

Emergency (Ambulance, Fire or Police)..... **000**

For emergency phone using a mobile phone please check with your mobile service provider

Poisons Information ..... **13 11 26**

Care and Protection ..... **1300 556 729**

healthdirect Australia..... **1800 022 222**

Community Health Intake (CHI) ..... **6207 9977**  
(the central contact number for ACT Health Child Health Services)

Australian Breastfeeding Association ..... **1800 686 268**  
(Free call from landlines)

Translating and Interpreting Service..... **13 14 50**

Pregnancy Birth and Baby..... **1800882436**  
[www.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au)

Raising Children Network ..... [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

This health record was adapted from the NSW Health Personal Health Record (2013).

ACT Health acknowledges and appreciates the permission to use some material from NSW Kids and Families as well as some material from 'My Health and Development Record', Maternal and Child Health Service, Department of Education and Early Childhood Development, Victoria within this publication.



# My ACT personal health record



This is the personal health record of:

**WATCH OUT  
WHOOPING COUGH  
IS ABOUT**  
*Protect your baby*  
**PARENTS & GRANDPARENTS  
GET A BOOSTER  
VACCINATION NOW**

This is the personal health record of:



please take this book with you when you attend any health service, doctor or hospital



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Enquiries about this publication should be directed to Canberra Health Services, Communications Unit, GPO Box 825 Canberra City ACT 2601 or email: [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au) [www.health.act.gov.au](http://www.health.act.gov.au) | [www.act.gov.au](http://www.act.gov.au) | Enquiries: Canberra 13ACT1 or 132281

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## Accessibility

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au)



If English is not your first language and you require a translating and interpreter service (TIS), contact 13 14 50.

**Arabic:** 13 14 50: كنت بحاجة\* الى مترجم\*تصل بالرقم: 45\*  
**Chinese:** 如果您需要翻譯, 請致電: 13 14 50  
**Croatian:** Ako trebate tumača, nazovite: 13 14 50  
**English:** If you need a translator, call 13 14 50  
**Greek:** Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50  
**Italian:** Se hai bisogno di un interprete, chiamate: 13 14 50  
**Maltese:** Jekk għandek bżonn ta 'interpretu, sejha: 13 14 50  
**Persian:** اگر شما لا<:استفسر 4خو4 131 450 64  
**Polish:** Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50  
**Portuguese:** Se você precisar de um intérprete, ligue para: 13 14 50  
**Serbian:** Ако треба тумача, назовите: 13 14 50  
**Spanish:** Si usted necesita un intérprete, llame al: 13 14 50  
**Turkish:** Eğer bir tercümana ihtiyacınız Arama: 13 14 50  
**Vietnamese:** Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50  
**Translating and Interpreter Service 131 450**  
**Canberra and District - 24 hours a day, seven days a week**

If you are deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone the National Relay Service on 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit [www.relayservice.gov.au](http://www.relayservice.gov.au)

# My personal health record

Dear Parent/s,

## Congratulations on the birth of your new baby

This Personal Child Health Record (known as the 'Blue Book') is an important book for you and your child as it contains valuable health information that you and your child will need throughout their life. Please use it to record your child's health, illnesses, injuries, growth and development.

**Important information will be provided to you by health professionals, so remember to take this book with you to:**

- **your maternal and child health (MACH) nurse**
- **immunisation appointments**
- **your GP, practice nurse and other health professionals**
- **your child's specialist**
- **the hospital, including for emergencies**
- **your dentist**
- **enrol your child at day care, pre-school, or school.**

Not all children live with their parents, and other people may have an important role in the care of a child. The term 'parent/s' used in this book refers to any caregivers.

Please note there are **questions for parents and carers** to complete on pages 3.1, 3.2 and 3.3, as well as before attending each child health check.

## Register your baby now – Medicare

Give your child the right start.

To add a newborn baby (up to and including 52 weeks of age) to your Medicare card you will need to complete a Newborn Child Claim for Family Assistance and Medicare form. This form is included in the information pack given to parents after the birth of their child, either in hospital or from a registered midwife for a home birth. You can lodge the completed form at your local Medicare or Centrelink centre or by mail in the reply-paid envelope included in the pack.

For further information, or for another copy of the form, go online to:  
[www.humanservices.gov.au/customer/services/medicare/medicare-card](http://www.humanservices.gov.au/customer/services/medicare/medicare-card)

## Community Health Intake (CHI)

To make all community health appointments phone: 02 5124 9977  
(including Maternal and Child Health (MACH) service)

### If you need to cancel your community health (including MACH) appointment?

1. Cancel on line at:  
<https://www.health.act.gov.au/hospitals-and-health-centres/community-health-centres/making-appointment/cancel-community-based>  
or
2. Phone CHI on: 02 5124 9977

## Just had a baby? It's now time to register your new arrival!

### Did you know:

- Birth registration is compulsory and it is free!
- You can register online, without attending an Access Canberra Service Centre
- You must register your child's birth **within 6 months**.
- You must register your child to get their birth certificate.

### How to register your child's birth:

#### Save time and do it online with Access Canberra!

Simply visit [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR) and type 'birth registration' in the search field.

Alternatively, the hospital or midwife will still have a Birth Registration Statement form for you to complete and either:

#### post to

Access Canberra  
GPO Box 158  
Canberra ACT 2601

#### email

[bdm@act.gov.au](mailto:bdm@act.gov.au)

#### lodge in person

at an Access Canberra Service Centre  
Belconnen • Gungahlin  
Tuggeranong • Woden

### And now for the birth certificate

A birth certificate provides legal evidence of your child's age, place of birth and parents' details and is required for some government benefits, enrolment in school and sport, opening a bank account and when applying for a passport.

### How to obtain a birth certificate

You can apply for a birth certificate at the same time as completing the online Birth Registration Statement or by completing the 'Birth Certificate Order' section on the paper form.

You can also apply for a birth certificate any time after registering your child's birth by completing the online birth certificate application form on the Access Canberra website at [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR).

A fee applies for issuing a birth certificate. Current fees and processing times are available by searching 'birth registration' at [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR).

For further information visit [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR) or call **13 22 81**.



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**Access**  
**Canberra.**

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# Child Health Services and Information





## Information for parents and useful contacts

### Child health clinics

Child health clinics provide a free service for Medicare and Asylum Seeker card holders with children up to the age of 5 years. They are staffed by **maternal and child health (MACH) nurses** who offer health, development and wellbeing checks for your child as well as support, education and information on all aspects of parenting.

Immunisation is available by appointment at Child Immunisation Clinics across the ACT, also for children up to the age of 5 years. Appointments for these clinics can be made by phoning the Community Health Intake on (02) 6207 9977 between 8am and 5pm weekdays.

### Other important child health professionals

Your **general practitioner (GP) or family doctor** is the person to see if your child is sick, or if you have any concerns about your child's wellbeing. A GP provides primary health care, including immunisations according to the National Immunisation Program, referrals to specialists and, where necessary, coordinates your child's health care.

A **paediatrician** can provide specialist health care for your child. You need a referral from a GP to make an appointment with a paediatrician.

## Regular health and development checks for your child

You can take your child to the maternal and child health (MACH) at your local child health centre, or to your GP, for health checks at each of the following ages. All of these health checks are very important as they help the nurse or doctor track the health and development of your child and identify any potential problems. Even if you have no concerns about their health or development, it is recommended that you should take your child to each health check.

### Children should be examined by a health professional at:

- birth
- 1 to 4 weeks
- 6 to 8 weeks
- 4 months
- 6 months
- 12 months
- 18 months
- 2 years
- 3 years
- 4 years

**If you have any concerns about your child's health, growth, development, or behaviour between these recommended health checks, please take your child to your maternal and child health (MACH) nurse or GP.**

## Evaluation of your child's health and development

Parents know their child best. A set of **questions for parents** called *Parents' Evaluation of Developmental Status (PEDS)* is provided for each health check, starting from when your child is 6 months old.

Answer these questions as accurately as you can before each check, because they can help you and your GP or maternal and child health (MACH) nurse identify concerns about the way your child is learning, developing and behaving.

You, and any health professional your child sees, should make notes about your child's health and progress in this book. There is a 'Progress Notes' section (from pg. 4.2) where information can be recorded.

## Monitoring your child's growth and development

All children grow and develop at different rates. It is important to monitor your child's development so that any possible concerns can be identified and treated as early as possible.

### **Your child's growth and development is monitored in a number of ways:**

- by you checking your child's milestones and answering the *PEDS* questions in this book.
- by a health professional examining your child at regular scheduled health checks.
- through screening tests.

Note: Screening tests, checks and examinations can never be 100% accurate. Sometimes a health check or screening test may suggest there is a problem where none exists, or miss a problem that does exist. Occasionally a new problem may occur after your child has had a screening test or health check. This is why it is important to attend all recommended health checks and to complete the questions for parents in this book.

## Child development and parenting

There are many confusing messages around for parents about how to support their child's development. To minimise this confusion a group of experts in early childhood from across Australia produced the following 10 parenting tips to give children the best start in life:

**Most of the brain's development occurs in the first five years. How the brain develops depends on the quality and frequency of positive activities, including parenting.**



Adapted from *A practice guide for working with families from pre-birth to eight years: Engaging Families in the Early Childhood Development Story* ©2013 Education Services Australia Ltd as the legal entity for the Standing Council on School Education and Early Childhood (SCSEEC)

## How much screen time for children?

Child development experts recommend limiting children's daily screen time. This is because real-life interactions with you and others are much better for your child's wellbeing, learning and development.

The latest guidelines from the American Academy of Pediatrics (AAP) suggest that:

children under 18 months should avoid screen time, other than video-chatting  
children aged 18 months to 2 years can watch or use high-quality programs or apps if adults watch or play with them to help them understand what they're seeing  
children aged 2-5 years should have no more than one hour a day of screen time with adults watching or playing with them

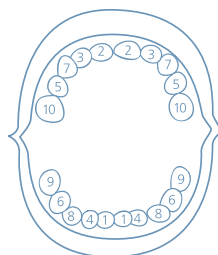
children aged 6 years and older should have consistent limits on the time they spend on electronic media and the types of media they use.

## Your child's teeth – keeping them healthy

Healthy teeth are important for general health and speech development. Most dental problems can be prevented. Early identification of children at risk of dental disease, and early detection of the disease, can prevent widespread destruction of the teeth and expensive dental treatment in a hospital under general anaesthesia.

### When do babies' teeth come through?

Usual eruption order	Name of tooth	Approximate age at eruption
1,2,3,4	Incisors	6–12 mths
5,6	Baby first molars	12–20+ mths
7,8	Canines	18–24 mths
9,10	Baby second molars	24–30 mths



*The above average ages are only a guide. There is no need for concern if your child's teeth come through either before or after these ages.*

### Dental check ups

It is recommended that children begin visits to a dental clinic as early as 12 months of age. The Canberra Health Services Dental Health Program provides free dental check ups for children under the age of 5 years who live in the ACT. Please call 6207 9977 to make an appointment.

### Bottles and Dummies

Breast milk is best for your baby. If your child is not breastfeeding:

- Put **only** breast milk, formula or water in your baby's bottle
- Always hold your baby when feeding and remove the bottle when your baby has had enough to drink
- Putting your baby to bed with a bottle can cause tooth decay
- Honey, glycerine, condensed milk or other sticky sweet foods or liquids on your baby's dummy can cause tooth decay
- From 6 months of age most children can learn to use a cup with practice – at around 12 months of age replace bottles with cups

## Teething

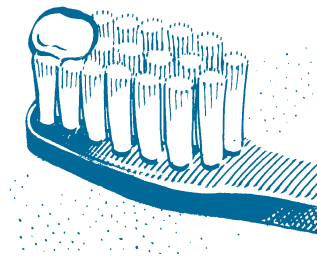
- If your child is uncomfortable when teething, offer a teething ring or cold wash cloth
- If there are other symptoms, consult a doctor or MACH nurse

## Food and Drink

- Offer healthy food for meals and snacks from around 6 months of age
- Leave baby foods unsweetened
- Tap water (boiled then cooled until 12 months of age) is the best drink in-between meals and at bedtime
- Keep treats, sweet snacks, and sweet fizzy drinks for special occasions only
- No honey before 12 months of age

## Toothbrushing Tips

- Keep your own teeth and gums clean and healthy. Germs from your mouth can pass over to your baby's mouth on dummies, bottles and spoons
- As soon as your child's first teeth appear, clean them using a child sized soft toothbrush, but without toothpaste
- From 18 months of age clean your child's teeth twice a day with a small pea-sized amount of low fluoride toothpaste. Use a child sized soft toothbrush; children should spit out, but not swallow, and not rinse
- Toothpaste may be introduced earlier, based on the advice of either a health professional with training in oral health or an oral health professional
- An adult should apply toothpaste for children under 6 years of age and store toothpaste out of the reach of children
- From around 3 years of age children can do some of the tooth-brushing themselves, but they still need an adult's help to brush their teeth until they are around 7 to 8 years of age
- Watch for early signs of tooth decay – white or brown spots that don't brush off. Seek professional advice as soon as possible.



## Child Safety

Many childhood injuries and accidents can be prevented. For safety tips, information and more child safety resources, go to [www.kidsafeact.com.au](http://www.kidsafeact.com.au)

A few important safety concerns are:

### For infants

- rolling off a change table, bench or bed.
- choking on a small item.
- scalding caused by a hot drink being spilled over the child.
- ingesting poison or an overdose of medication.
- falling from a caregiver's arms.
- unsafe sleeping practices.

### For children 3 to 5 years

- falling from a bicycle, scooter, playground equipment or in the home.
- dog bites.
- scald injuries.
- falling from windows and balconies.
- being hit by vehicles in driveways.
- drowning in baths, in nappy buckets, unfenced swimming pools and spas.

