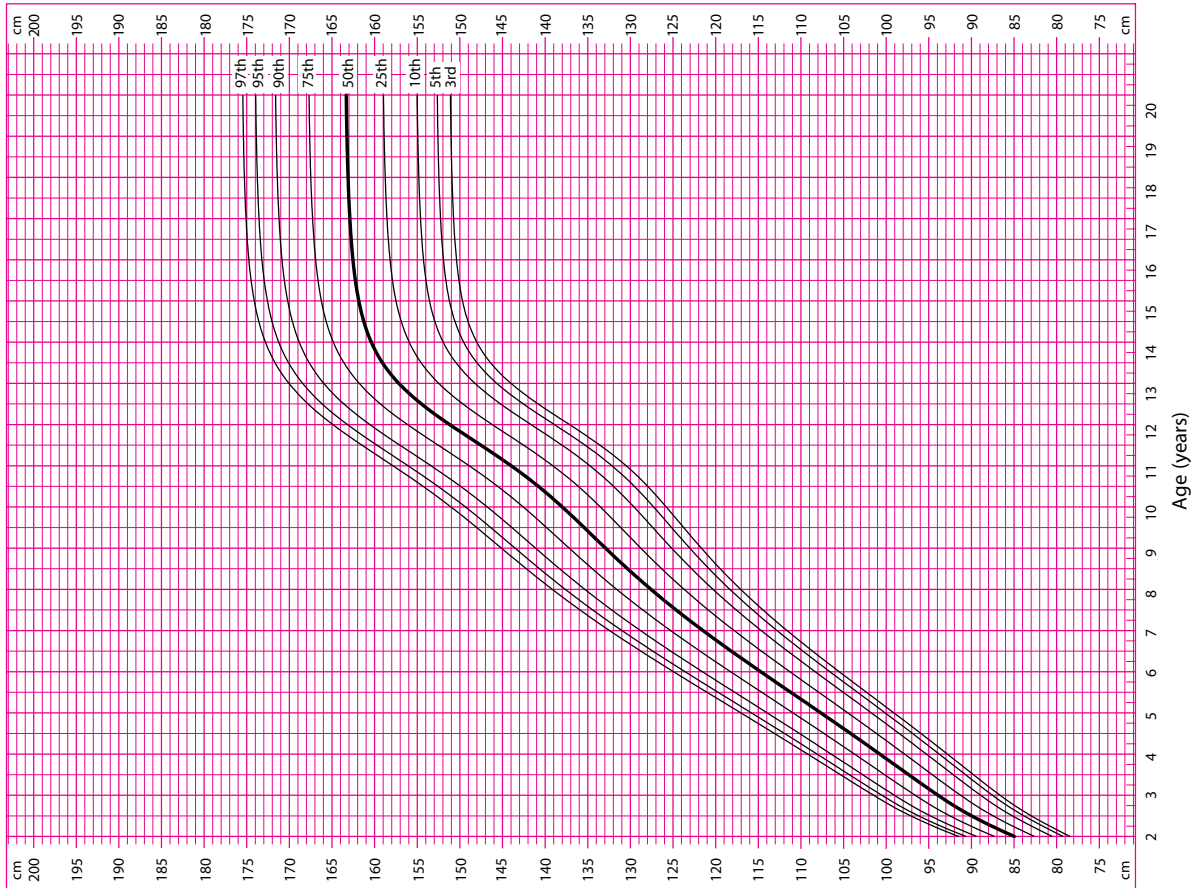
Source: WHO

Weight-for-age percentiles: Girls, birth to 2 years

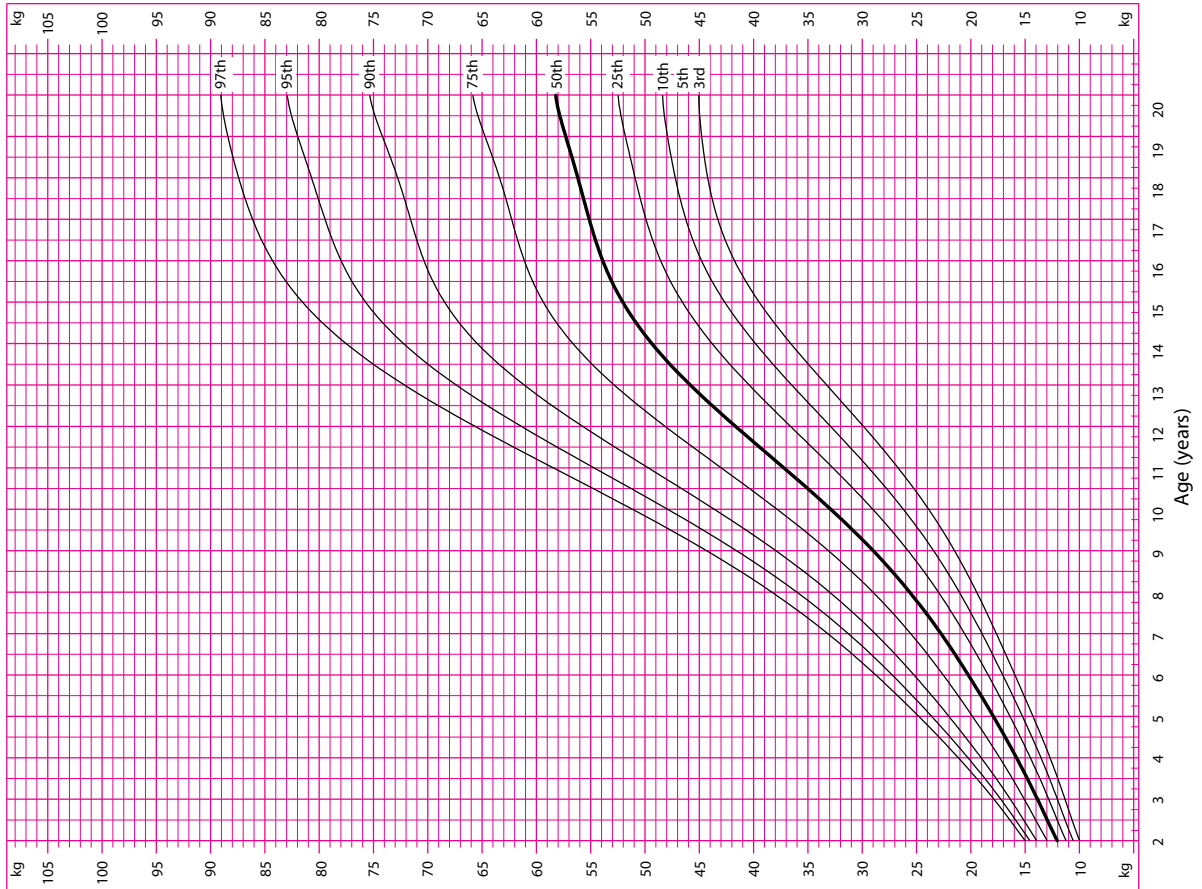


