

# GRENADA



# Child Health Take Home Record

Name and Address of Child:

**BOY**

**KEEP THIS RECORD IN A SAFE PLACE**

- This is a Record of your Child's health. Take it with you whenever you attend a clinic, hospital, doctor or dentist.
- You will need this card to register your child in pre-school, primary, and secondary schools, and at college/ university.

## Appointments

Date of next visit	<input type="checkbox"/>	Health Worker's Signature	Date of next visit	<input type="checkbox"/>	Health Worker's Signature	Date of next visit	<input type="checkbox"/>	Health Worker's Signature

## Childhood Illnesses and Referrals

Date of referral	Symptoms/Illness/Injury	Date treated	Management (including Medication)	Health Worker / Facility



## Personal Data

Child's name: \_\_\_\_\_ Registration number: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Health Centre: \_\_\_\_\_ Phone: \_\_\_\_\_

**Birth Information:**  
 Date of Birth: \_\_\_\_\_ (dd/mm/yyyy) Place of Birth: \_\_\_\_\_ Birth Rank: \_\_\_\_\_  
 Pre-term  Full Term  Post Term   
 Measurements at Birth: Weight \_\_\_\_\_ (kg) Length \_\_\_\_\_ (cm) Head Circ. \_\_\_\_\_ (cm)  
 Type of birth: Normal  LSCS  Other (specify) \_\_\_\_\_  
 Apgar score:     
 Significant Health-related Problems: \_\_\_\_\_  
 Number of siblings: \_\_\_\_\_ Date of birth of youngest sibling: \_\_\_\_\_ (dd/mm/yy)

### ORAL HEALTH CHECKLIST

Age at first visit to the dentist (Between ages 1-3 years is a good time to start) \_\_\_\_\_

Tick reasons for referral where applicable

#### REASONS FOR REFERRAL

DENTAL CONDITIONS	OCCURRENCES
No teeth present by 9 months old	<input type="checkbox"/>
Teeth present before 4 months old	<input type="checkbox"/>
Early loss of teeth before 4 years old	<input type="checkbox"/>
Crooked Teeth / Crowded Teeth	<input type="checkbox"/>
Abnormal Smile	<input type="checkbox"/>
Lack of Smile	<input type="checkbox"/>
Cleft Lip	<input type="checkbox"/>
Cleft Palate	<input type="checkbox"/>
Early Childhood Decay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Severe Gum Bleeding or Swelling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Visit Notes: Your Child's Growth and eating pattern

Date of Visit	Age at visit 0-5 Years	Weight kg	Length cm	Concerns & Recommendations

If the child is less than 1 month, record age in completed weeks. If the child is between 1 month and 1 year, record age in completed months. If the child is more than 1 year old, record age in completed years and months.