### For toddlers 12 months to 3 years

- drowning in baths, unfenced swimming pools and spas.
- running onto the road without looking.
- being hit by vehicles in driveways.
- choking on small items and foods.
- ingesting poisons, medications and household detergents that were previously out of reach.
- burns caused by heaters and fires.
- falling out of a highchair, shopping trolley or pram or falling down stairs.
- falling from windows and balconies.
- jumping off furniture and running into sharp objects.
- falling from playground equipment.
- scalding caused by a child turning on the hot tap in the bath or pulling saucepans down from the stove.
- unsafe sleeping practices.
- dog bites.





## Maternal & Child Health (MACH) Service

### MACH NURSES PROVIDE:

- **First home visits for newborns**
- **Drop in clinics – *short consultations***
- **Booked appointments – *longer discussions and developmental checks***
- **Immunisation clinics by appointment**
- **Early Days Groups – *feeding, sleeping & parenting support in the first 3 months***
- **New Parent Groups**
- **Sleep Groups – children & babies over 3 month**

For clinic and group schedule times visit ACT Health website

<https://health.act.gov.au/services-and-programs/women-youth-and-children/maternal-and-child-health-mach>



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**Canberra Health  
Services**

These services are free for Medicare and Asylum Seeker card holders

**Community Health Intake 5124 9977**

**Monday to Friday 8.00 am–5.00 pm**



# Maternal & Child Health Clinic Locations

Your local clinic is.....

CLINIC	LOCATION
Lanyon	<b>Family Care Centre</b> 23 Sidney Nolan St Conder
Tuggeranong	<b>Child &amp; Family Centre</b> 159 Anketell St Greenway
Phillip	<b>Phillip Health Centre</b> 17 Corinna St, Phillip
Narrabundah	<b>Narrabundah Early Childhood School</b> 23 – 27 Kootara Cres Narrabundah (go to reception) <i>Booked appointments only</i>

CLINIC	LOCATION
Belconnen	<b>Belconnen Community Health Centre</b> 56 Lathlain St Belconnen
Florey	<b>Child Health Clinic</b> Ratcliffe Cres Florey (next to Primary School) <i>Booked appointments only</i>
West Belconnen	<b>Child &amp; Family Centre</b> 9 Luke St Holt
Weston	<b>Weston Child Health Clinic</b> 24 Parkinson St Weston (next to Independent Living Centre)

CLINIC	LOCATION
Dickson	<b>Dickson Health Centre</b> 111 Dickson Pl Dickson
Gungahlin	<b>Child &amp; Family Centre</b> 51 Ernest Cavanagh St Gungahlin <i>Child Health Clinics</i>
	<b>Gungahlin Community Health Centre</b> 57 Ernest Cavanagh St, Gungahlin <i>Child Immunisation appointments</i>
Ngunnawal	<b>Child Health Clinic</b> 103 Wanganeen Ave Ngunnawal (next to Ngunnawal Primary School)

[www.health.act.gov.au/MACH](http://www.health.act.gov.au/MACH)

WOMEN, YOUTH & CHILDREN COMMUNITY HEALTH PROGRAMS

Community Health Intake **5124 9977**

Monday to Friday 8.00 am – 5.00 pm



# Information for parents and useful contacts



## Useful Contacts

Emergency telephone numbers are listed on the back cover of this book.

Organisation	Contact Details
ACT Health Dental Health Program	6207 9977 (CHI)
Australian Breastfeeding Association (ABA)	1800 686 268 (free call)
Calvary Hospital	6201 6111
Calvary John James Hospital	6281 8100
Canberra Afterhours Locum Medical Service	1300 422 567 (1300 4 CALMS)
Canberra Hospital	5124 0000
Care and Protection Service	1300 556 729
Child Development Service	6205 1277
Child and Family Centres	6207 0120 (Gunghalin) 6207 8228 (Tuggeranong) 6205 2904 (West Belconnen)
Onelink	1800 176 468 (free call)
Community Health Intake (CHI)	6207 9977
Domestic Violence Helpline	6280 0900
Healthdirect Australia (24 hours)	1800 022 222 (free call)
Karitane Careline	1300 227 464 (1300 CARING)
Kidsafe (ACT)	6290 2244
Lifeline ACT (24 hours)	13 11 14 (calls from mobiles are free)
Maternal and Child Health Nurses	6207 9977 (CHI)
Mental Health Crisis Line (24 hours) (CATT)	1800 629 354 (free call)
National Home Doctor Service	137 425
Parentline ACT	6287 3833
Playgroup Association (ACT)	1800 171 882 (free call)
Post and Ante Natal Depression Support and Information Inc. (PANDSI)	6288 1936
Pregnancy, Birth and Baby Helpline	1800 882 436 (free call)
Relationships Australia	1300 364 277
Tresillian Parent Helpline	1300 272 736 (free call)
Winnunga Nimmityjah Aboriginal Health Service	6284 6222
Rednose	1300 998 698

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## Website and online resources

### ACT Health

[www.health.act.gov.au](http://www.health.act.gov.au)

The ACT Health website has a range of publications and local service information.

### ACT Playgroups

[www.playgroupaustralia.com.au/act/](http://www.playgroupaustralia.com.au/act/)

1800 171 882 (Free call within the ACT region)

A not-for-profit organisation with information about playgroups or how you can start a playgroup of your own! A small membership fee applies.

### Australian Breastfeeding Association (ABA)

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

1800 686 268 (free call)

Breastfeeding support and information are available from ABA volunteers via the Breastfeeding Helpline. Mums can get together at local groups for friendship, sharing of parenting experiences and face to face breastfeeding support.

### Child Development Service

(02) 6205 1277

The Child Development Service provides assessment and referral for children aged 0-6 years (up to 8 years in some circumstances) with suspected developmental delay or complex needs who have not had a previous diagnosis. It also provides Autism assessment for children aged up to 12 years and some intake and assessment services for younger children, such as Drop-In Clinics for speech pathology and physiotherapy.

### Child and Family Centres

[www.communityservices.act.gov.au/ocyfs/childandfamilycentres](http://www.communityservices.act.gov.au/ocyfs/childandfamilycentres)

Child and Family Centres provide services for children and families. Centres can assist with information, support and services for all members of the family.

## **Child and Youth Health**

[www.cyh.com](http://www.cyh.com)

A South Australian website with a wealth of news, resources and practical health information for parents, carers and young people.

## **COPE – Centre of Perinatal Excellence**

[www.cope.org.au](http://www.cope.org.au)

Practical information to help you work through all the emotional changes of becoming and being a parent.

## **Families NSW**

[www.families.nsw.gov.au](http://www.families.nsw.gov.au)

Some practical resources with advice, information and tips for parents and carers. For information about the social and emotional development of your child, we recommend the “Love, talk, sing, read, play” section.

**Giggle & Wiggle** is a free program provided by ACT Libraries. Children aged 0-2 years, and their parents or carers, engage in learning through language play - using interactive rhymes, songs, games and stories. For times and locations see: [www.library.act.gov.au/learning/giggle-and-wiggle](http://www.library.act.gov.au/learning/giggle-and-wiggle)

## **Great Start**

[www.education.sa.gov.au](http://www.education.sa.gov.au)

To support learning and development in the first five years, the South Australian Department for Education and Child Development has created a website for educators and families. It has lots of ideas and activities for children from birth to five that make the most of everyday learning, including suggestions for developing literacy and numeracy.

## **Healthdirect Australia**

[www.healthdirect.org.au](http://www.healthdirect.org.au)

1800 022 222 (free call; 24 hr)

Healthdirect Australia is a telephone health advice and information service.

## **Kidsafe (ACT)**

[www.kidsafeact.com.au](http://www.kidsafeact.com.au)

(02) 6290 2244

Kidsafe ACT is dedicated to reducing unintentional child injuries to children.

## **Kids at Play**

[www.goodhabitsforlife.act.gov.au](http://www.goodhabitsforlife.act.gov.au)

All about advancing the health and wellbeing of ACT children, aged 0-5 years, by promoting healthy eating and physical activity to families and the community.

**PANDSI** (Post & Ante Natal Depression Support & Information Inc.) provides support, health promotion, advocacy, perinatal mental health education and referral information for families in the Canberra and ACT region who are experiencing Antenatal (AND) or Postnatal (PND) depression.

Our services are designed to complement existing mental health services and improve the perinatal mental health of ACT women and their families.

We provide one on one support, telephone support, day support, exercise support group, yoga support group, playgroup and partners information evenings. No referral or diagnosis is required. Please ring 6288 1936 for an appointment or to speak to a support worker. Hours of business: 9am - 4pm Monday to Friday. [info@pandsi.org](mailto:info@pandsi.org) [www.pandsi.org](http://www.pandsi.org)

## **ParentLink**

[www.parentlink.act.gov.au](http://www.parentlink.act.gov.au)

ParentLink is a community education resource that provides parenting information for parents living within the ACT and region.

**Paint and Play** is a free session in the park where children aged 0-5 years can be engaged in painting, doing puzzles, making things, singing, reading stories and playing games. It's a great opportunity to meet other mums, dads and carers and share experiences. For times and locations go to: [www.communityservices.act.gov.au](http://www.communityservices.act.gov.au)

## **Pregnancy Birth & Baby**

[www.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au)

1800 882 436 (free call) between 7am and midnight each day, including public holidays.

A confidential phone, online and video call service providing information, advice and counselling about pregnancy, childbirth and baby's first year.

## **Raising Children Network**

[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

This website offers up-to-date, research based material on more than 800 topics relating to raising healthy children, from newborns through to early teens.

## **Rednose**

[www.rednose.com.au](http://www.rednose.com.au)

SIDS and Kids provides services and programs dedicated to eliminating sudden and unexpected death in children from conception to six years of age.

## **Story Time**

Story time is a free session full of stories, rhymes and songs suitable for 3-5 year old children and their parents/carers. For times and locations go to: [www.library.act.gov.au/learning/story-time](http://www.library.act.gov.au/learning/story-time)

## **Trauma and Grief Network (TGN)**

<http://tgn.anu.edu.au/>

Connecting families, community members and professionals to resources focused on the care of children and adolescents affected by the impact of trauma, loss and grief.

## Hospital-based

**Centenary Hospital for Women & Children** has a Lactation Consultant who sees hospital clients by referral from a midwife. Breastfeeding and tongue tie clinics; breastfeeding classes available.

**Queen Elizabeth II Family Centre** offers inpatient support for complex lactation & other feeding problems by referral only from a health professional. For information call Community Health Intake on 6207 9977

**Calvary John James Private Hospital (Deakin)** offers antenatal breastfeeding workshops for clients of Calvary John James. For information & bookings call Maternity Unit: 6281.8730

**Calvary Private Hospital (Bruce)** Lactation Clinic by appointment only.  
Access to all mothers by self-referral. Non-Medicare refundable cost involved. For enquiries call 6245 3100

### Calvary Public Health Care (Bruce)

Lactation Consultants available to clients by referral from midwife. Breastfeeding classes available. Call 6201 6111 and ask for maternity.

**Emergency Department (ED)** is an out of hours option for urgent issues which may not be able to wait for treatment e.g. severe mastitis or serious concerns about your infant. The ED is open 24 hours a day at Canberra and Calvary Public Hospitals.

## Community-based

**Maternal & Child Health (MACH) Nursing Service** offers: Early Days feeding & settling groups, one on one appointments & drop in clinics. Call **Community Health Intake** 6207 9977 (8am - 5pm weekdays)

**Australian Breastfeeding Association (ABA)** offers: breastfeeding support meetings with a qualified counsellor; breastfeeding classes; breast pump hire with support during period of hire. Call 61.62.2716

See your local GP for a check up 6 weeks after birth. Contact them earlier with concerns or breastfeeding issues. For a GP after hours call CALMS on 1300 422 567 or National Home Doctor Service 137 425

**ACT Health Walk-in Centres (Belconnen Tuggeranong and Gungahlin)** are able to treat women with symptoms of mastitis (inflamed breast due to a blocked milk duct). No appointments, just walk in between 0730am to 10pm daily

### Community Nutrition

provide advice & information on a range of nutrition topics whilst breastfeeding. Phone Community Health Intake 6207 9977 (8am - 5pm weekdays)

**Winnunga Nimityjah Aboriginal Health Service** offers Pregnancy + Mums & Bubs support groups on breastfeeding & other parenting issues.  
Call 6284 6242

Many community pharmacies/chemists stock breast pumps and offer feeding support. Check with your local pharmacy

## Telephone

### MACH Liaison

Phone Community Health Intake  
6207 9977 (8am - 5pm weekdays)

**Australian Breastfeeding Association (ABA)** National 24hr breastfeeding helpline  
1800 686 268  
(1800 mum 2. mum)

### Tresillian Parent Helpline

Child & Family Health Nurses can provide advice and support on feeding & parenting issues for children aged 0-5 yrs  
1300 272 736 (free call, 7am -11pm)

### Karitane 24 hr Careline

Child & Family Health Nurses can provide advice and support on feeding & parenting issues for children aged 0-5 yrs  
1300 227 464 (1300 CARING; free call)

### Pregnancy, Birth & Baby Helpline

1800 882 436 (free call)  
to speak with a qualified counsellor

## Online

**Canberra Health Services**  
[www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

**Australian Breastfeeding Association (ABA)** [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)  
(Click on 'contacts' to find your closest support group)

Find your closest International Board Certified Lactation Consultant (IBCLC) on the LCA NZ website: [www.lcancz.org/find-a-consultant-act.htm](http://www.lcancz.org/find-a-consultant-act.htm)

**Raising Children Network**  
[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

**Pregnancy, Birth & Baby**  
[www.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au)

## SUPPORT SERVICES FOR BREASTFEEDING WOMEN

8 December 2014



**ACT**  
Government  
Health



**Health** website provides information on breastfeeding services in the ACT. Visit [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding). The lactation consultants at the Centenary and Calvary public hospitals are available to clients of these hospitals by referral from your midwife or Health professional. Breastfeeding classes are available.

