

My personal health record



WATCH OUT WHOOPING COUGH IS ABOUT

Protect your baby

**Make sure the whole
family is up to date
with their immunisations**

This is the personal health record of:

A large, empty white rounded rectangular box for writing the name of the person whose health record this book is for.

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

My personal health record

Dear Parent/s,

Congratulations on the birth of your new baby

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

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

- **your child and family health nurse**
- **immunisation appointments**
- **your doctor, 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.**

There is an envelope at the back of this record for any important documents.

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 includes the caregivers of the child.

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Summary of routine health checks

You should take your child to the child and family health nurse at your local Early Childhood Health Centre, or to your doctor, 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			
6 months			
12 months			
18 months			
2 years			
3 years			
4 years			

Refer to the NSW Health website www.health.nsw.gov.au/immunisation/pages/schedule.aspx for when to attend your health provider for an immunisation.

Register your baby now!

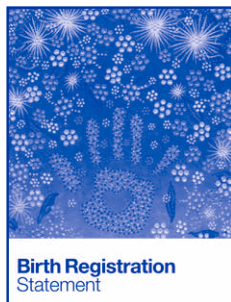
Give your child the right start.

- Birth registration is compulsory and it is free.
- The hospital or midwife does not register the birth of your child.
- You must register your child's birth **within 60 days**.
- You must register your child to get their birth certificate.

A birth certificate provides legal evidence of your child's birth date, place of birth and parent details. **A birth certificate is required to access some government benefits, for school and sport enrolment, to open a bank account and to apply for a passport.**

The hospital or midwife will have given you a **Birth Registration Statement** form in an information pack when you had your baby. Please complete this form and send it to the NSW Registry of Births Deaths & Marriages by following the instructions on the form.

The birth registration statement also includes a birth certificate application form. A fee for a birth certificate applies.



Late birth registrations (after 60 days of the birth of your child) are accepted by the Registry.

If you require help with any part of the birth registration process, please contact the NSW Registry of Births, Deaths and Marriages on Phone: 13 77 88.

Further information including Registry office locations, can be obtained from the Registry's website www.bdm.nsw.gov.au



Justice

Registry of Births
Deaths & Marriages

My personal health record

Do you need help reading English?

If you do not read English please speak to someone at the Health Care Interpreter Service at the closest location to you listed below, you can also phone the Translating and Interpreting Service on 131 450.

Major sections of this book are available in your own language at: **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))**. Please take this book with you when you attend any health service, doctor or hospital.

Arabic

إذا كنت لا تقرأ الإنجليزية، يرجى التحدث إلى خدمة ترجمة الرعاية الصحية (Health Care Interpreter Service) في أقرب موقع إليك من تلك المدرجة أدناه. يمكنك كذلك الاتصال بخدمة الترجمة الخطية والشفهية (TIS) على الرقم **131 450**. وتوفر أجزاء رئيسية من هذا الكتاب بلغتك على الرابط: **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))**. يرجى أخذ هذا الكتاب معك عند الذهاب إلى أي من الخدمات الصحية أو إلى عيادة الطبيب أو المستشفى.

Chinese (Simplified)

如果你不能阅读英文，请按下文资料联络就近的医疗卫生传译服务处（Health Care Interpreter Service）。你也可以致电翻译及传译服务处（TIS），电话 **131 450**。本书主要内容已经翻译为你熟悉的语言，可访问 **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))** 获取。请在前往卫生服务部门、医院或看医生时带上本书。

Chinese (Traditional)

如果你不能閱讀英文，請按下文資料聯絡就近的醫療衛生傳譯服務處（Health Care Interpreter Service）。你也可以致電翻譯及傳譯服務處（TIS），電話 **131 450**。本書主要內容已經翻譯為你熟悉的語言，可訪問 **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))** 獲取。請你在前往衛生服務部門、醫院或看醫生時帶上本書。

Dinka

Te cīe yīn thoŋ Ingliith kuen, ab̄ jam keek Kuony War Thok Muk Guop (Health Care Interpreter Service) athiök pandun cī gāt piny tēn. Aye te wīc yīn ba ke cōol Kuony Koc War Thok (TIS) atō **131 450**. Abar̄dit athör kēñe atō tēñe thoŋdun atō etēñ: **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))**. Tiŋ lom athör kēñe kek yīn tē le yīn lō maktab kuony pial guop ēbēñ, akīm ku panakīm.