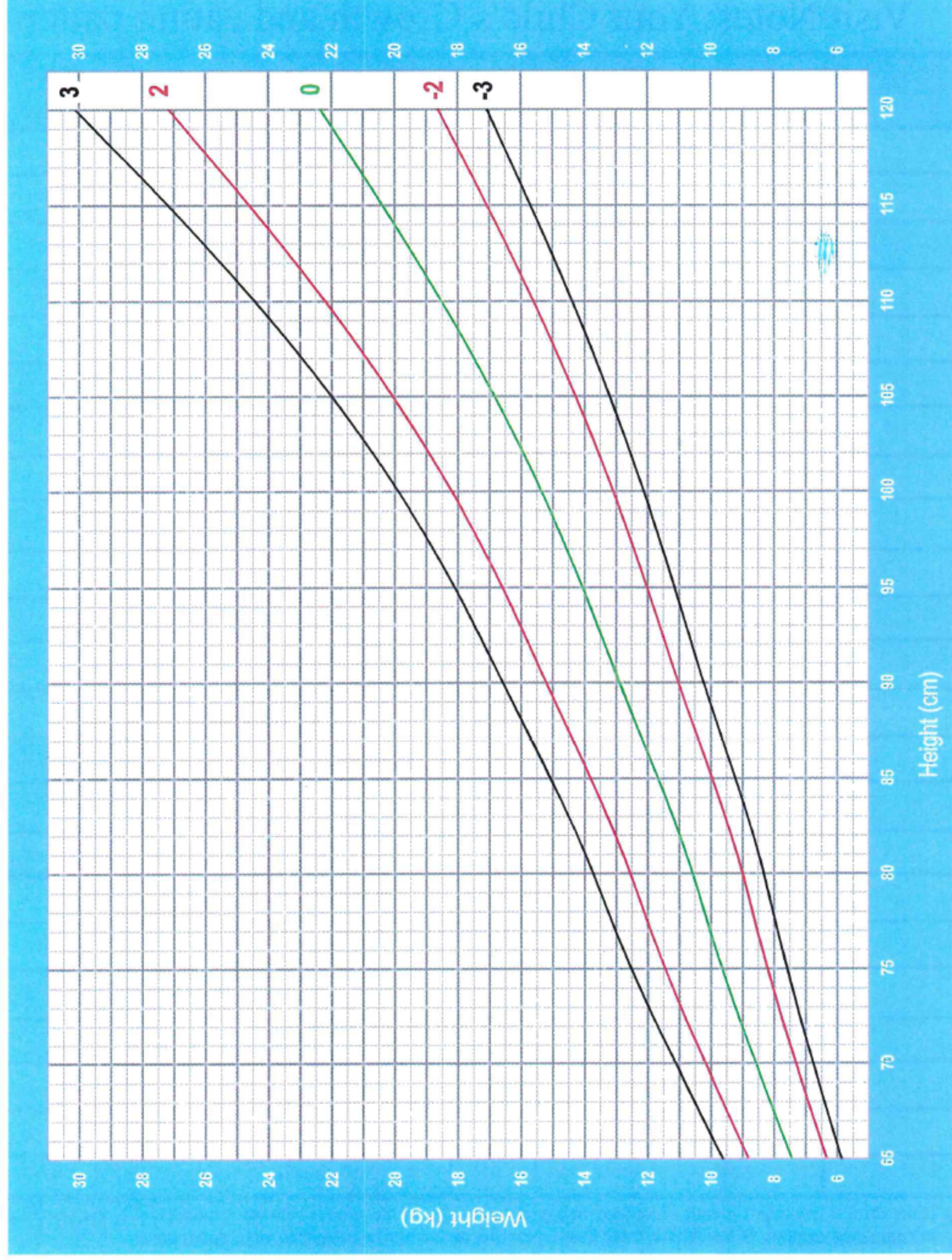


DEVELOPMENTAL SCREENING CHECKLIST

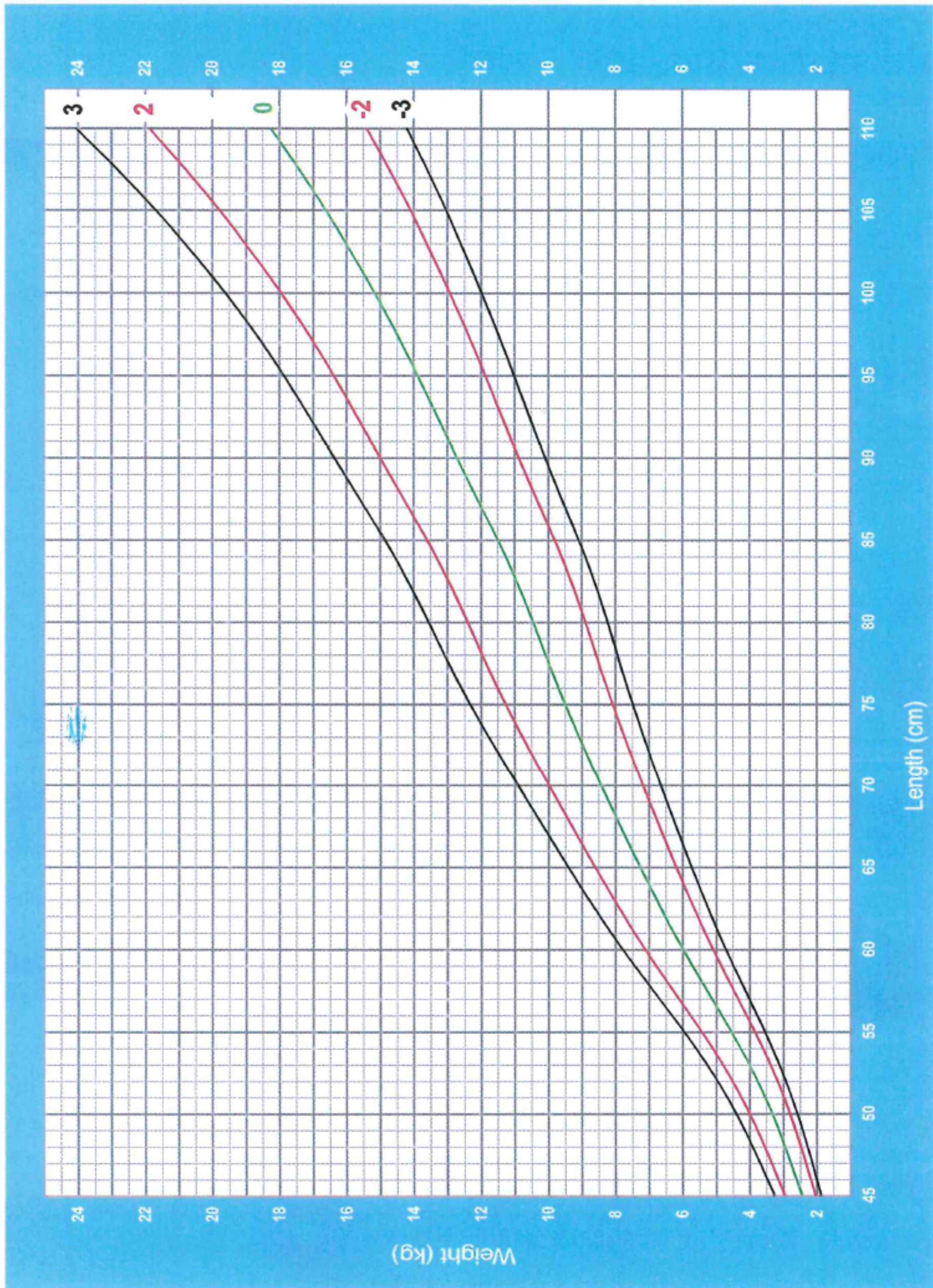
Age	Gross Motor	Age done	Fine Motor & Vision	Age done	Hearing & Speech	Age done	Social Behaviour & Play	Age done
6 Weeks-2 Months	Holds head up when lying down 0 [ ]		Follows objects side to side with gaze 0 [ ]		Listens to rattle 6" away at ear level 0 [ ]		Gazes at your face 0 [ ]	
4 Months	Lifts head and chest up when lying on stomach 0 [ ]		Puts hands together and plays with them 0 [ ]		Coos gurgles and squeals 0 [ ]		Returns your smile 0 [ ]	
6 Months	Bears weight on feet when held under arms 0 [ ]		Reaches out to grasp 0 [ ]		Babbles 0 [ ]		Puts everything in mouth 0 [ ]	