**Midcall** offers home visits to clients of Centenary or Calvary public hospitals for the first few days after birth by referral from their midwife, which must be organised before discharge from hospital. The midwife will discharge you to a Maternal and Child Health (MACH) Nurse.

**Community Health Intake (CHI)** provides a single point of entry to ACT Health services for clients, health professionals, and community health services. It is the main contact number for MACH Nurses. Contact CHI on 5124 9977 between 8am to 5pm for information or to make an appointment.

**Maternal and Child Health (MACH) Nursing Clinics** provide information on baby and child health and development, breastfeeding, nutrition and feeding, sleep issues, parenting, child safety, behavioural issues, and perinatal mental health. Appointments can be made through CHI on 5124 9977 between 8am to 5pm.

**Early Days Groups** (no appointment required) are a MACH Nurse facilitated session for parents of infants up to 3 months of age who are experiencing difficulties with feeding and settling their infants. Times and locations are online: <https://health.act.gov.au/services-and-programs/women-youth-and-children/maternal-and-child-health-mach>

**Drop-In Clinics** (no appointment required) are available for short consultations and referrals with a Maternal and Child Health (MACH) nurse. Information on times and locations is online at: <https://health.act.gov.au/services-and-programs/women-youth-and-children/maternal-and-child-health-mach>

**MACH Liaison** enables telephone contact with a MACH nurse for both clients and staff (call CHI on 5124 9977 between 8am to 5pm and ask for 'MACH Liaison').

**Women Youth and Children - Community Nutrition** provides advice on a range of dietary issues including general nutrition for the mother while breastfeeding (e.g. multivitamins, iodine, vitamin D, fish/mercury) and baby weaning.

**ACT Health Walk in Centres** (Belconnen, Tuggeranong and Gungahlin) are now able to treat women who present with symptoms of lactation related mastitis (inflammation of the breast due to a blocked milk duct) between 7:30am to 10pm.

This offers women an option out of hours, including weekends, or when they cannot get an appointment to see a GP. **Centres cannot see babies aged 0-2 years; this is only a service for the mother.**

The QEII Family Centre provides a residential tertiary service for families with young children (0-3 yrs). The QEII provides care for families experiencing complex lactation and other feeding problems, unsettled babies, postnatal depression, children with special needs, parenting support and behavioural problems in children/families. Referral by a health professional is essential. For breastfeeding issues, it is recommended clients attend a MACH Early Days group in the first instance.

**Australian Breastfeeding Association (ABA)** aims to support and encourage women who want to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk to both child and maternal health. The **1800 mum 2 mum** 24 hour, toll free service is run by the ABA, and offers trained volunteer counsellors, who are mothers, to assist other mums with issues including the early days with a new baby, expressing and storing milk and weaning.

**Raising Children Network** is an Australian Government initiative, and is the complete Australian resource for parenting newborns to teens. Parents and carers can learn and access tools, support and resources as their children grow and develop.

**healthdirect** provides free, 24 hour telephone advice by a Registered Nurse. Contact **1800 022 222**. They also offer an After Hours Information telephone service provided by GPs.

**Pregnancy, Birth and Baby** is an Australian Government initiative linked to *healthdirect* that offers free and confidential information, advice and counselling to women, their partners, friends and relatives about pregnancy, childbirth and your baby's first year. It's available 24 hours a day, 7 days a week online ([www.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au)) and over the phone (**1800 882 436**). Video calls with qualified counsellors are also now available; accessed on their website [www.pregnancybirthbaby.org.au](http://www.pregnancybirthbaby.org.au) (Click on 'video call').

**Tresillian Parent Helpline** offers advice from Child and Family Health Nurses on feeding and parenting children aged 0-5 years. Call for free on 1300 272 736 (7am -11pm) or chat live online (5pm-11pm) <https://tresillianchat.com.au/>

# My information and family history



## All about me

Child's name

---

Home address

---

---

Change of address

---

---

Sex

Date of birth / /

Birth weight

---

Number of other children in the family

---

Parent(s) name

---

Telephone

---

Email

---

Parent(s) Name

---

Telephone

---

Email

---

Main language(s)

spoken to the child at home

---

Is an interpreter required? yes / no

---

Aboriginal yes / no

Torres Strait Islander yes / no

---

Other carers

---

---

---

---

---

## Family health history and risk factors

	Yes	No
Have any of your baby's close relatives been deaf or had a hearing problem from childhood?	<input type="checkbox"/>	<input type="checkbox"/>

---

---

Did anyone in the family have eye problems in childhood?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

---

---

Are any of your baby's close relatives blind in one or both eyes?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

---

---

During pregnancy, did your baby's mother have rubella, cytomegalovirus, toxoplasmosis, herpes, or any other illness with a fever or rash?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

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At birth, did your baby weigh less than 1500 grams, need to stay in the intensive care unit for more than two days, or need oxygen for 48 hours or longer?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

---

---

Was your baby born with any physical problems?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

---

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## Questions for parents about hearing

Please answer the following questions, which relate to risk factors for a hearing impairment, by ticking the appropriate boxes as soon as possible after your baby is born.

	Yes	No	Unsure
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have severe breathing problems at birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your baby had meningitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have jaundice, requiring an exchange transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby less than 1500 grams at birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby in intensive care for more than 5 days after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed anything unusual about your baby's head or neck, such as an unusually shaped face, or skin tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have Down Syndrome (Trisomy 21) or another condition associated with hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby given antibiotics, e.g. Gentamycin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of these questions is yes, tell your GP or maternal and child health (MACH) nurse.**

### **Outcome (to be completed by a health professional)**

Normal    Refer

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# Notes



## Summary of routine health checks

It is recommended that you take your child to the maternal and child health (MACH) nurse at your local health clinic, or to your GP, for health checks at each of the following ages. You can record your appointments in the table below.

Age	Appointment Details		
	Date	Time	Other Comments
1-4 weeks			
6-8 weeks			
4 months			
6 months			
12 months			
18 months			
2 years			
3 years			
4 years			

To make an appointment with the MACH nurse, **call Community Health Intake (CHI) on 6207 9977**



## Notes

You and your health professionals can make notes in this section when your child is seen for any reason other than the recommended age-specific health checks.

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# My personal health record

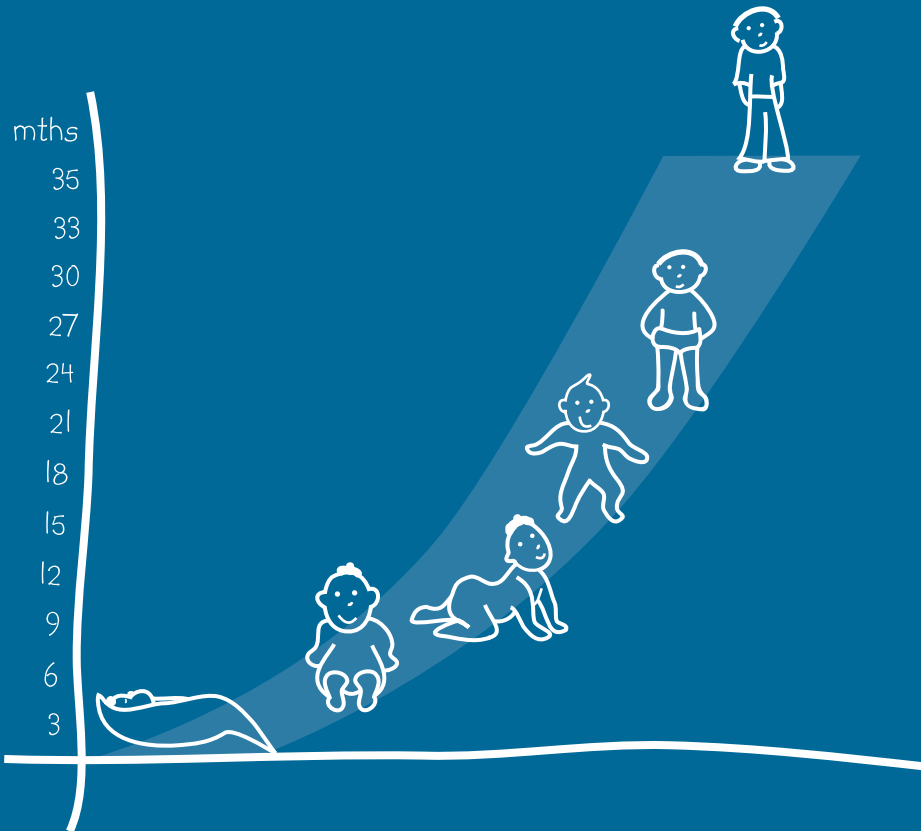
Date	Age	Problem / Issue / Medication	Entry made by



# My personal health record

Date	Age	Problem / Issue / Medication	Entry made by

# Growth charts



## Measuring and monitoring your child's growth

Monitoring of children's height, weight and head circumference helps to assess how they are growing and developing. Your GP or nurse should record your child's measurements at each health check and complete the growth charts in this section.

Every child grows and develops at a different rate. Although a single measurement is helpful, to assess your child's growth it is important to record several measurements over time to see trends in growth. It is usual practice to weigh babies and younger children with no clothes or nappy, so an accurate measurement of their weight can be obtained.

If you would like more information about how growth charts work, please go to [www.who.int/childgrowth/en](http://www.who.int/childgrowth/en) and [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts).

No two children are the same, but there are some basic guidelines for children's weight. Body mass index (BMI) is used to assess whether a person is underweight, a normal weight, overweight or obese. BMI is calculated by dividing weight by the square of height (kg/m<sup>2</sup>).

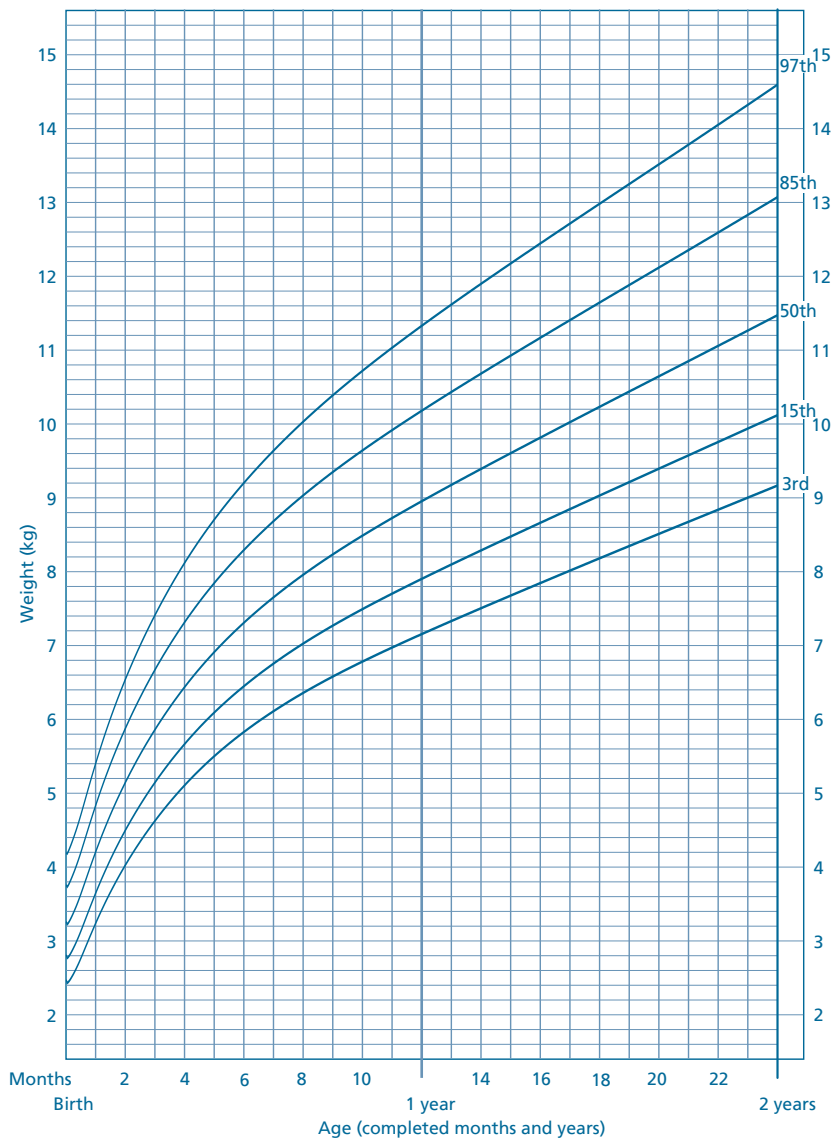
BMI charts are recommended by the National Health and Medical Research Council (NHMRC) for assessing children's weight from 2 years of age. These charts recognise that children's bodies are still growing and developing. The use of the BMI is not diagnostic, but rather adds to the whole picture of the child's health and wellbeing.

If you have concerns about your child's eating habits, physical activity or their weight, see your local maternal and child health (MACH) nurse or your GP.

Refer to Section 2 for websites and online resources with information on how to support your child's growth and development.