Source: WHO

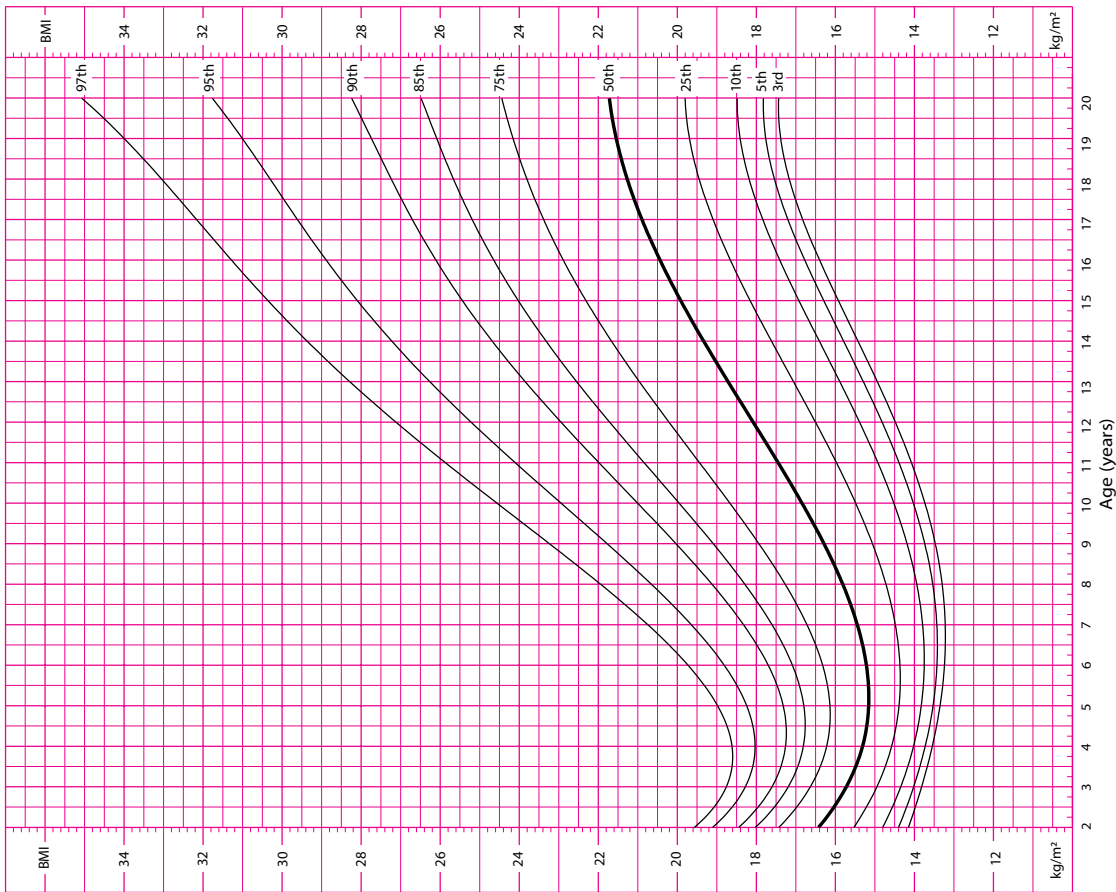
Height-for-age percentiles: Girls, 2 to 20 years