9 Months	Sits without support/crawls on hands and knees 0 [ ]		Passes toy from hand to hand (transfers) 0 [ ]		Shouts for attention 0 [ ]		Finger feeds self 0 [ ] H [ ]	
12 Months	Pulls to stand and walks alone holding on 0 [ ]		Points with index finger 0 [ ]		Speaks three words (other than ma da da) with meaning 0 [ ]		Waves "bye bye" 0 [ ]	
15 Months	Walks alone 0 [ ] H [ ]		Picks up small objects between thumb and forefinger 0 [ ]		Speaks 4-5 clear words 0 [ ] H [ ]		Drinks from cup 0 [ ] H [ ]	
18 Months	Climbs onto chairs 0 [ ] H [ ]		Places one object on top of another 0 [ ] H [ ]		Points to eyes, nose and mouth 0 [ ] H [ ]		Shows shoes 0 [ ] H [ ]	
24 Months	Runs 0 [ ] H [ ]		Turns pages 0 [ ] H [ ]		Says own name 0 [ ] H [ ]		Takes off shoes and socks 0 [ ] H [ ]	
	Climbs stairs 0 [ ] H [ ]		Recognizes details in picture book 0 [ ] H [ ]		Speaks 2 or 3 word phrases 0 [ ] H [ ]		Takes off clothes 0 [ ] H [ ]	
36 Months	Kicks ball forward 0 [ ] H [ ]		Copies vertical line 0 [ ] H [ ]		Names a friend 0 [ ] H [ ]		Shows or tells what he/she wants 0 [ ] H [ ]	
	Jumps with both feet off the ground 0 [ ] H [ ]		Scribbles using fingers instead of fist 0 [ ] H [ ]		Points at and names 6 body parts 0 [ ] H [ ]		Dresses self but cannot do buttons 0 [ ] H [ ]	
48 Months	Stand on one foot and balances self 0 [ ] H [ ]		Holds pencil in writing position 0 [ ] H [ ]		Listens 0 [ ] H [ ]		Washes and dries hands 0 [ ] H [ ]	
	Throws ball over hand 0 [ ] H [ ]		Copies circles and cross 0 [ ] H [ ]		Counts up to 10 0 [ ] H [ ]		Shares, follows rules and takes turns when playing 0 [ ] H [ ]	