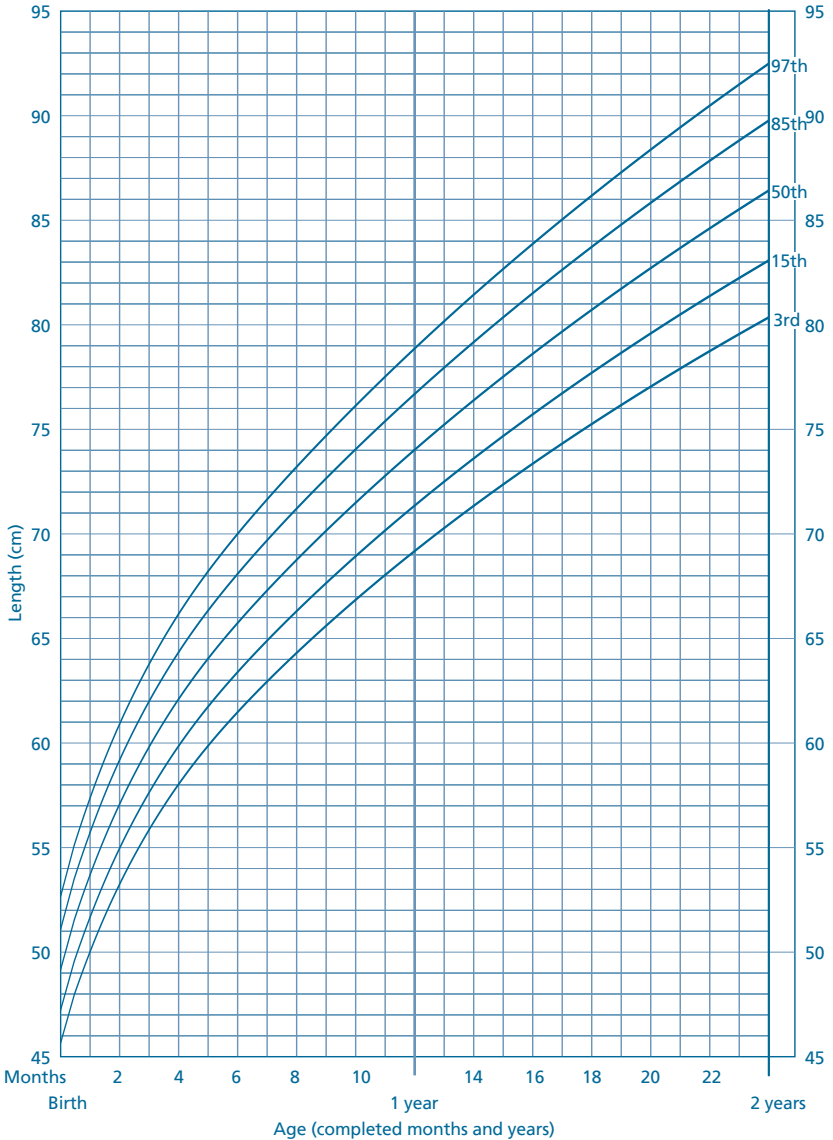
## Weight-for-age percentiles - GIRLS Birth to 2 years



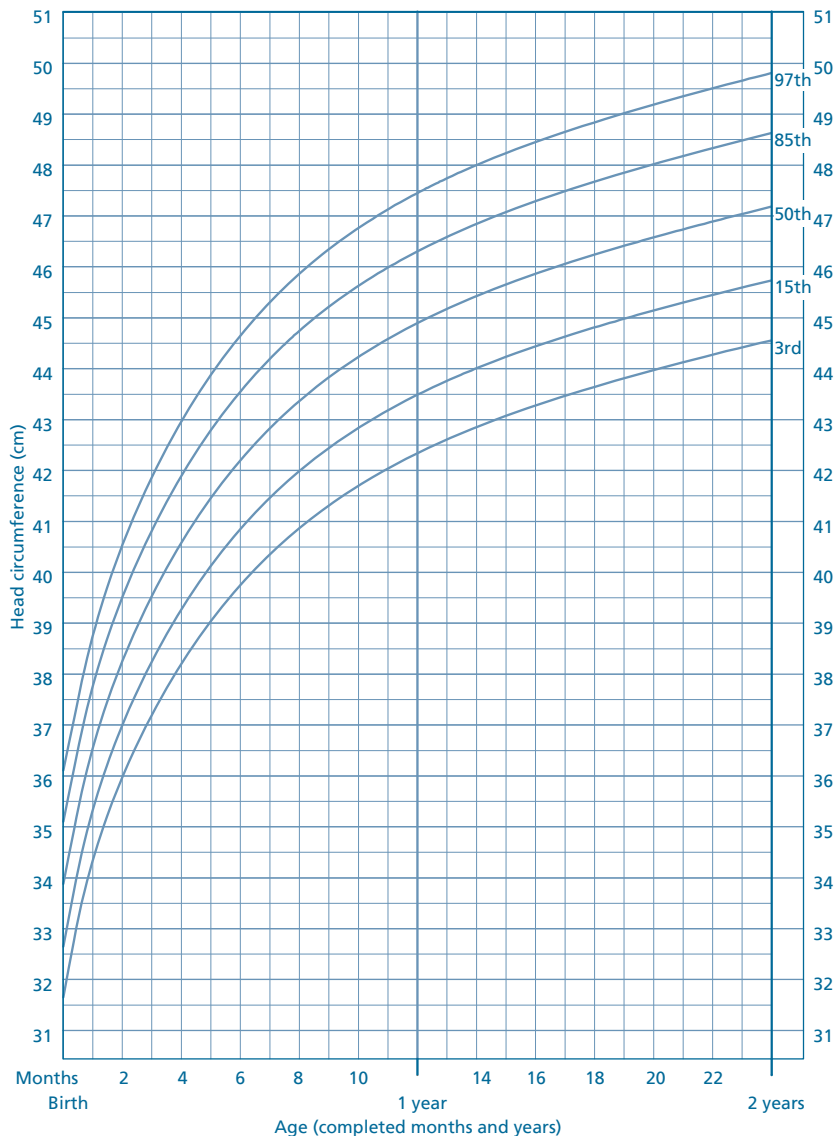
Source: World Health Organisation Child Growth Standards [www.who.int/childgrowth/en](http://www.who.int/childgrowth/en)



## Length-for-age percentiles - GIRLS Birth to 2 years



## Head circumference-for-age percentiles - GIRLS Birth to 2 years

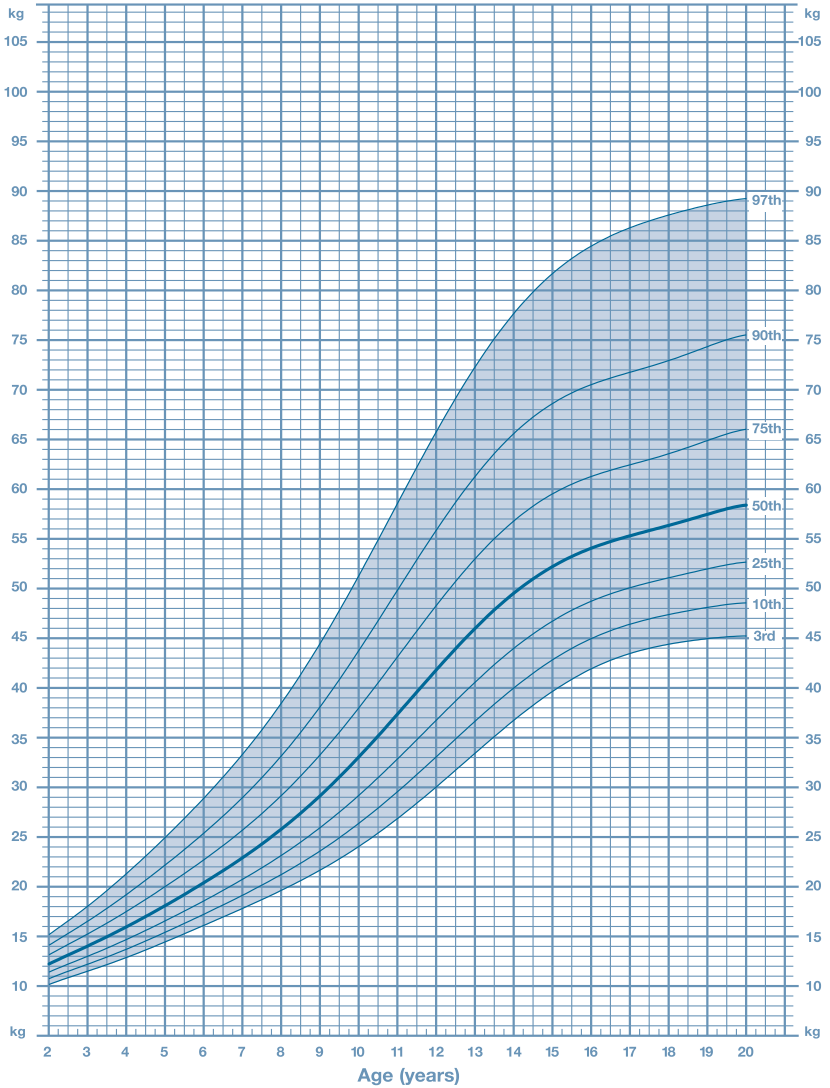


Source: World Health Organisation Child Growth Standards [www.who.int/childgrowth/en](http://www.who.int/childgrowth/en)

# My personal health record

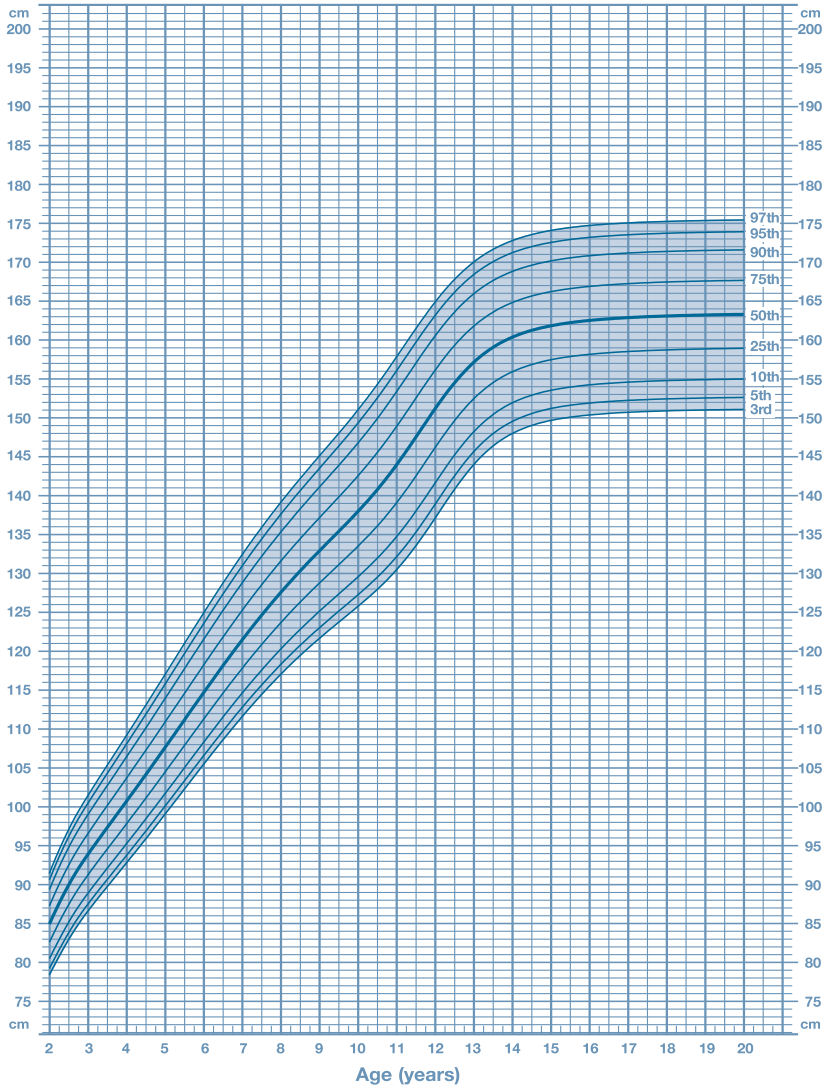


## Weight-for-age percentiles - GIRLS 2 to 20 years



# My personal health record

## Stature-for-age percentiles - GIRLS 2 to 20 years



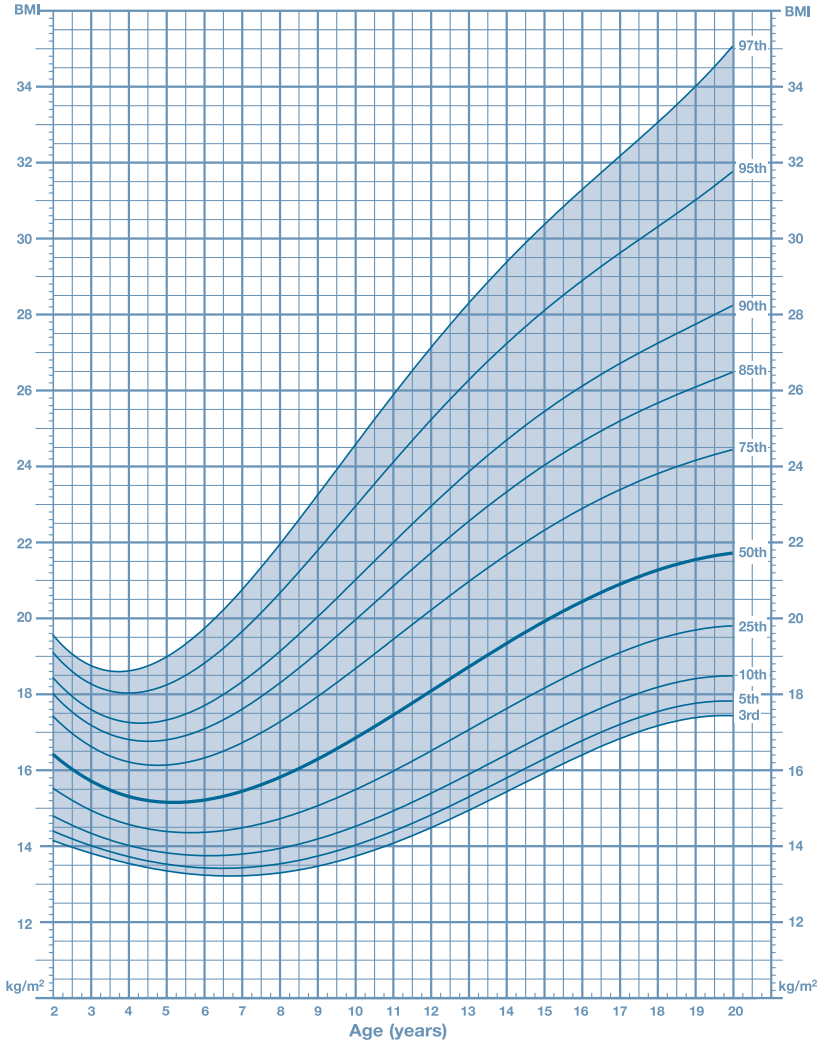
CDC Growth charts – United States Published May 30 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