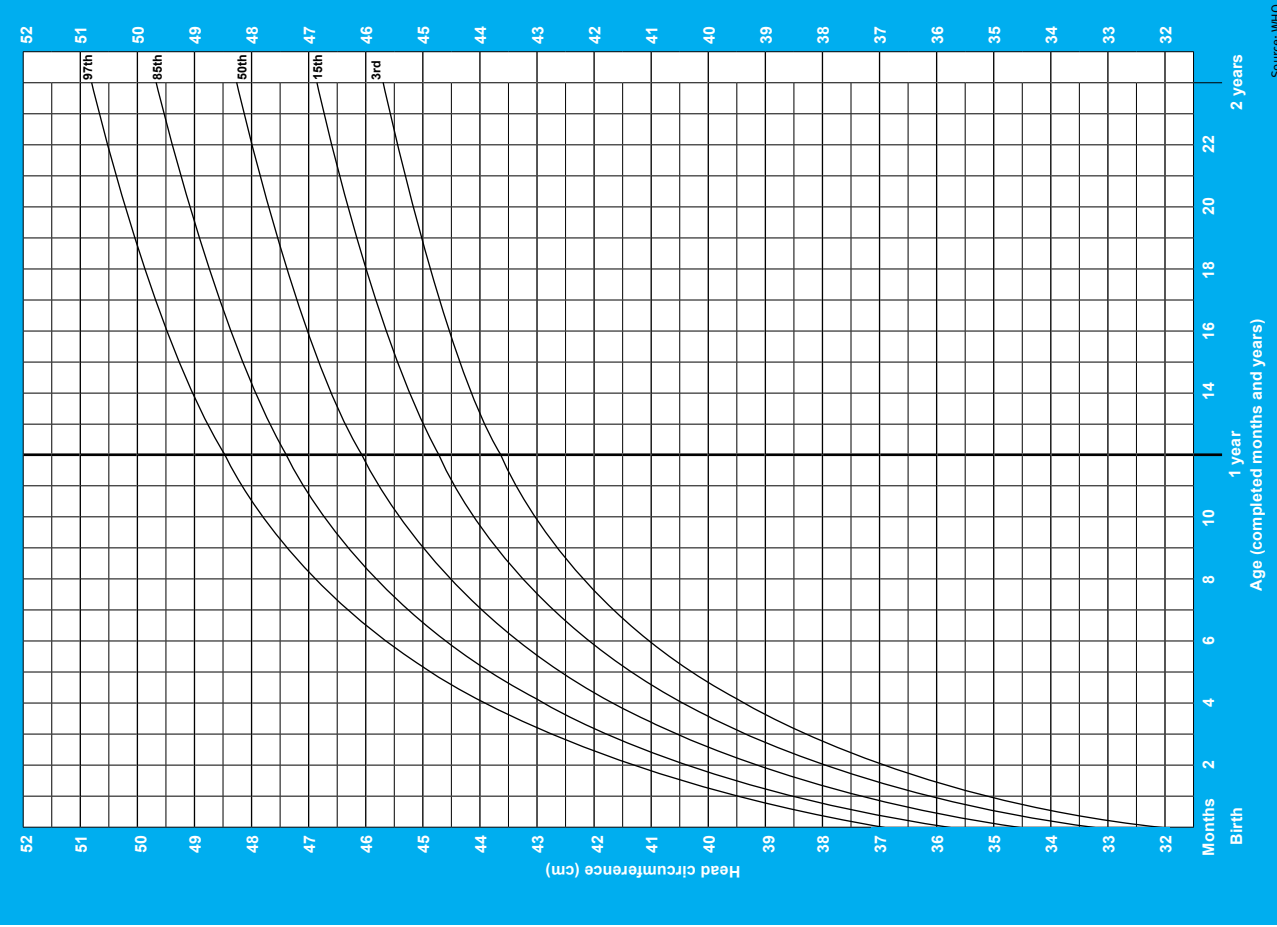
Weight-for-age percentiles: Girls, 2 to 20 years



Body mass index-for-age percentiles: Girls, 2 to 20 years



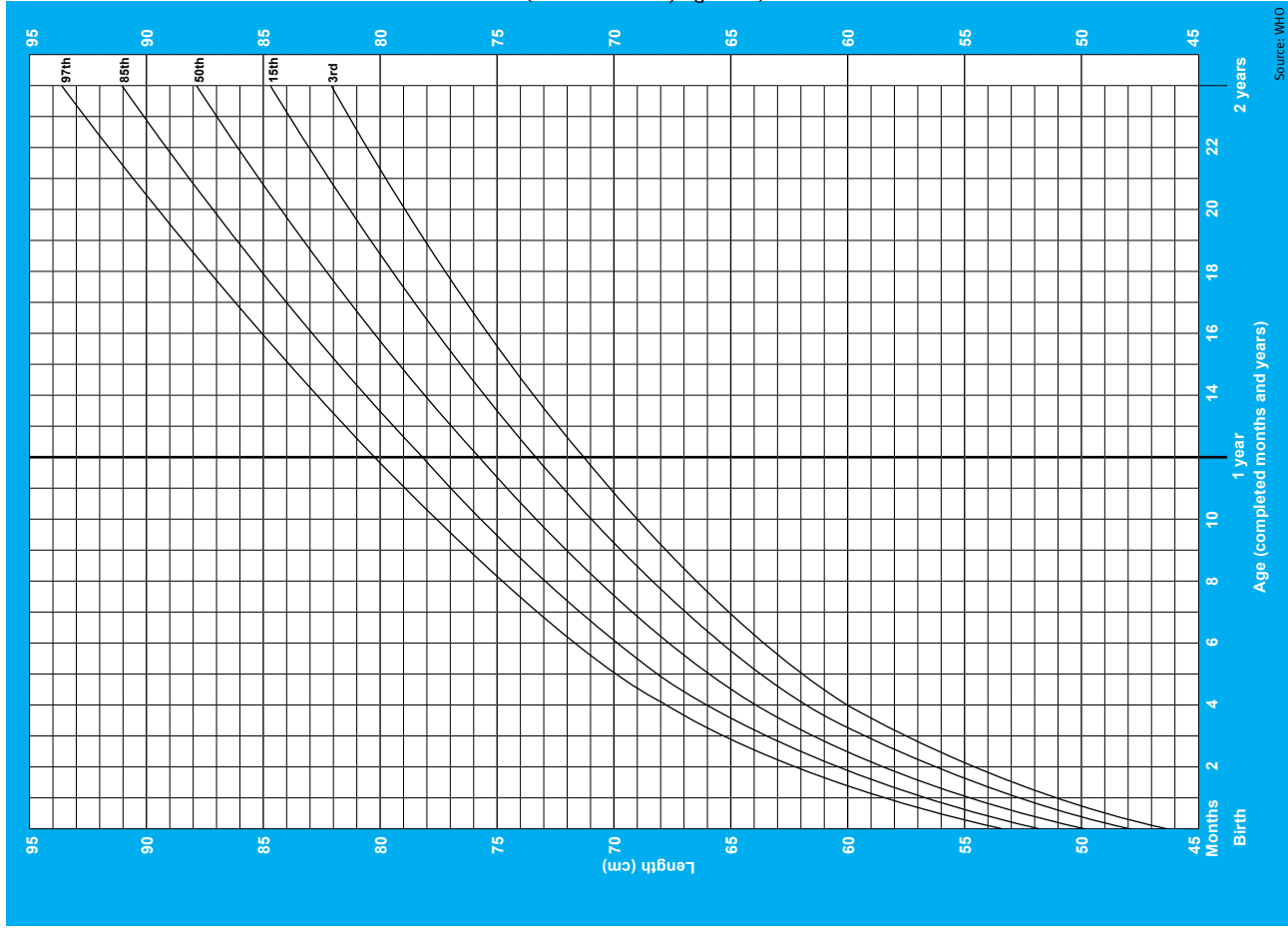
Head circumference-for-age percentiles: Boys, birth to 24 months