O = Observed H = History

Weight-for-height BOY 2 to 5 years (z-scores)



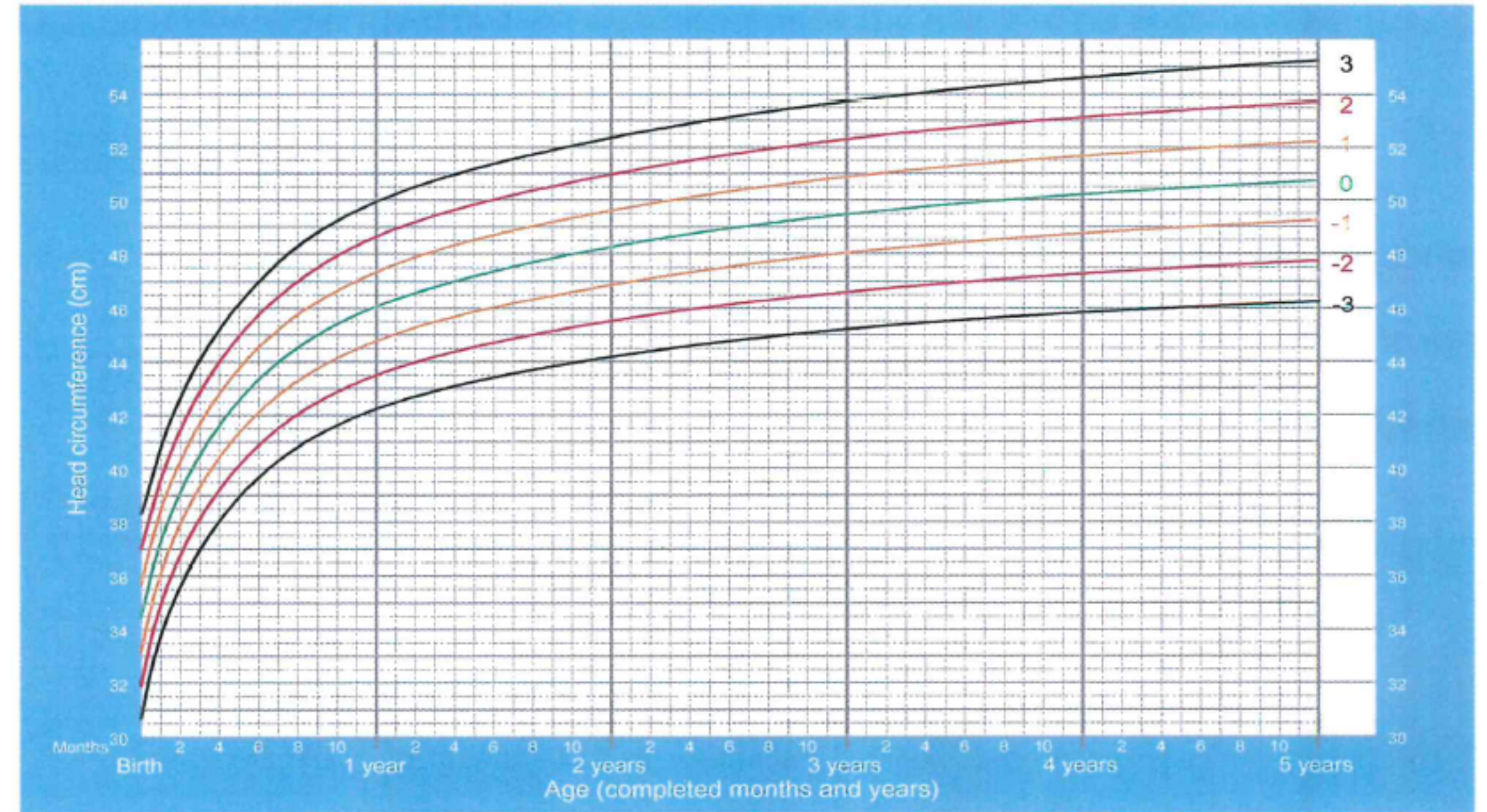




WHO Child Growth Standards

### Head circumference-for-age BOYS

Birth to 5 years (z-scores)



WHO Child Growth Standards

### Recommendations for Feeding

Age of Child	In first 6 mths (180 days)	6 mths to 8 mths	9 mths to 11 mths	12 mths to 23 mths	24 mths to 5 yr
<b>Frequency</b>	Day & night 	+ If needed add: 	+ If needed add: 	+ If needed add: 	+ 
<b>Type of foods</b>	Breastmilk only	•Breast milk + •Soft, thick porridge made with milk •Well-mashed family foods •Mashed fruit between meals	•Breast milk + •Soft, thick porridge made with milk •Finely chopped or mashed family foods •Mashed fruit between meals	•Breast milk + •A variety of foods including thick porridge chopped family foods and fruits	•A variety of family foods and fruits
<b>Amount of food to offer at each meal</b>	Until baby comes off the breast	Begin with 2-3 tablespoons  (Increase gradually to ½ cup)	½ bowl (250ml) 	¾ - 1 bowl (250ml) 	1 bowl (250ml) 

- If the child is not breastfed, ask the health worker for suggestions on feeding him.
- After illness encourage the child to eat more.