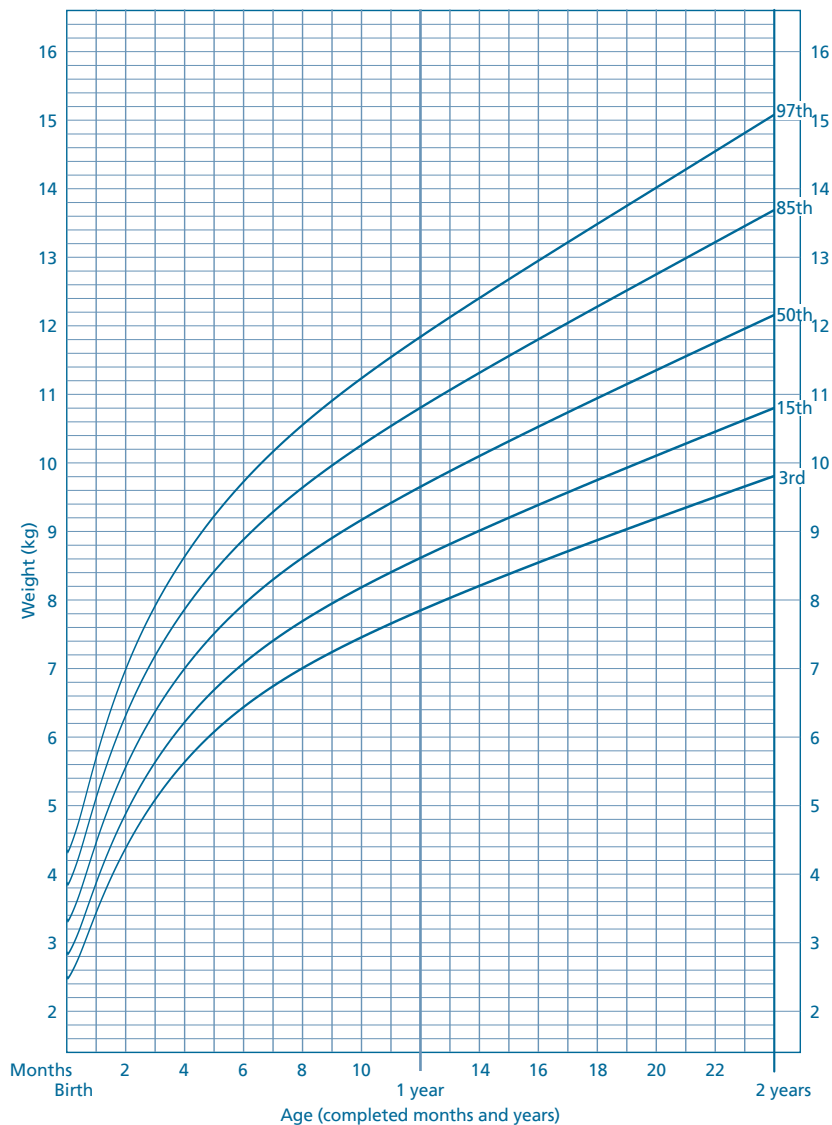
# My personal health record

## Body Mass Index-for-age percentiles - GIRLS 2 to 20 years





## Weight-for-age percentiles - BOYS Birth to 2 years

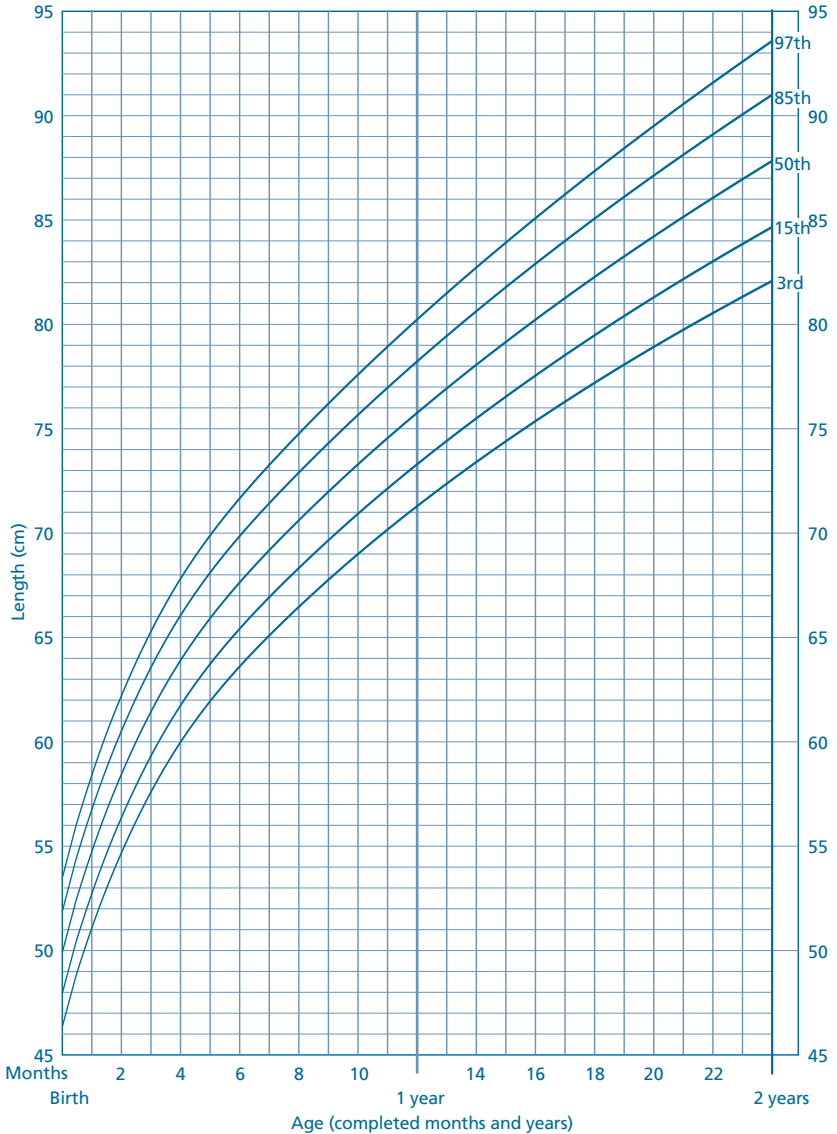


Source: World Health Organisation Child Growth Standards [www.who.int/childgrowth/en](http://www.who.int/childgrowth/en)

# My personal health record

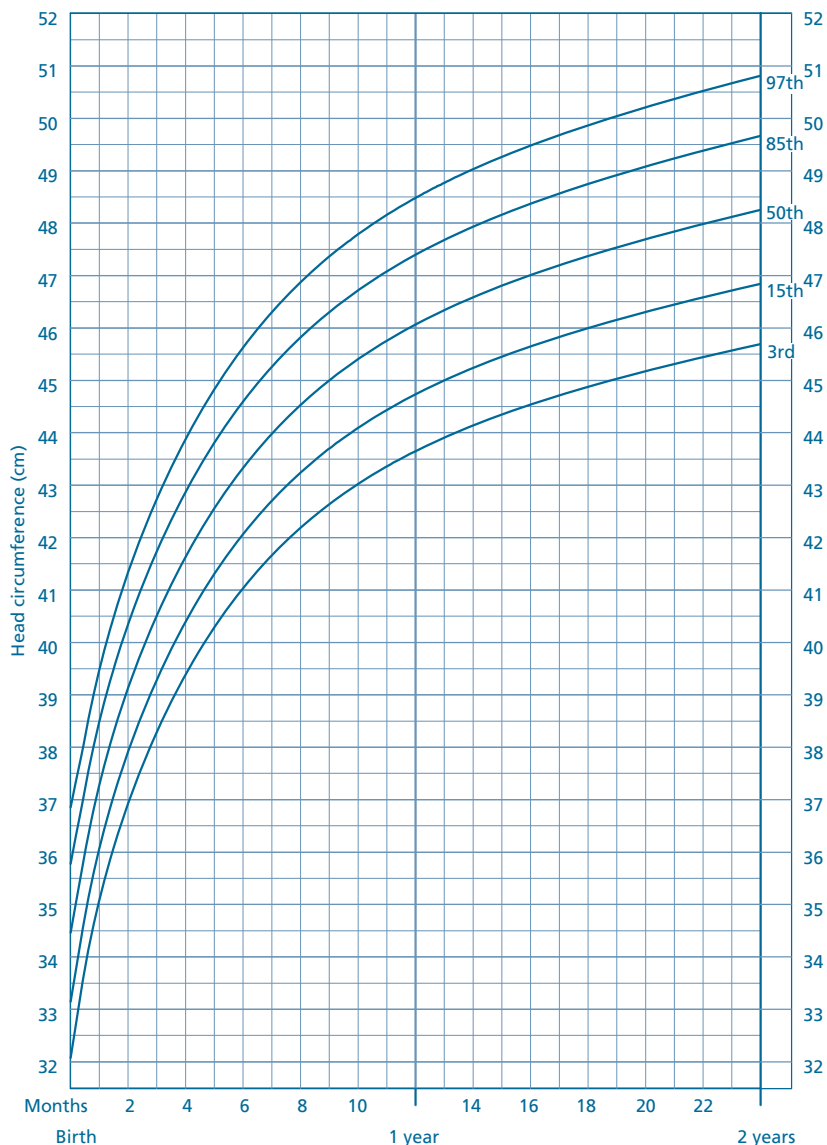


## Length-for-age percentiles - BOYS Birth to 2 years





## Head circumference-for-age percentiles - BOYS Birth to 2 years

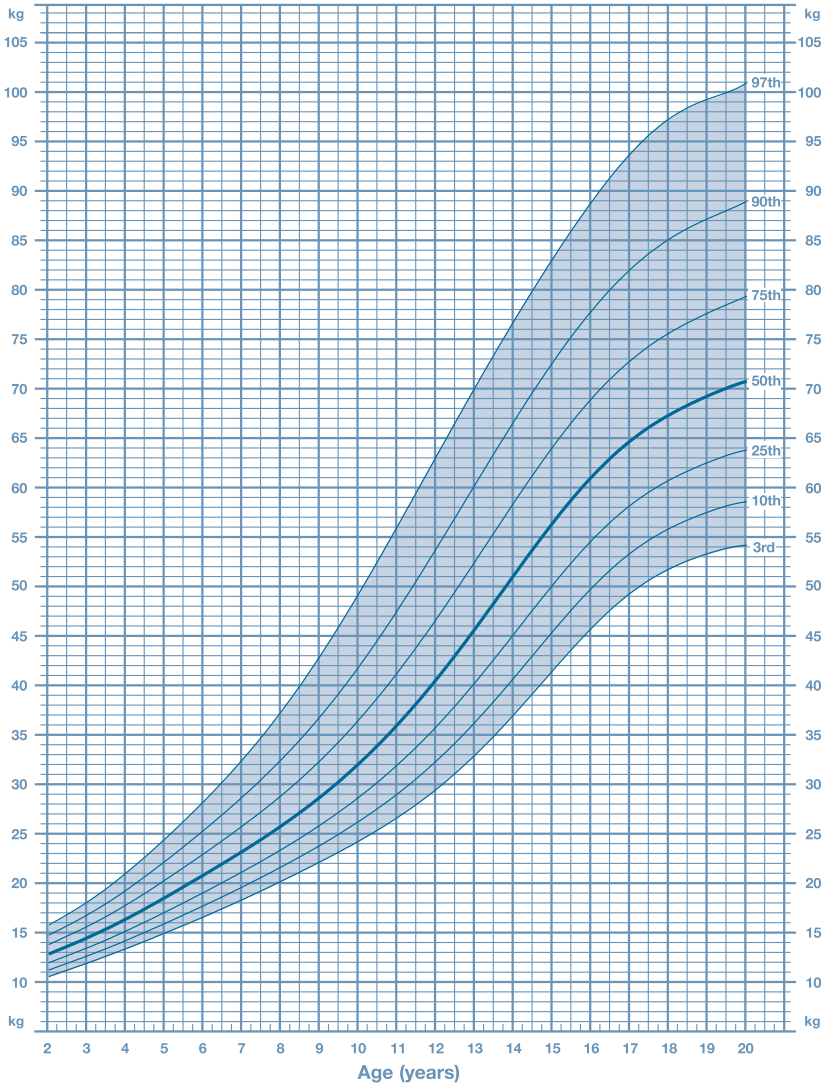


Source: World Health Organisation Child Growth Standards [www.who.int/childgrowth/en](http://www.who.int/childgrowth/en)