Source: WHO

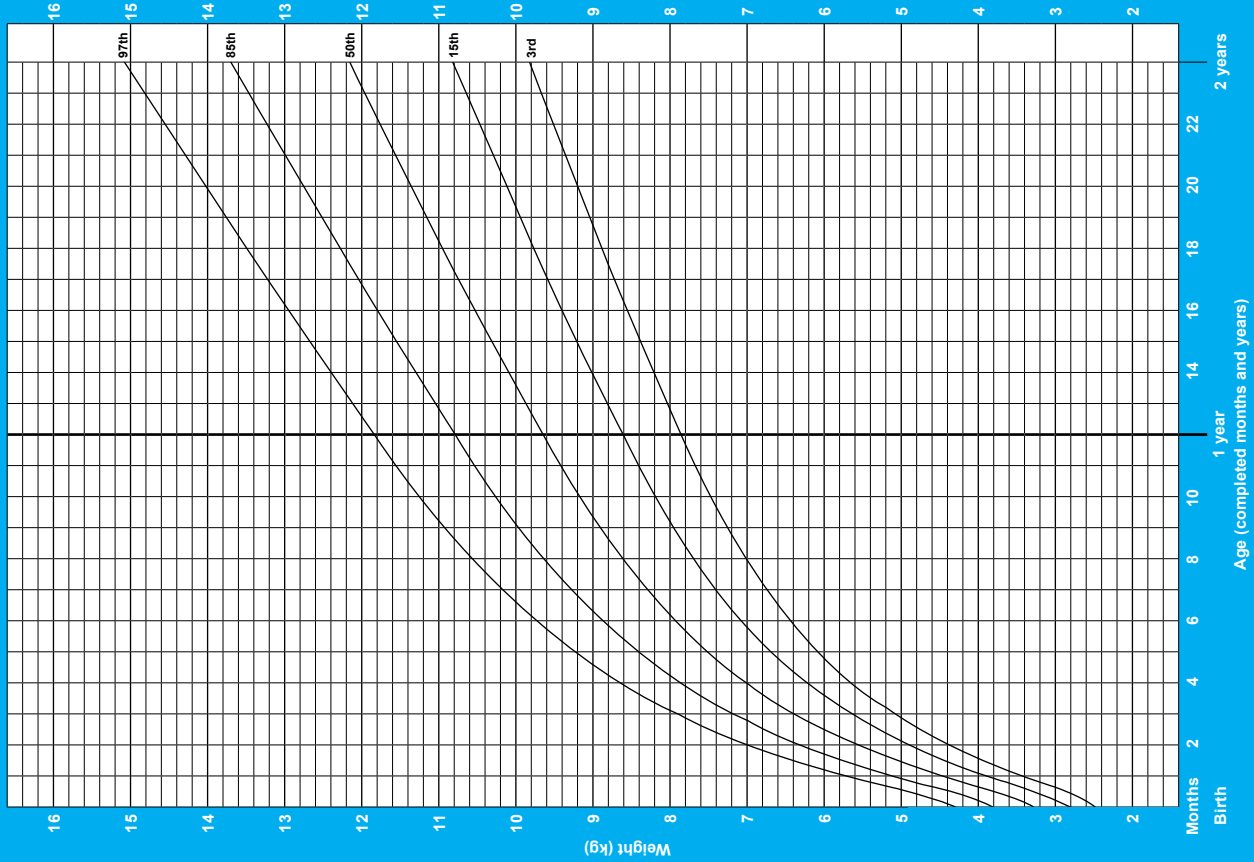
Length-for-age percentiles: Boys, birth to 2 years

(Measure child lying down)