Key: Meals  
 Snack



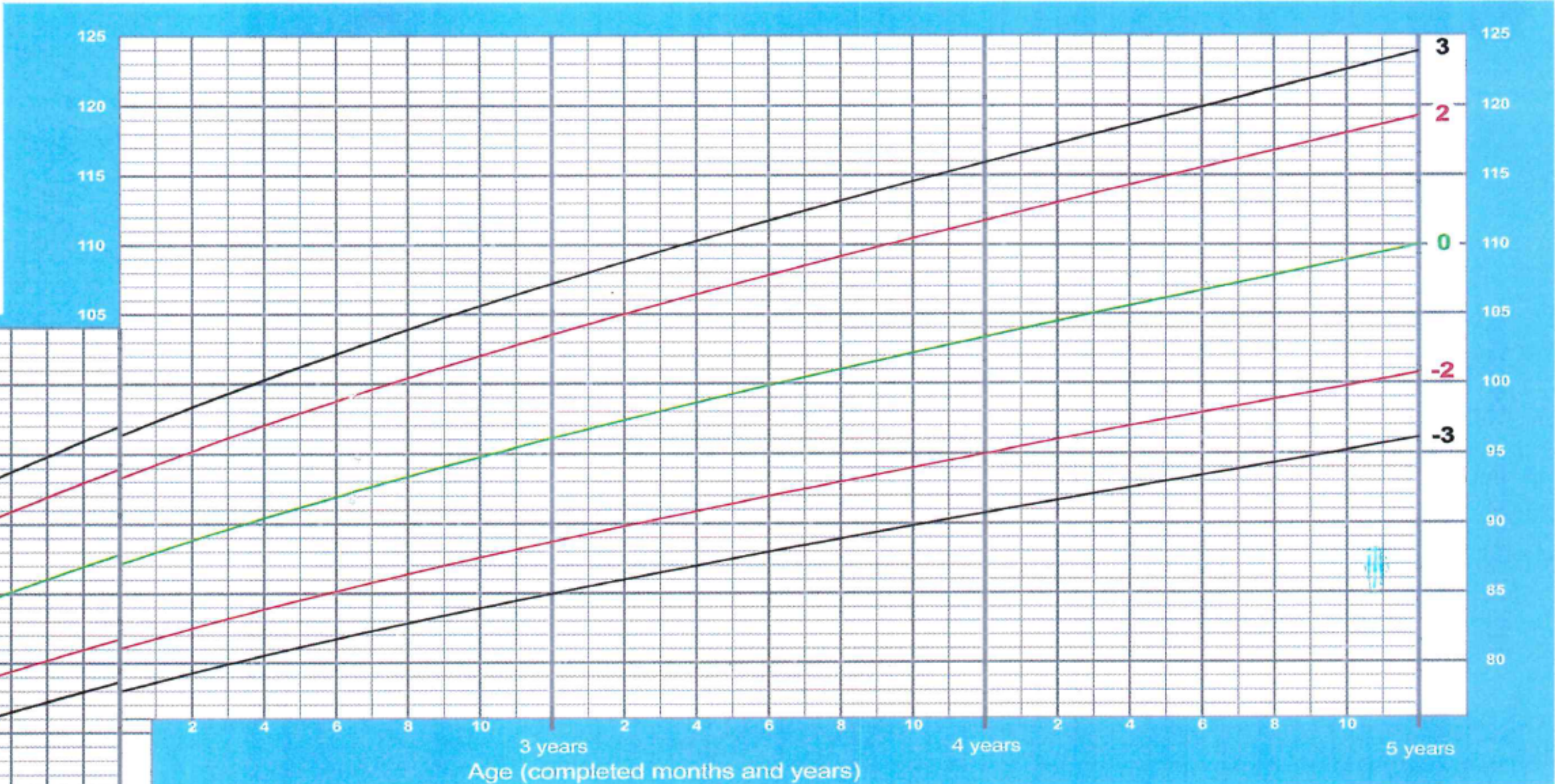
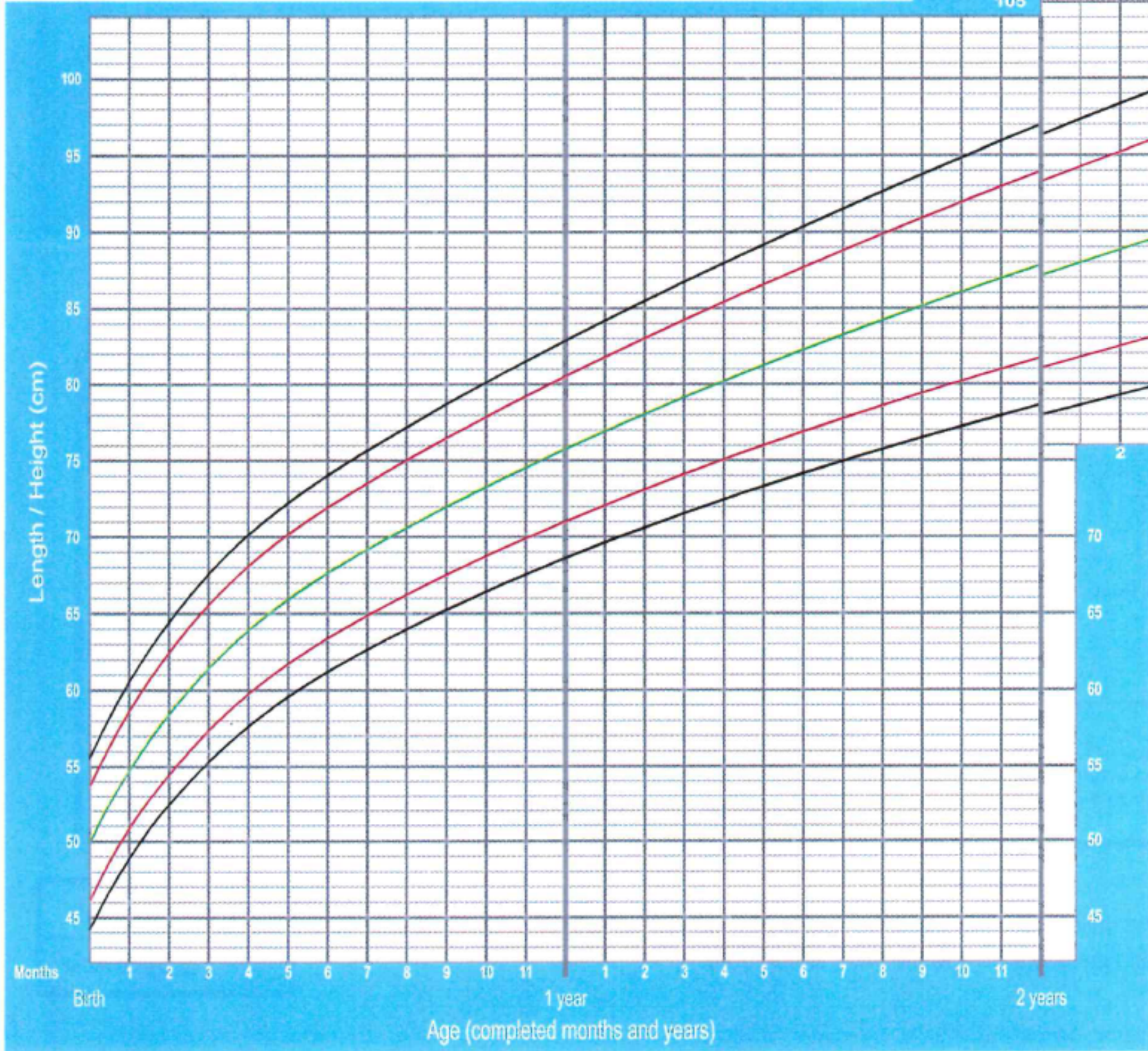
# Understanding Your Child's Growth Chart – Boy

Length / Height-for-Age: Birth - 5 years (z - scores)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Birth Weight: \_\_\_\_\_ (kg) Length: \_\_\_\_\_ (cm)



WHO Child Growth Standards



*Let your child play, move around, see, touch and explore. It helps him to learn and develop.*