# My personal health record



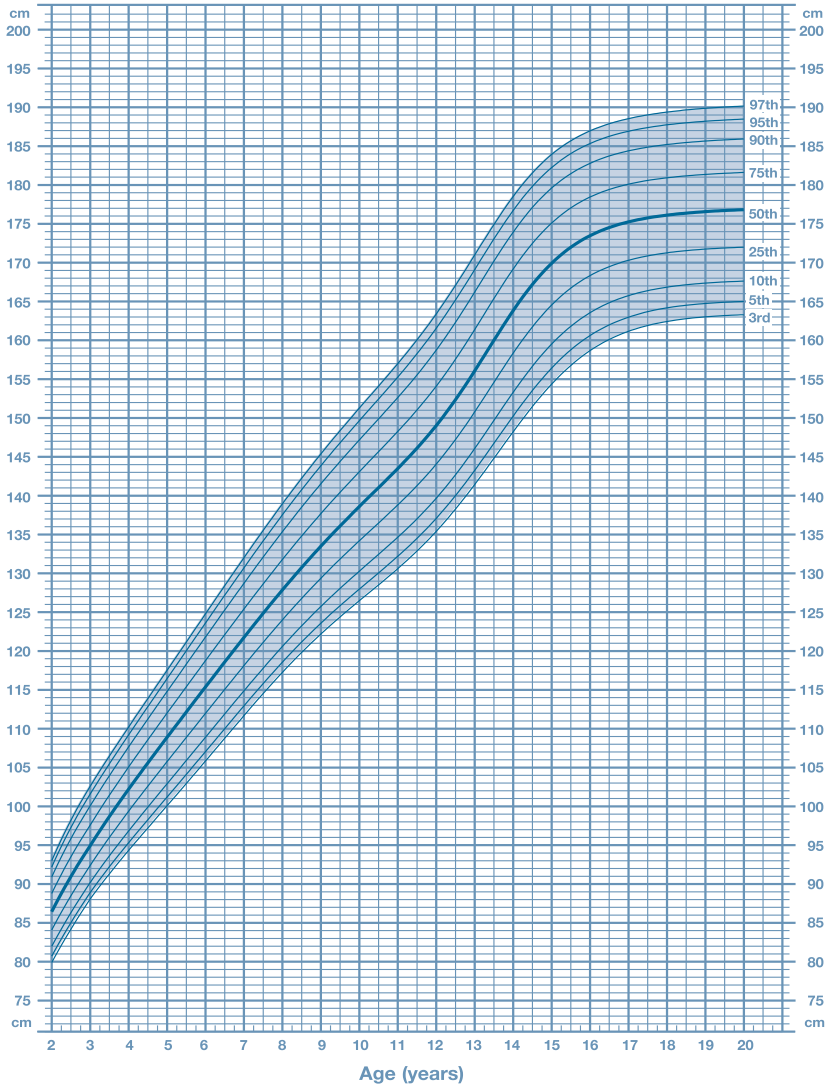
## Weight-for-age percentiles – BOYS 2 to 20 years



# My personal health record



## Stature-for-age percentiles - BOYS 2 to 20 years



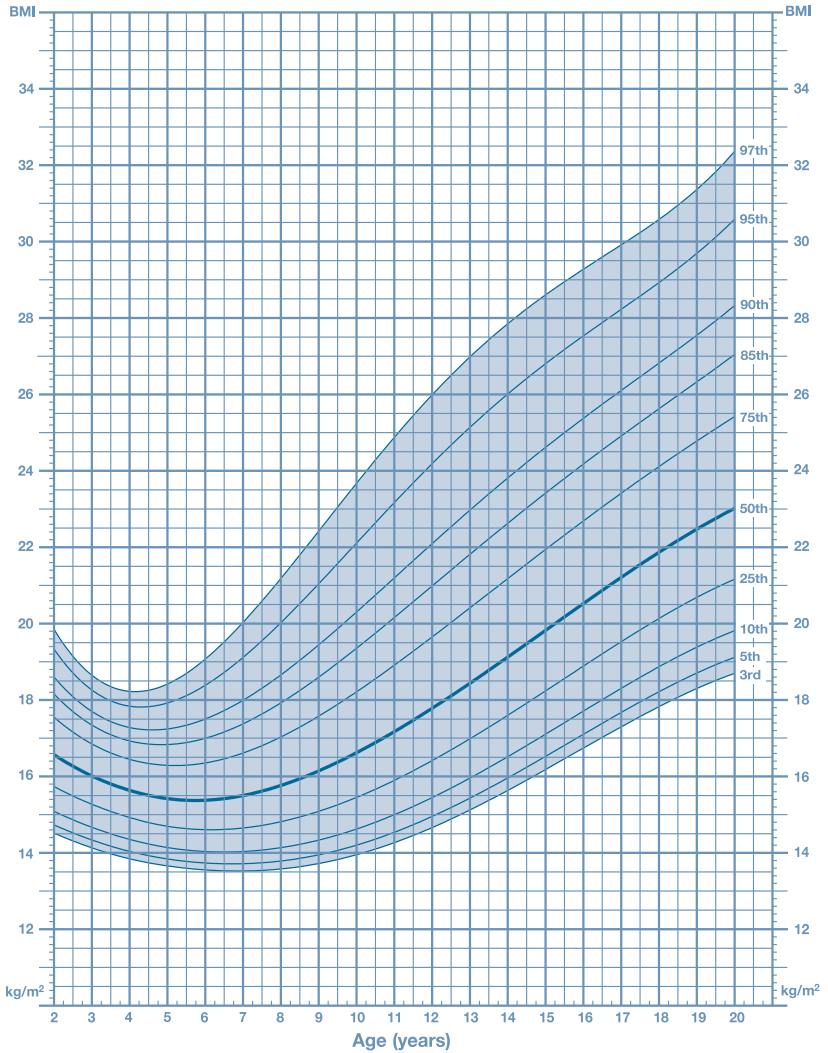
CDC Growth charts – United States Published May 30 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)

# My personal health record



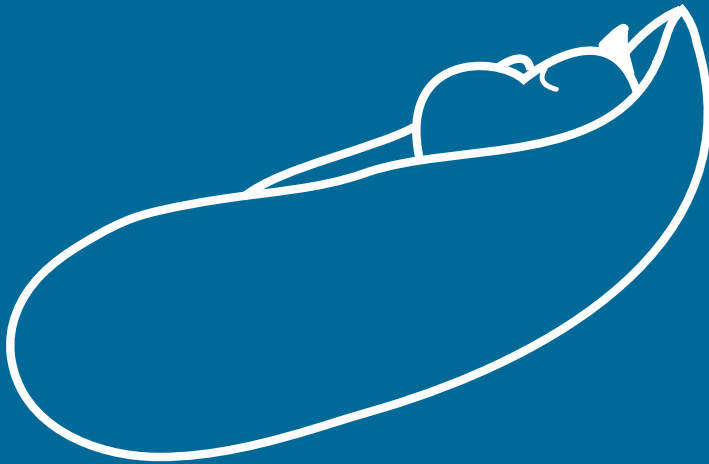
## Body Mass Index-for-age percentiles - BOYS 2 to 20 years



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# Birth details, Newborn and Hearing Checks



## Birth details

Affix patient label here

Name of child

Name of birth facility

Date of birth / /

Time of birth

Sex m / f

### Maternal information

Mother's name

Date of birth / /

Phone No.:

Pregnancy complications

Parity

Blood group

Anti D given y / n

Labour: Spontaneous / No labour / Induced – reason

Labour complications

Type of birth  Normal  Breech  Forceps  Caesarean  Vac ext  
Other

Post partum complications

### Neonatal information

Estimated gestation

Apgar 1 minute

5 minutes

Abnormalities noted at birth

Additional treatment required

Birth weight (kg)

Birth length (cm)

Birth head circ (cm)

Newborn Hearing Screen completed

Newborn Bloodspot Screen Test

Date / /

Other (specify)

Date / /

Vitamin K given  Injection  Oral

1st dose / /

2nd dose / /

3rd dose / /

Hep B immunisation given

Date given / /

Feeding: breast / bottle

Feeding history

Referred to MACH nursing services y / n

Referred to GP y / n

Date of Discharge / /

Discharge Weight (kg)

Head circ (cm)

Signature

Designation

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# Newborn examination

To be completed by a health professional in the presence of the parent before baby's discharge from hospital.

Affix patient label here

Date of birth / /

Baby's age

Sex m / f

Baby's name

Check	Normal	Comment
Head and fontanelles		
Eyes (general observation including red reflex)		
Ears		
Oral assessment (e.g. mouth, tongue-tie, palate)		
Cardiovascular		
Femoral pulses R / L		
Respiratory system		
Oxygen saturation > 95%		
Abdomen and umbilicus		
Anus		
Genitalia		
Testes fully descended R / L		
Musculoskeletal		
Hips		
Skin		
Reflexes		
Does the parent have any concerns about the baby?	y / n circle reply	

Examiner (name in block letters)

Designation

Signature

Date / /

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## ACT Newborn Hearing Screening Program (to be completed by a health professional)

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

Date of Birth: \_\_\_\_\_

Screened at (AABR/OAE): \_\_\_\_\_ Screening date: \_\_\_\_\_

Screened by (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

**Outcome** (Please circle)      RIGHT: Pass / Refer      LEFT: Pass / Refer

Direct Refer to Audiologist       Yes      Reason: \_\_\_\_\_

**Repeat screen**       Required       Not required

Screened at (AABR/OAE): \_\_\_\_\_ Screening date: \_\_\_\_\_

Screened by (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

**Outcome** (Please circle)      RIGHT: Pass / Refer      LEFT: Pass / Refer

Refer to Audiologist       Yes       No

**Repeat screen 2**       Required       Not required

Screened at (AABR/OAE): \_\_\_\_\_ Screening date: \_\_\_\_\_

Screened by (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

**Outcome** (Please circle)      RIGHT: Pass / Refer      LEFT: Pass / Refer

Refer to Audiologist       Yes       No

The ACT Newborn Hearing Screening Program aims to detect babies with significant hearing loss at an early age. There is a possibility that the hearing screen may not detect an existing hearing problem and/or that your child may develop a hearing problem later in life, even if the results of this screening test are normal. For further information go to [www.health.act.gov.au/our-services/women-youth-and-children/neonatology-department/newborn-hearing-screening](http://www.health.act.gov.au/our-services/women-youth-and-children/neonatology-department/newborn-hearing-screening)

Please continue to check your baby's milestones. Seek advice from your health professional if you have concerns about your child's hearing at any age.

**Hearing risk factor identified**       Yes      \_\_\_\_\_

When yes ticked please consult your health professional to arrange an age appropriate hearing test at 10-12 months (corrected).

**Co-ordinator telephone:** \_\_\_\_\_

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# 1 - 4 week check





## I am 2 weeks old

### Some things I may be doing

- Being startled by loud noises
- Starting to focus on faces
- Grasping your fingers when placed in my hand

### Some ideas for spending time with me

- Talk to me when I am awake
- Respond to my sounds and expressions by copying what I do
- Cuddle me

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT reacting to loud noises
- NOT feeding well
- NOT having plenty of soiled or wet nappies

## The 1 to 4 week visit

A maternal and child health (MACH) nurse will contact you by telephone within the first 2 weeks after your discharge from hospital or Midcall to arrange a visit. This visit usually takes place in the family home. If you have not been contacted please call Community Health Intake (CHI) on 5124 9977 to speak to a MACH nurse.

Topics for discussion may include:

### Health and Safety

- Feeding your baby – including breastfeeding
- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention
- Immunisations
- Safety
- Appropriate infant restraint for travelling in vehicles
- Growth

### Development

- Questions for parents (see page 7.3)
- Crying
- Comforting your baby
- Talking to your baby – communication, language and play

### Family

- Using the 'Personal Health Record'
- Roles of the maternal and child health nurse, GP and other health professionals
- Parent emotional health
- Mother's general health – diet, rest, breast care, exercise, oral health
- Parent groups and support networks
- Smoking
- Work/childcare
- Contraceptive options

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

**Answer these questions before a MACH nurse visits you, or you visit your GP for the 1 to 4 week health check.**

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby placed on his/her back for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### Feeding

Does your baby receive *any* breast milk?  Yes  No

Does your baby receive *only* breast milk?  Yes  No  
(including medicines, but *not* including water, other liquids or solids)

Does your baby receive other fluids or food? (please tick all that apply)

Water

Formula

Cow's milk

Solid foods

Other

---

Current recommendations are that babies receive only breast milk or formula until around **6 months** of age (may receive vitamins, mineral supplements or medicine if prescribed) and continue breastfeeding while receiving appropriate complementary foods until 12 months of age or beyond. NHMRC, Infant Feeding Guidelines: information for health workers (2012).

Further resources around breastfeeding are available at: [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

---

## Child health check – 1 to 4 weeks

Assessment by maternal and child family health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /                                  Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fontanelles			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes (Observation)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (Doctor only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbilicus			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral pulses			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test for dislocation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal region			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 1 to 4 weeks continued overleaf)

## Child health check – 1 to 4 weeks (continued)

Assessment by maternal and child family health (MACH) nurse, GP, or paediatrician.

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule? (Hep B only)	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate health information discussed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments

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Action taken

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Name of doctor or nurse

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Signature

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Venue

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Date of check / /

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been left blank  
intentionally

# 6 – 8 week check



## I am 8 weeks old

### Some things I may be doing

- Making sounds like I am 'telling you something'
- Becoming quiet when someone is talking to me
- Smiling
- Bringing my hands together

### Some ideas for spending time with me

- Singing and talking to me
- Playing with me while I am on my tummy on the floor
- Taking me out in my pram or sling carrier for walks

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT making sounds other than crying
- NOT beginning to smile
- NOT looking you in the eyes



## The 6 to 8 week visit

Topics for discussion may include:

### Health and Safety

- Feeding your baby
- Immunisations
- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention
- How to be sun smart
- Growth

### Development

- Issues arising from the questions for parents (see pages 8.3 and 8.4)
- Crying
- Comforting your baby
- Talking to your baby – communication, language and play

### Family

- Parent groups
- Mother's health (diet, rest, family planning, exercise)
- Parents' emotional health
- Smoking
- Positive parenting and developing a close relationship with your baby
- Contraceptive options

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 6 to 8 week health check.**

	<b>Yes</b>	<b>No</b>
Have you had your postnatal check?	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby also checked?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about your baby?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby turn towards light?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby smile at you?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby look at your face and make eye contact with you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your baby enjoy being together?	<input type="checkbox"/>	<input type="checkbox"/>
Do you read, talk to and play with your baby?	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby placed on his/her back for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

# My personal health record

## Feeding

Does your baby receive *any* breast milk?