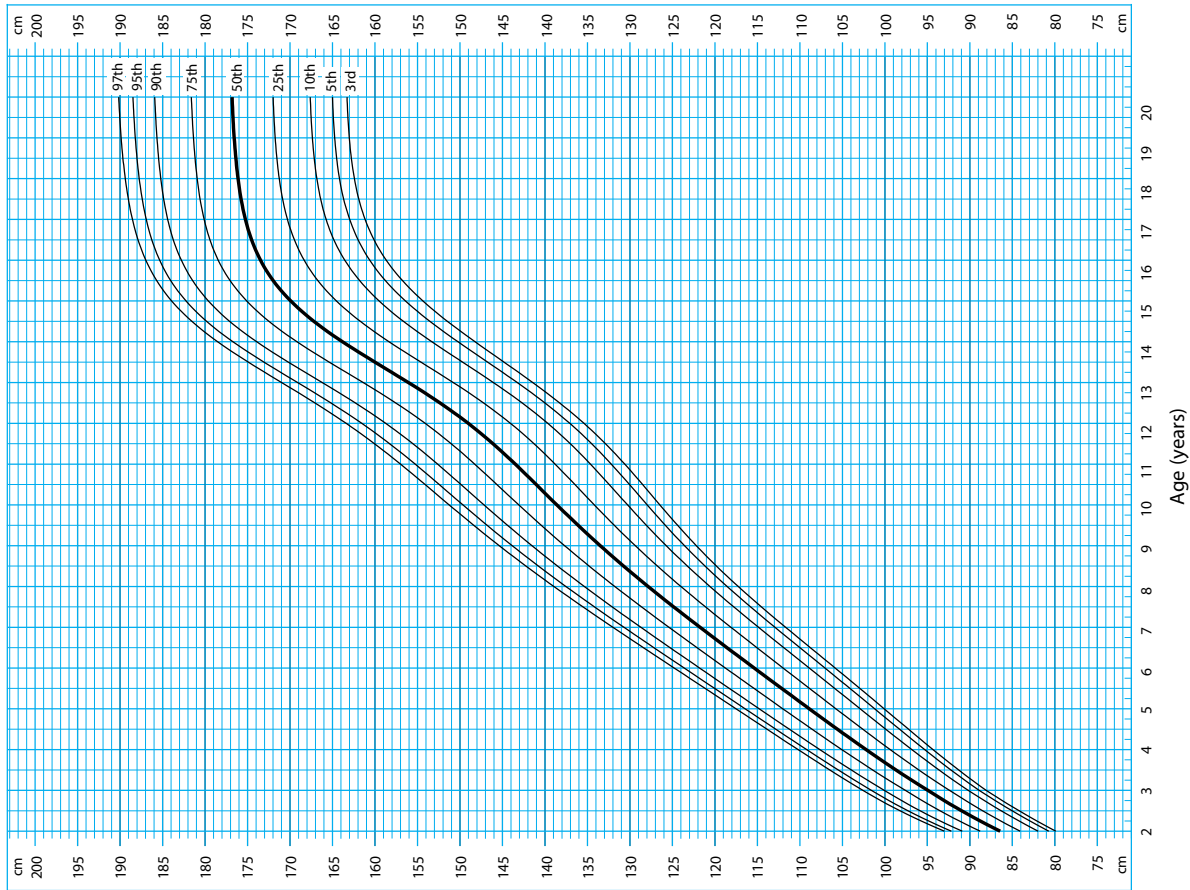
Source: WHO

Weight-for-age percentiles: Boys, birth to 24 months

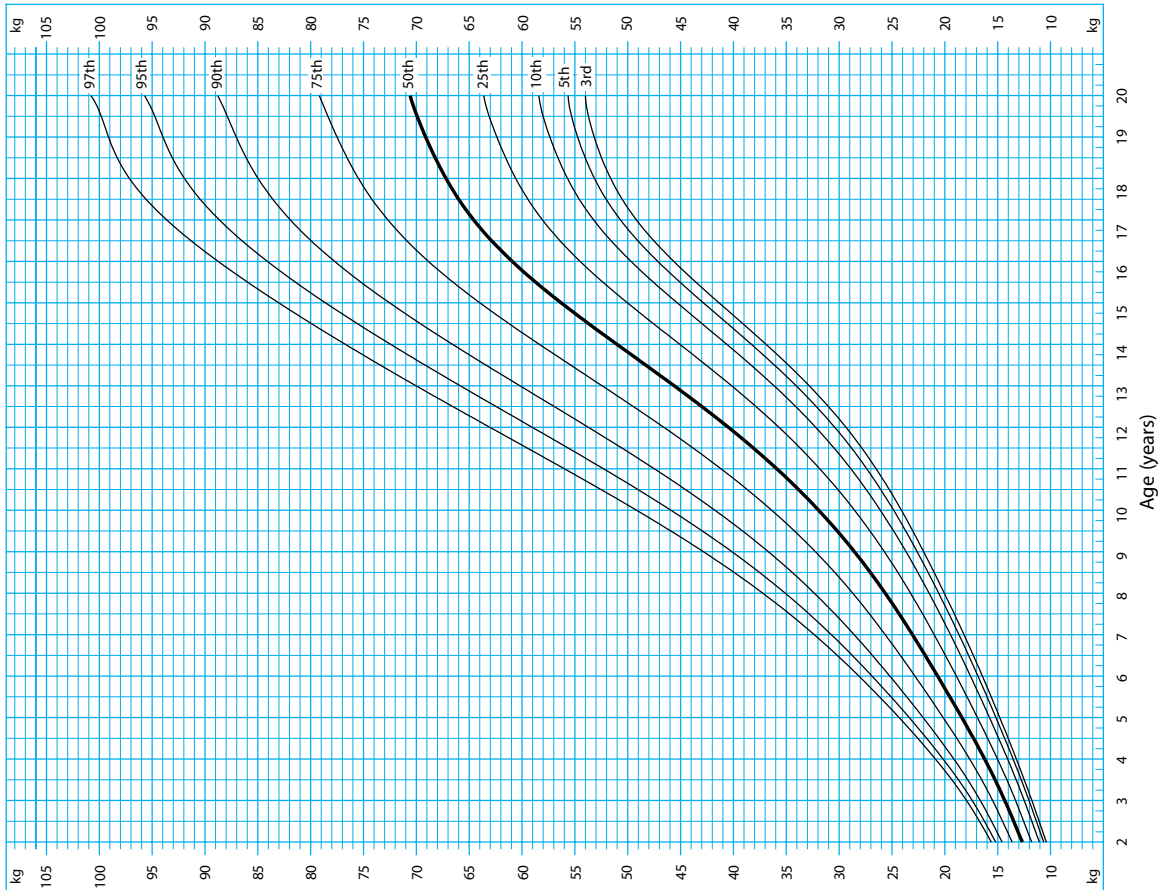


Source: WHO

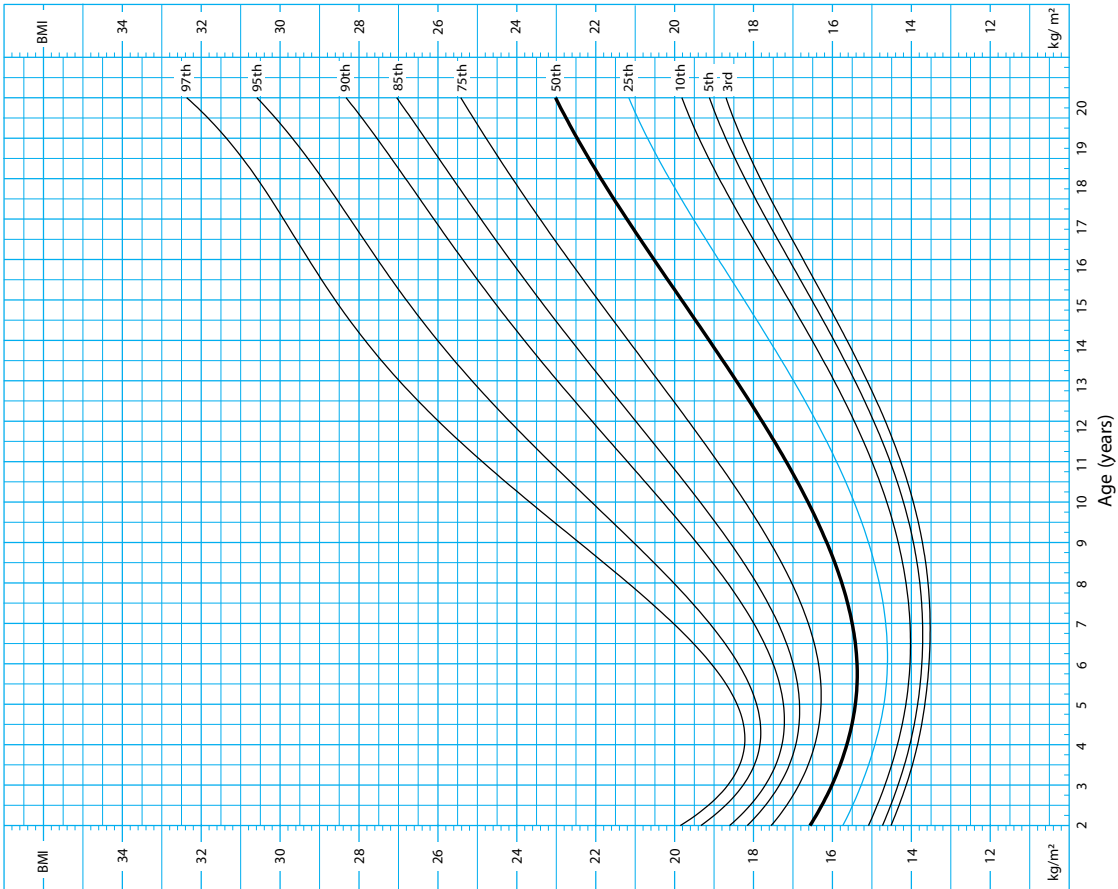
Height-for-age percentiles: Boys, 2 to 20 years



Weight-for-age percentiles: Boys, 2 to 20 years



Body mass index-for-age percentiles: Boys, 2 to 20 years





Notes/Appointments



Notes and appointments

Use this section for questions or concerns you may have about your child's health that you want to discuss with your health professional. You can also record any clinic visits you make apart from the suggested health checks listed in this book. Significant health events should be recorded on page 3.

Date	Age	Questions, notes and appointments



Notes and appointments

Date	Age	Questions, notes and appointments



Notes and appointments

Date	Age	Questions, notes and appointments



Notes and appointments

Date	Age	Questions, notes and appointments

If you require more progress notes, please remove, photocopy and replace.



Immunisation

Please be aware that the National Immunisation Program Schedule is subject to change.

Always check with your doctor or immunisation provider to make sure your child is receiving the up to date schedule for your child.

You can find your child's immunisation history by linking to Medicare from *myGov* at <https://my.gov.au>.

Immunisation

Immunisation is a simple and effective way to protect your child against certain diseases.

Vaccines trigger your child's own immune system to make antibodies to fight against certain diseases.

Immunisation is available from

- your family doctor

or may be available

- at your local council
- or community health centre.

Please take this record with you when your child is vaccinated so the details can be recorded.

Most vaccinations need to be given several times to build long lasting protection – this is why it is important children complete the full recommended schedule of vaccinations at the recommended times. Although sometimes it is possible to “catchup”, for some immunisations like rotavirus, if too much time has passed, the vaccine cannot be given.

Talk with your doctor if you need advice about catching up your child's vaccination schedule.

Before any vaccinations take place the doctor or nurse will talk with you about the vaccinations being given.

It is very important to read the pre-vaccination questionnaire on the next page before your appointment.

For further information about immunisation, talk to your doctor or nurse. You can also visit the Queensland Health Immunisation website www.qld.gov.au/health/conditions/immunisation/index.html

About vaccines

Vaccines use a person's natural response to disease to stimulate the immune system so that if someone is exposed to a vaccine preventable disease in the future, their immune system can 'remember it' and mount an effective response to either stop a disease developing or reduce the severity of a disease. Vaccines provide the same stimulus to the immune system as an infection and can potentially offer more effective protection against vaccine preventable diseases such as whooping cough, measles, chickenpox, etc. Most importantly, protection through vaccination avoids the complications associated with having the disease.

After immunisation, a person is far less likely to catch the disease if there are cases in the community. If enough people in the community are immunised, the infection can no longer spread from person to person.

Safety research and testing is an essential part of vaccine development and manufacture. Before vaccines are made available, clinical trials are required to study vaccine safety. Every vaccine given to Australian children must pass all phases of testing before it is registered for use by the Therapeutic Goods Administration (TGA).¹

Vaccines, like other medicines, can have side effects but the vaccines in current use in Australia provide benefits that greatly outweigh their risks. The majority of reactions after vaccinations are minor.²

Care after vaccination

Vaccines may produce some undesirable side effects, such as pain and redness at the injection site or fever, but most reactions are mild and resolve quickly. Your child might also be 'grizzly' or unsettled. You should give your child extra fluids to drink, not overdress babies if they are hot, and consider using paracetamol (following the directions on the bottle according to your child's age and weight) to help ease the fever and soreness. It is usually not possible to predict who may have a mild reaction and who may have a rarer, serious reaction to a vaccine. Some adverse events coincide with vaccination but are not caused by the vaccine.

If your child experiences an 'adverse event following immunisation' ie any unwanted reaction whether expected or unexpected, it should be reported to your doctor or vaccine provider as soon as possible following vaccination. This report will enable further follow up and ensure the ongoing safety of vaccines.³

Serious reactions to immunisation, such as febrile seizures, are very rare. If they do occur you should consult your doctor immediately.

1. Immunise Australia Program factsheet, "How are vaccines shown to be safe". Australian Government, Department of Health. December 2, 2015.