Does your baby receive *only* breast milk?    
(including medicines, but *not* including water, other liquids or solids)

Does your baby receive other fluids or food? (please tick all that apply)

Water

Formula

Cow's milk

Solid foods

Other

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Current recommendations are that babies receive only breast milk or formula until around **6 months** of age (may receive vitamins, mineral supplements or medicine if prescribed) and continue breastfeeding while receiving appropriate complementary foods until 12 months of age or beyond. NHMRC, Infant Feeding Guidelines: information for health workers (2012).

Further resources around breastfeeding are available at: [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

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**You may wish to talk to your nurse or GP about how you are feeling emotionally and physically, and you may have questions about how best to care for your baby and yourself.**

Notes for parent(s)

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## Child health check – 6 to 8 weeks

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /                      Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head lift when prone			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin colour			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White pupil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of squint/strabismus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (Doctor only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test for dislocation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 6 to 8 weeks continued overleaf)

## Child health check – 6 to 8 weeks (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Outcome</b>		<b>Normal</b>	<b>Review</b>	<b>Refer</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appropriate health information discussed?</b>			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Comments	<hr/> <hr/>			
Action taken	<hr/> <hr/>			
Name of doctor or nurse	<hr/>			
Signature	<hr/>			
Venue	Date of check			/ /
	<hr/>			

# 4 month check



## I am 4 months old

### Some things I may be doing

- Lifting my head and shoulders up when lying on my tummy
- Laughing out loud
- Look at and follow an object with my eyes (from one side to the other)
- Play with my hands and feet for a few minutes at a time

### Some ideas for spending time with me

- Sharing picture books with me
- Singing and talking to me
- Playing on the floor with me
- Counting things with me (like fingers and toes)

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT responding to noise
- NOT trying to grasp objects
- NOT making sounds or laughing

## The 4 month visit

Topics for discussion may include:

### Health and Safety

- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention
- Teething and taking care of your baby's teeth
- Immunisations
- How to be sun smart
- Safety
- Growth

### Development

- Issues arising from the questions for parents (see page 9.3)
- Your baby's behaviour
- Your baby's movement
- Talking to your baby – communication, language and play

### Family

- Sibling relationships and rivalry
- Play activities
- Parent groups and support networks
- Going to playgroups
- Parents' emotional health
- Positive parenting and developing a close relationship with your baby
- Smoking

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)



## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 4 month health check.**

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby look at you and follow you with his/her eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed if one or both of your baby's pupils are white?	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby placed on his/her back for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### Feeding

Does your baby receive <i>any</i> breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby receive <i>only</i> breast milk? (including medicines, but <i>not</i> including water, other liquids or solids)	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby receive other fluids or food? (please tick all that apply)		
	Water	<input type="checkbox"/>
	Formula	<input type="checkbox"/>
	Cow's milk	<input type="checkbox"/>
	Solid foods	<input type="checkbox"/>
	Other	<input type="checkbox"/>

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Current recommendations are that babies receive only breast milk or formula until around **6 months** of age (may receive vitamins, mineral supplements or medicine if prescribed) and continue breastfeeding while receiving appropriate complementary foods until 12 months of age or beyond. NHMRC, Infant Feeding Guidelines: information for health workers (2012).

Further resources around breastfeeding are available at: [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

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## Child health check – 4 months

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /                      Sex m / f \_\_\_\_\_

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of squint/strabismus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White pupil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test for dislocation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 4 months continued on next page)

## Child health check – 4 months (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**

Yes

No

Comments

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Action taken

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Name of doctor or nurse

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Designation

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Signature

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Venue

Date of check    /    /

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# 6 month check



## I am 6 months old

### Some things I may be doing

- Supporting my weight on my legs when held in standing
- Bringing things to my mouth
- Beginning to pass things from one hand to the other
- Babbling repetitively, for example, ga-ga-ga, ma-ma-ma, da-da-da
- Showing curiosity about things and trying to get things that are out of reach

### Some ideas for spending time with me

- Sharing picture books with me
- Singing and talking to me
- Playing on the floor with me
- Counting things with me (like fingers and toes)

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT taking my weight on my legs
- NOT responding to my name
- NOT trying to grasp toys
- NOT babbling or laughing

## The 6 month visit

Topics for discussion may include:

### Health and Safety

- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention
- Starting solids and helping your baby to eat healthily
- Taking care of your baby's teeth
- Immunisations
- How to be sun smart
- Safety
- Growth

### Development

- Issues arising from the PEDS (Parents' Evaluation of Developmental Status) and other questions for parents (see pages 10.3 and 10.4)
- Your baby's behaviour
- Your baby's movement
- Talking to your baby – communication, language and play

### Family

- Sibling relationships and rivalry
- Play activities
- Parents' emotional health
- Going to playgroups
- Smoking
- Positive parenting and developing a close relationship with your baby

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 6 month health check.

Child's name

Parent's name

Child's birthday

/

/

Child's age

Today's date

/

/

1. List any concerns about your child's learning, development and behaviour.

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

No  Yes  A little  Comments

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

No  Yes  A little  Comments

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4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments

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

No  Yes  A little  Comments

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6. Do you have any concerns about how your child behaves?

No  Yes  A little  Comments

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

No  Yes  A little  Comments

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8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments

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

No  Yes  A little  Comments

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10. Please list any other concerns.

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## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 6 month health check.**

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your baby's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby look at you and follow you with his/her eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed if one or both of your baby's pupils are white?	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby placed on his/her back for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### Feeding

Does your baby receive <i>any</i> breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby receive <i>only</i> breast milk? (including medicines, but <i>not</i> including water, other liquids or solids)	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby receive other fluids or food? (please tick all that apply)		
	Water	<input type="checkbox"/>
	Formula	<input type="checkbox"/>
	Cow's milk	<input type="checkbox"/>
	Solid foods	<input type="checkbox"/>
	Other	<input type="checkbox"/>

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Current recommendations are that babies receive only breast milk or formula until around **6 months** of age (may receive vitamins, mineral supplements or medicine if prescribed) and continue breastfeeding while receiving appropriate complementary foods until 12 months of age or beyond. NHMRC, Infant Feeding Guidelines: information for health workers (2012).

Further resources around breastfeeding are available at: [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

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## Child health check – 6 months

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth      /      /                      Sex   m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of squint/strabismus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to each eye being covered separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health protective factors	Yes	No	Concerns	No concerns	
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>			
Are there any risk factors?					
Hearing	<input type="checkbox"/>	<input type="checkbox"/>			
Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>			
Outcome			Normal	Review	Refer
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 6 months continued overleaf)

## Child health check – 6 months (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**

Yes

No

Comments

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Action taken

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Name of doctor or nurse

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Designation

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Signature

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Venue

Date of check    /    /

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# 12 month check



## I am 12 months old

### Some things I may be doing

- Saying one or two clear words
- Waving; pointing
- Pulling to stand while holding onto furniture

### Some ideas for spending time with me

- Playing music, singing and dancing
- Reading books to me
- Outings to the park, library, or playgroup
- Pretend play with boxes, pots, pans or dress ups

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT interested in sounds or voices
- NOT babbling
- NOT letting you know what I want
- NOT seeming to understand you
- NOT enjoying eye contact or cuddles with you
- NOT crawling or standing while holding on

## The 12 month visit

Topics for discussion may include:

### Health and Safety

- Healthy eating
- How to take care of your child's teeth and organising a dental check
- Sleep
- Immunisations
- Safety
- How to be sun smart
- Growth

### Development

- Issues arising from the PEDS (Parents' Evaluation of Developmental Status) and other questions for parents (see pages 11.3 and 11.4)
- Your child's behaviours
- Mobility
- Helping your child to communicate with and relate well to others

### Family

- Sibling relationships and rivalry
- Positive parenting and developing a close relationship with your child
- Parents' emotional health
- Smoking
- Going to playgroup or childcare

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 12 month health check.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's birthday / / Child's age Today's date / /

1. List any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms and legs?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool or school skills?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
10. Please list any other concerns.  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 12 month health check.**

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognise familiar objects and people from a distance?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any teeth yet?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any problems with their teeth or teething?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever used a bottle to help them go to sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever walk around with a bottle or feeder cup between meals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you brushing your child's teeth twice daily?	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### Feeding

Does your baby receive *any* breast milk?  Yes  No

Does your baby receive other fluids or food? (please tick all that apply)

Water

Formula

Cow's milk

Solid foods

Other

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Current recommendations are that babies receive only breast milk until around 6 months of age (may receive vitamins, mineral supplements or medicine if prescribed) and continue breastfeeding while receiving appropriate complementary foods until 12 months of age or beyond. *NHMRC, Infant Feeding Guidelines: information for health workers (2012).*

Further resources around breastfeeding are available at: [www.health.act.gov.au/breastfeeding](http://www.health.act.gov.au/breastfeeding)

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## Child health check – 12 months

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /                      Sex    m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Presence of squint/strabismus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to each eye being covered separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health protective factors	Yes	No	Concerns	No concerns	
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate immunisation completed as per schedule?					
	<input type="checkbox"/>	<input type="checkbox"/>			
Are there any risk factors?					
	Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
	Vision	<input type="checkbox"/>	<input type="checkbox"/>		
	Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		
Outcome			Normal	Review	Refer
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 12 months continued overleaf)

## Child health check – 12 months (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**      **Yes**       **No**

Comments

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Action taken

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Name of doctor or nurse

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Designation

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Signature

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Venue

Date of check      /      /

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# 18 month check



## I am 18 months old

### Some things I may be doing

- Saying at least 20 words
- Understanding new words each week
- Pointing to body parts or toys when asked
- Possibly having temper tantrums
- Feeding myself
- Walking on my own
- Possibly clinging to caregivers when in new situations
- Pretend play

### Some ideas for spending time with me

- Exploring my surroundings, indoors and outdoors
- Read books and share stories with me
- Pretend play with boxes, pots, pans or dress up with me
- Singing simple songs and asking me to repeat words you say
- Draw, write, count with me

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT understanding many words
- NOT using 5 – 10 words meaningfully
- NOT trying to communicate with you
- NOT enjoying eye contact
- NOT coming to you for cuddles or comfort
- NOT showing any signs of pretend play
- NOT pointing or waving
- NOT walking

## The 18 month visit

Topics for discussion may include:

### Health and Safety

- Healthy eating for families
- Sleep
- Taking care of your child's teeth and organising a dental check
- How to be sun smart
- Growth

### Development

- Issues arising from the PEDS (Parents' Evaluation of Developmental Status) and other questions for parents (see pages 12.3 and 12.4)
- Your child's behaviour
- Mobility
- Starting toilet training
- Helping your child to communicate and relate well to others

### Family

- Sibling issues
- Positive parenting and helping your child manage their feelings and behaviours
- Going to playgroups or childcare

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 18 month health check.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's birthday / / Child's age Today's date / /

1. List any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms and legs?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool or school skills?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
10. Please list any other concerns.  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 18 month health check.**

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognise familiar objects and people from a distance?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### Feeding

Does your baby receive <i>any</i> breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby receive other fluids or food? (please tick all that apply)		
	Water	<input type="checkbox"/>
	Formula	<input type="checkbox"/>
	Cow's milk	<input type="checkbox"/>
	Solid foods	<input type="checkbox"/>
	Other	<input type="checkbox"/>

## Child health check – 18 months

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /                          Sex   m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate gait			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to each eye being covered separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health protective factors	Yes	No	Concerns	No concerns	
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>			
Are there any risk factors?					
	Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
	Vision	<input type="checkbox"/>	<input type="checkbox"/>		
	Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		
Outcome			Normal	Review	Refer
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 18 months continued overleaf)



## Child health check – 18 months (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**

**Yes**

**No**

Comments

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Action taken

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Name of doctor or nurse

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Designation

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Signature

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Venue

Date of check     /     /

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# 2 year check



## I am 2 years old

### Some things I may be doing

- Using at least 50 words (usually 50+) and putting two words together
- Listening to simple stories and songs
- Changing my mood rapidly e.g. from calm to upset
- Copying you, for example, sweeping the floor
- Dressing up
- Climbing

### Some ideas for spending time with me

- Talking, playing and singing with me
- Drawing, painting and using playdough
- Reading to me and telling me stories
- Visiting the local park, the library and playgroup

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT coming to you for affection or comfort
- NOT understanding many words
- NOT putting two words together e.g. drink milk
- NOT enjoying pretend play
- NOT running

## The 2 year visit

Topics for discussion may include:

### Health and Safety

- Healthy eating for families
- Taking care of your child's teeth and organising a dental check
- How to be sun smart
- Sleep
- Growth

### Development

- Issues arising from the PEDS (Parents' Evaluation of Developmental Status) and other questions for parents (see pages 13.3 and 13.4)
- Your child's changing mobility
- Your child's behaviour
- Toilet training
- Helping your child to communicate with and relate well to others
- Regular story reading to build literacy skills

### Family

- Sibling relationships
- Parenting practices – helping your child to manage feelings and behaviour
- Going to childcare or playgroups
- Smoking

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 2 year health check.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's birthday / / Child's age Today's date / /

1. List any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms and legs?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool or school skills?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
10. Please list any other concerns.  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 2 year health check.**

	<b>Yes</b>	<b>No</b>
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognise familiar objects and people from a distance?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

### **Feeding**

Does your baby receive *any* breast milk?