2. The Science of Immunisation, Questions and Answers. Australian Academy of Science. 2016.

3. Online Australian Immunisation Handbook, <https://immunisationhandbook.health.gov.au/>. Australian Government, Department of Health

Vaccinate on time

The timing of each dose of every vaccine given to babies and children is carefully chosen. It takes many years of careful research to work out the right time to give each vaccine. Independent experts gather information to help them make their recommendations. They consider which diseases Australian children are likely to be exposed to; how serious the diseases can be for children at different ages; which vaccines are safest and most effective; how many doses are needed to provide full protection; and the age at which the vaccines will give the best protection.

Delaying vaccination is not recommended. When vaccination is delayed or spaced out, children are unprotected for longer than they need to be and often at an age when disease is most common or most serious. Skipping vaccinations puts your child at greater risk of contracting vaccine preventable diseases.

Whooping cough (pertussis)

Whooping cough is a highly contagious disease spread by direct contact with infected nose or mouth secretions e.g. coughing, sneezing, sharing food or kissing. Complications of whooping cough in babies include pneumonia, fits and brain damage from prolonged lack of oxygen and can be fatal in young babies.

Newborn babies (up to six weeks of age) are too young to receive their first vaccination. However, vaccination during pregnancy protects the newborn, especially in the first 6 weeks of life, via antibodies that cross the placenta. Babies should be vaccinated at 2 months (can be given at 6 weeks), 4 months, 6 months, a booster at 18 months and 4 years of age. Pregnant women should be vaccinated in every pregnancy, between mid 2nd trimester and early 3rd trimester, (ideally at 20-32 weeks). It is recommended that people in close contact with newborns are vaccinated at least 2 weeks before close contact with the baby.

Rotavirus vaccination

Rotavirus is a contagious virus spread by faeces and saliva and causes severe gastroenteritis, vomiting and fever. Rotavirus vaccination is the best way to protect children against rotavirus disease. There is a strict timeframe for rotavirus vaccination and no opportunity to catch up missed vaccination. Your baby's vaccinations commence at 2 months (can be given from 6 weeks) with a second vaccination due at 4 months. The vaccine will not prevent diarrhoea and vomiting caused by other infectious agents.

National Immunisation Program – Queensland Schedule

Please note: The National Immunisation Program Schedule is subject to change. Talk to your GP or immunisation provider about which vaccinations are recommended for your child. Aboriginal and Torres Strait Islander babies, premature babies and children with medical risk factors may require other vaccines. The most up to date schedule can be found at: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule

Age	The diseases being immunised against	
Aboriginal AMD/OR Torres Strait Islander vaccinations	Medical at risk vaccinations	Peternm / low birth weight vaccinations
Birth	<ul style="list-style-type: none"> Hepatitis B¹ BCG² 	
2 months (can be given from 6 weeks) and 4 months	<ul style="list-style-type: none"> Diphtheria-tetanus-pertussis-polio-<i>Haemophilis influenzae</i> type b, hepatitis B Pneumococcal Rotavirus 	
6 months	<ul style="list-style-type: none"> Diphtheria-tetanus-pertussis-polio-Hib-hepatitis B Pneumococcal Pneumococcal Pneumococcal 	
Influenza vaccine is funded for children aged 6 months to less than 5 years of age³		
12 months	<ul style="list-style-type: none"> Measles-mumps-rubella Meningococcal ACWY Pneumococcal Hepatitis A 	
18 months	<ul style="list-style-type: none"> Hepatitis B - Premature baby born <32 weeks gestation or <2000g birthweight Measles-mumps-rubella-varicella <i>Haemophilis influenzae</i> type b Diphtheria-tetanus-pertussis Hepatitis A 	
4 Years	<ul style="list-style-type: none"> Diphtheria-tetanus-pertussis-polio Pneumococcal 	
Year 7 students	<ul style="list-style-type: none"> Human papillomavirus Diphtheria-tetanus-pertussis 	
Year 10 students	<ul style="list-style-type: none"> Meningococcal ACWY 	
¹ The birth dose hepatitis B vaccine (can be given up to 7 days after birth) is followed by the 6 week, 4 and 6 month vaccinations containing hepatitis B		
² BCG is recommended for Aboriginal and Torres Strait Islander newborns and other children <5 years living in indigenous communities and children <5 years travelling to a country of high TB incidence for a prolonged period and newborns where there is a family history of leprosy		
³ Two doses required for children from 6 months to <9 years of age with a minimum of 1 month between doses in the first year they receive influenza vaccine		

Pre-vaccination questionnaire

This checklist helps decide about vaccinating you or your child today. Please discuss this information or any questions you have about vaccination with your doctor/nurse before the vaccines are given.

Please advise if the person to be vaccinated:

- is unwell today
- has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- is an infant of a mother who was receiving highly immunosuppressive therapy (e.g. biological disease modifying anti-rheumatic drugs (bDMARDs) during pregnancy)
- has had a severe reaction following any vaccine
- has *any* severe allergies (to anything)
- has had any vaccine in the past month
- has had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year
- has a past history of Guillain-Barré syndrome
- was a preterm infant
- has a chronic illness
- has a bleeding disorder
- identifies as an Aboriginal or Torres Strait Islander
- does not have a functioning spleen
- lives with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/AIDS), or lives with someone who is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy).

Additional vaccines may be recommended if the person to be vaccinated:

- identifies as an Aboriginal or Torres Strait Islander
- was born preterm
- low birth weight <2000 gms
- is an oncology patient
- is suffering from an immunocompromised condition
- is a solid organ recipient or stem cell transplant recipient
- does not have a functioning spleen
- has an increased risk of complications from influenza infection
- lives with someone who has a disease which lower immunity or lives with someone who is having treatment which lowers immunity
- is planning overseas travel (see page 74).

If you have any questions about this information or vaccination, please ask the immunisation provider before the vaccine is given. It is important for you to receive a record of your or your child's vaccinations. Bring this Personal Health Record booklet with you every time your child is due for vaccination. Make sure your doctor/nurse records all vaccinations on the following pages. Vaccination record cards for other family members can be obtained from your doctor/nurse.

Official vaccination record

Child's name _____

Only to be completed by doctor/nurse giving vaccinations Date of birth ____/____/____

Immunisation providers note: The National Immunisation Program Queensland Schedule is subject to change. All children should be offered vaccination according to the current Queensland Schedule.

Before commencing vaccination always check you are administering vaccines according to the current schedule at: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule

All children should be offered vaccination according to the most current Queensland schedule.

Aboriginal Yes No **AND/OR** Torres Strait Islander Yes No Medical risk factors Yes No Preterm/low birth weight Yes No

Aboriginal and Torres Strait Islander babies, premature babies and children with medical risk factors may require additional vaccines – check the current Queensland schedule at the link above

Age	Antigen	Batch No.	Date	Organisation
Birth	Hepatitis B*			
	BCG			
2 months (can be given from 6 weeks)	Diphtheria-tetanus-pertussis-polio-Hib-hepatitis B			
	Pneumococcal			
Date due: __/__/__	Rotavirus			
4 months	Diphtheria-tetanus-pertussis-polio-Hib-hepatitis B			
	Pneumococcal			
Date due: __/__/__	Rotavirus			
6 months	Diphtheria-tetanus-pertussis-polio-Hib-hepatitis B			
	Pneumococcal			
	Pneumococcal			
Date due: __/__/__	Pneumococcal			
Influenza vaccine is funded for ALL children aged 6 months to less than 5 years of age				
12 months	Measles-mumps-rubella			
	Meningococcal ACWY			
	Pneumococcal			
Date due: __/__/__	Hepatitis A			
18 months	Hepatitis B* (ask your doctor)			
	Measles-mumps-rubella-varicella			
	Diphtheria-tetanus-pertussis			
Date due: __/__/__	Haemophilus influenza type b			
4 years	Hepatitis A			
	Diphtheria-tetanus-pertussis-polio			
Date due: __/__/__	Pneumococcal			

* Hepatitis B vaccine should be given to all infants at birth and should not be delayed beyond seven days after birth. Infants whose mothers are hepatitis B surface antigen positive (HBsAg+ve) should also be given hepatitis B immunoglobulin (HBIG) within 12 hours of birth.

* Preterm (<32weeks) and low birth weight (<2000g) infants may require an additional hepatitis B vaccination at 12 months

Official vaccination record – continued

Child's name _____

Date of birth ____ / ____ / ____

Only to be completed by doctor/nurse giving vaccinations

Other childhood vaccinations your child may receive

ALL Aboriginal and Torres Strait Islander people from 6 months of age are eligible to receive yearly influenza vaccine.

Vaccine	Batch No.	Date	Organisation stamp / name and address

School vaccinations

Age	Vaccine	Batch No.	Date	Organisation stamp / name and address
Year 7 students	Gardasil 9 (dose 1)			
	Gardasil 9 (dose 2)			
	Boostrix			
Year 10 students	Nimenrix			

Travel vaccinations for your child

- Before travelling overseas make sure your child is up to date with their routine vaccinations.
- Depending on the age of your child and the countries you visit, there may be destination-specific vaccination requirements.
- You need to speak to your doctor/immunisation provider about which vaccines are necessary and allow enough time (six to 12 weeks) to have the required number of doses and for your body to develop full immunity.
- As a parent or carer, you need to ensure your travel vaccinations, as well as the rest of your family's, are also up to date
- For more information visit: www.smarttraveller.gov.au or www.qld.gov.au/health/conditions/immunisation/index.html
- Call 13 HEALTH (13 43 25 84) for further advice

Reference: Australian Immunisation Handbook: immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Adverse events following immunisation (AEFI)

Only to be completed by a health professional. Any adverse event considered serious or unexpected and occurring after administration of vaccine should be notified to Department of Health by using the AEFI form at www.health.qld.gov.au/__data/assets/pdf_file/0033/442968/ae-fi-reporting-form.pdf. Refer to the current edition of The Australian Immunisation Handbook.

Date of Adverse event	Vaccine	Side effect reported	Date reported to Department of Health	Reported by (Name and address of service)

Care after vaccination: Many children experience minor side effects following immunisation. Most side effects last a short time and the child recovers without any problems. Common side effects of immunisation are redness, soreness and swelling at the site of an injection, mild fever, and grizzly or unsettled behaviour. You should give your child extra fluids to drink, not overdress babies if they are hot, and consider using paracetamol (following the directions on the bottle according to your child's age and weight) to help ease the fever and soreness.

Parent/carer vaccination record (e.g. influenza vaccination, diphtheria-tetanus-pertussis, etc.)

Only to be completed by doctor/nurse giving vaccinations

Name	Antigen	Batch No.	Date	Organisation stamp or address

What about homeopathic 'immunisation'?

There is no scientific basis to support the use of any homoeopathic preparation in preventing diseases targeted by conventional vaccines. In contrast, the effectiveness of conventional vaccines is well established through large-scale studies of their safety and efficacy.

There have been very few studies where homoeopathic preparations have been subjected to any scientific scrutiny. None of these studies have been on a preparation for use against a disease on the current national immunisation schedule.

Therefore, the efficacy of homoeopathic preparations against these diseases has not been established.

Many homoeopathic practitioners support conventional vaccination to protect against vaccine-preventable diseases.

The Australian Homoeopathic Association recommend conventional vaccination with standard vaccines.

Homoeopathic 'immunisation' is not recognised for family tax benefits or rebates linked to immunisation status and does not meet any childcare or school entry vaccination requirements in Australia.

Reference: Australian Government, Department of Health and Ageing, *Myths and Realities* (5th Ed.) 2013

To find out more about immunisation for you or your child:

- visit www.health.qld.gov.au/immunisation
- visit www.qld.gov.au/health/conditions/immunisation/index.html
- talk to your doctor or immunisation provider
- call 13HEALTH (13 43 25 84*) - ask for a Child Health Nurse

Telephone interpreter service: **131450**

* If you are having difficulty connecting it may be useful to dial 13HEALTH using only the first six digits of the phone number (13 43 25). If you are still unable to connect to 13HEALTH then please contact your service provider to discuss the issue.