## Child health check – 2 years

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /                      Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate gait			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to each eye being covered separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 2 years continued overleaf)

## Child health check – 2 years (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**

**Yes**

**No**

Comments

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Action taken

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Name of doctor or nurse

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Designation

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Signature

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Venue

Date of check    /    /

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# 3 year check



## I am 3 years old

### Some things I may be doing

- Speaking simple sentences
- Understanding most of what you say
- Asking lots of questions
- Drawing
- Running, climbing stairs

### Some ideas for spending time with me

- Allowing me to try things myself
- Making up games
- Reading to me and telling stories
- Allowing me to climb and ride tricycles
- Encouraging me to play with other children.

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT speaking clearly enough to be understood by other people
- NOT using simple sentences
- NOT understanding simple instructions
- NOT playing imaginary games
- NOT playing with other children
- NOT making any eye contact

## The 3 year visit

Topics for discussion may include:

### Health and Safety

- Healthy eating for families
- Immunisations
- Taking care of your child's teeth and organising a dental visit
- How to be sun smart
- Growth

### Development

- Issues arising from PEDS (Parents' Evaluation of Developmental Status) questions for parents (see pages 14.3 and 14.4)
- How to support and manage your child's developing independent behaviour
- Toilet training
- Helping your child communicate with and relate well to others
- Regular story reading to build literacy skills

### Family

- Sibling relationships
- Parenting practices – helping your child to manage their feelings and behaviour
- Going to childcare or preschool
- Smoking

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 3 year health check.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's birthday / / Child's age Today's date / /

1. List any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms and legs?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool or school skills?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
10. Please list any other concerns.  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 3 year health check.**

	<b>Yes</b>	<b>No</b>
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child show interest in objects far away, e.g. aeroplanes and flying birds?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

## Child health check – 3 years

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth      /      /                      Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal reflexes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to each eye being covered separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ocular movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health protective factors	Yes	No	Concerns	No concerns	
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>			
Are there any risk factors?					
Hearing	<input type="checkbox"/>	<input type="checkbox"/>			
Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>			
Outcome			Normal	Review	Refer
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Child health check – 3 years continued overleaf)

## Child health check – 3 years (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**                      **Yes**                       **No**

Comments  
\_\_\_\_\_  
\_\_\_\_\_

Action taken  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or nurse  
\_\_\_\_\_

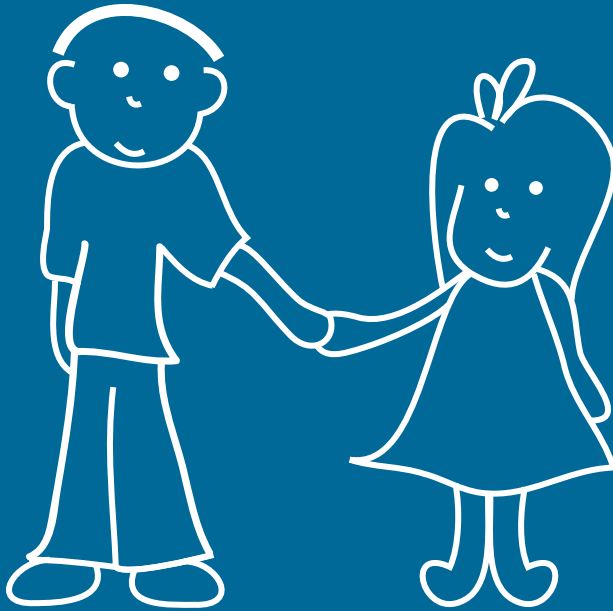
Designation  
\_\_\_\_\_

Signature  
\_\_\_\_\_

Venue  
\_\_\_\_\_

Date of check     /     /

# 4 year check





## I am 4 years old

### Some things I may be doing

- Counting ten or more objects
- Choosing to play with other children rather than by myself
- Starting to tell the difference between what's real and what's make-believe
- Wanting to do more things for myself, for example, getting dressed
- Catching a bounced ball most of the time

### Some ideas for spending time with me

- Read to me and let me act out the story
- Sort things into groups – for example, sort spare buttons into shapes and colours
- Provide me with materials and space for craft activities, painting and drawing
- Teach me how to ride a bike with training wheels or a balance bike
- Make time for lots of outdoor physical activity, for example, kicking, throwing a ball, running

### Please talk to my maternal and child health (MACH) nurse or doctor if I am

- NOT doing things I used to be able to do
- NOT speaking clearly enough to be understood by other people
- NOT taking an interest in other children and what's happening around me
- NOT doing things other children of the same age are doing, in one or more area

## The 4 year visit

Topics for discussion may include:

### Health and Safety

- Immunisation
- Healthy eating for families
- Taking care of your child's teeth and organising a dental check
- How to be sun smart
- Sleep
- Growth

### Development

- Issues arising from PEDS (Parents' Evaluation of Developmental Status) and other questions for parents (see pages 15.5 and 15.6)
- Your child's feelings and behaviours
- Going to preschool or kindergarten
- Regular story reading to build literacy skills

### Family

- Sibling relationships
- Positive parenting programs and parenting practices
- Smoking

### Still Smoking?

There is an increased risk of a range of illnesses and conditions in early childhood as a result of passive smoking including Sudden Infant Death Syndrome (SIDS) and asthma.

Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au/](http://www.icanquit.com.au/)

## Before school health assessment at 4 years

Before your child starts school, it is recommended that you take them to your local maternal and child health (MACH) nurse or doctor for a health check. This may include:

- a hearing check
- a vision test
- a physical (height and weight) check
- an assessment of oral health
- questions about your child's development and emotional wellbeing
- a check of your child's immunisation status

Talk to the nurse, doctor and/or preschool teacher about any health, development, behavioural or family issues which may affect your child's ability to learn at school.

## Before school starts

Your child may start pre-school this year. It may help if you:

- Give your child lots of love and support. Be excited and enthusiastic about starting school.
- Take your child to pre-school orientation day/s so they are familiar with the grounds.
- Explain the basic school rules, such as putting up your hand, asking before going to the toilet, listening quietly when necessary, and doing what the teacher asks.
- Show your child where the toilets are.
- Try on the uniform and shoes before the first day, just to make sure everything fits.
- Visit the school when other children are there so your child can get used to the noise of the playground and the size of the 'big' students.
- Show your child where the after-school care facilities are, if needed.

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Adapted from the Raising Children Network: [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

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The ACT booklet titled 'On My First Day' contains messages from students in their first, or second, year of full time school. Reading these messages with your child provides the opportunity for your child to ask questions about school and voice any concerns they may have. Talking to your child about what school is like, and some of the things that may happen, is one useful way to help them transition to school. The booklet can be found online at: [www.children.act.gov.au](http://www.children.act.gov.au)

Further information about starting school can be found on the Education and Training website: [www.education.act.gov.au](http://www.education.act.gov.au)

## Questions for Parents

### Parents' Evaluation of Development Status (PEDS) Response Form – Authorised Australian Version

Answer these questions before you visit your nurse or doctor  
for the 4 year health check.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's birthday / / Child's age Today's date / /

1. List any concerns about your child's learning, development and behaviour.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about how your child talks and makes speech sounds?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any concerns about how your child understands what you say?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any concerns about how your child uses his or her hands and fingers to do things? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any concerns about how your child uses his or her arms and legs?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any concerns about how your child behaves?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about how your child gets along with others?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any concerns about how your child is learning to do things for himself / herself? No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any concerns about how your child is learning preschool or school skills?  
No  Yes  A little  Comments \_\_\_\_\_  
\_\_\_\_\_
10. Please list any other concerns.  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Parents

**Answer these questions before you visit your nurse or doctor for the 4 year health check.**

	<b>Yes</b>	<b>No</b>
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone else concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently under care for their vision?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child exposed to smoking in the home or car?*	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note that it is illegal in the ACT to smoke in a vehicle when there is an infant or child present

## Child health check – 4 years

Assessment by a maternal and child health (MACH) nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /                      Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision	Yes	No		
Vision-tested monocularly	<input type="checkbox"/>	<input type="checkbox"/>		
	Normal	Review	Refer	Under Treatment
Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corneal reflexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocular movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convergence and presence of squint/strabismus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results	SGLC* 3m	Right eye	3/	Left eye 3/

Health protective factors	Yes	No	Concerns	No Concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed appropriate immunisation as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?	Normal	Review	Refer	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral health 'Lift the lip' check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Child health check – 4 years continued overleaf)

## Child health check – 4 years (continued)

Assessment by maternal and child health (MACH) nurse, GP, or paediatrician.

**Appropriate health information discussed?**                      **Yes**                       **No**

Comments  
\_\_\_\_\_  
\_\_\_\_\_

Action taken  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or nurse  
\_\_\_\_\_

Designation  
\_\_\_\_\_

Signature  
\_\_\_\_\_

Venue \_\_\_\_\_ Date of check     /     /

Child accompanied by     Mother     Father     Other  
\_\_\_\_\_



# Immunisation



## Immunisation information

Canberra Health Services strongly recommends that all children should be immunised against the common infectious diseases of childhood. Childhood diseases can spread easily in child-care centres, preschools and schools. Vaccination can stop the occurrence, or minimise the spread, of a wide range of preventable diseases.

The *National Health and Medical Research Council (NHMRC)* recommend a *National Vaccination Schedule* for all children. The current schedule is online: <https://beta.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule>

General Practices and Canberra Health Services Child Immunisation Clinics provide all childhood vaccines funded under the National Immunisation Program (NIP).

- General practices may charge a consultation fee, however the vaccines are free for eligible children under the NIP. Please call your general practice if you wish to make an appointment.
- Child Immunisation Clinics are free of charge, but only available for children under the age of 5 years. To make an appointment at your nearest clinic, please call the Community Health Intake (CHI) on 5124 9977.

Some children may suffer a slight fever and/or redness, swelling and tenderness at the injection site. Contact your GP if the fever is greater than 39°C, or if you are worried about your child's condition.

Every baby registered with Medicare is also registered with the *Australian Immunisation Register (AIR)*. After each immunisation event your GP or clinic will advise the *AIR* of the vaccines your child has received. *AIR* maintains a child's records for life.

An *Immunisation History Statement* will be sent to you from the *AIR* when your child is 18 months and another when they reach 5 years of age. This statement can be used as proof of immunisation on enrolment in childcare and school.

If you do not receive this statement or there is a problem with the statement you can contact the **AIR on 1800 653 809**.

If you have any questions about immunisation, you can call the Canberra Health Services Immunisation Line on 6205 2300 or refer to the Canberra Health Services website at: [www.health.act.gov.au/services/immunisation](http://www.health.act.gov.au/services/immunisation)

## **Important information for parents / guardians**

Whooping cough vaccination – babies who are too young to be fully immunised (prior to 6 months of age) are at potential risk of contracting whooping cough (pertussis) from adults and adolescents.

A single booster dose of an adult pertussis containing vaccine (dTpa vaccine) is recommended for parents and grandparents prior to the baby's birth or as soon as possible after the baby's delivery (this is not a free vaccine).

People with a cough should stay away from babies. See a doctor if you have symptoms.

Vaccinating your child on time – it is very important that your child is vaccinated at the recommended intervals to ensure adequate protection against serious diseases.

Rotavirus is the most common cause of severe gastroenteritis in infants and young children and it is possible to be infected with a rotavirus several times. Rotavirus is a vaccine preventable disease. It is important to note that there are strict age limits for the administration of rotavirus vaccine. It is very important to give each dose on time, as late ("catch-up") doses cannot be given.

Some children with certain medical conditions may be at greater risk of particular diseases and require extra vaccination. Ask your immunisation provider if this applies to your child.

Further information on immunisation, including the current edition of *The Australian Immunisation Handbook*, can be found at: [www.immunise.health.gov.au](http://www.immunise.health.gov.au).

# Immunisation Record - Other Vaccinations

To be completed by the doctor/ nurse giving the immunisation.

Name

DOB   /   /   /

Vaccine Given	Date given	Batch no.	Providers Signature	Parent/Guardian Signature



# Vaccination Record Card

This card can be used for childcare and school enrolment.

Please keep with other important records.

Name

Date of birth   /   /   Sex   m / f

Medicare number

Number on card

Do you identify as:

Aboriginal y / n, Torres Strait Islander y / n, neither y / n, both y / n

Requires additional vaccines y / n

Address

Post code

Phone (h)                      (w)                      (mob)

Email

Comments (e.g. allergies, adverse reactions)

## If under 18 years of age

I request that the person named be immunised. I understand the:

- immunisation contraindications and possible side effects for the vaccines received, and
- benefits and risks of immunisation

Parent/Guardian's Signature

# Immunisation Record

To be completed by the doctor/ nurse giving the immunisation.

Name

DOB / /

AGE	Date Given	Batch No.	Providers Signature	Informed Consent (Client initials)	Next Dose
<b>Birth</b>					
Hepatitis B					
<b>6 - 8 weeks</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>4 months</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>6 months</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
<b>12 months</b> (Check additional vaccines required for children at risk)					
Meningococcal ACWY					
Measles, mumps and rubella (MMR)					
Pneumococcal					
<b>18 months</b>					
Measles, mumps , rubella and varicella (MMRV)					
<i>Haemophilus influenzae</i> type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					
<b>4 years</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis and poliomyelitis					

Your child's next vaccinations are due in Year 7 at school. Canberra Health Services will offer these vaccines FREE through the School Immunisation Program. For more information please call the Canberra Health Services Immunisation Line on 6205 2300 or refer to Canberra Health Services website at: [www.health.act.gov.au/our-services/immunisation/babies-and-children](http://www.health.act.gov.au/our-services/immunisation/babies-and-children) July 2018