Hindi

यदि आप अंग्रेजी नहीं पढ़ पाते हैं तो कृपया अपनी निकटतम स्वास्थ्य देख-भाल दुभाषिया सेवा (Health Care Interpreter Service) से बात करें, जो नीचे दी गई है। आप अनुवाद व दुभाषिया सेवा (TIS) को भी **131 450** पर फोन कर सकते हैं। इस पुस्तक के मुख्य भाग आपकी भाषा में निम्नलिखित वेबसाइट पर उपलब्ध हैं: **[www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book))** आप जब भी किसी स्वास्थ्य सेवा केन्द्र, डॉक्टर के पास या अस्पताल जाएँ तो कृपया यह पुस्तक अपने साथ ले कर जाएँ।

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Indonesian

Jika Anda tidak membaca dalam Bahasa Inggris, harap membicarakannya dengan Layanan Jasa Juru Bahasa Perawatan Kesehatan (Health Care Interpreter Service) terdekat dari daftar di bawah. Anda juga dapat menelepon Layanan Penerjemahan dan Jasa Juru Bahasa (TIS) pada nomor **131 450**. Bagian-bagian penting buku ini tersedia dalam bahasa Anda sendiri di: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)). Silakan bawa buku ini saat Anda mengunjungi layanan kesehatan, dokter atau rumah sakit mana saja.

Khmer

បើលោកអ្នកមិនអាចអានអង់គ្លេសបានទេ សូមទាក់ទងសេវាបកប្រែសម្រាប់ការថែទាំសុខភាព (Health Care Interpreter Service) ដែលមានទីតាំងនៅក្បែរលោកអ្នកជាងគេ ហើយដែលមានរាយឈ្មោះនៅខាងក្រោមនេះ។ លោកអ្នកក៏អាចទូរស័ព្ទទៅកាន់សេវាបកប្រែភាសា (TIS) ផងដែរ តាមលេខ **131 450**។ ផ្នែកចម្បងទាំងឡាយនៃសៀវភៅនេះ មានជាភាសាបស់លោកអ្នកផ្ទាល់ នៅឯ៖ [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)) ។ សូមយកសៀវភៅនេះទៅជាមួយលោកអ្នក នៅពេលដែលលោកអ្នកអញ្ជើញទៅជួបសេវាសុខភាព ជជុះបណ្តឹង ឬមន្ទីរពេទ្យណាមួយ។

Korean

영어로 된 내용을 이해할 수 없으신 분은 아래 표기된 헬스 케어 통역 서비스 (Health Care Interpreter Service) 중 가장 가까운 곳으로 연락하십시오. **131 450**번을 이용해 통번역 서비스(TIS)로 전화하셔도 됩니다. 다음 웹 사이트를 방문하시면 본 책자의 주요부분을 귀하의 모국어로 번역해 놓은 내용을 찾으실 수 있습니다: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)). 헬스 서비스나 의사, 또는 병원을 찾으실 때 본 책자를 가지고 가십시오.

Lao

ຖ້າທ່ານອ່ານພາສາອັງກິດບໍ່ໄດ້ ກະຮຸນາເວົ້າກັບ ນາຍພາສາຂອງ ພະແນກບໍລິການດູແລສຸຂະພາບ (Health Care Interpreter Service) ທີ່ຢູ່ໃກ້ເຂດຂອງທ່ານທີ່ສຸດຊຶ່ງມີຢູ່ໃນບັນຊີຂ້າງລຸ່ມນີ້. ນອກຈາກນີ້ ທ່ານຍັງສາມາດໂທຣະສັບຫາ ພະແນກບໍລິການ ແປເອກກະສານແລະນາຍພາສາ (TIS) ຕາມໝາຍເລກ **131 450**. ສ່ວນໃຫຍ່ຂອງພາກຕ່າງໆຂອງປຶ້ມນີ້ນີ້ ມີໄວ້ໃຫ້ເປັນພາສາລາວ ທີ່: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)). ກະຮຸນານຳເອົາປຶ້ມນີ້ໄປນຳໃນເວລາທີ່ທ່ານໄປສູ່ບໍລິການດ້ານສຸຂະພາບ ໄປຫານາຍໝໍ ຫຼື ໂຮງພະຍາບານແຫ່ງໃດກໍຕາມ.

Nepali

यदि तपाईंले अंग्रेजी बोल्नु हुन्न भने, कृपया तपाईंको नजिकको निम्न लिखित हेल्थकेयर इन्टरप्रेटर सर्भिस (Health Care Interpreter Service) संग कुरा गर्नुहोला। तपाईंले टेलिफोनमा ट्रान्सलेटिङ्ग एण्ड इन्टरप्रेटिङ्ग सेवा (TIS) को **131 450** मा पनि फोन गर्न सक्नुहुनेछ। यस पुस्तिकाको प्रमुख खण्डहरू तपाईंको भाषामा [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)) मा उपलब्ध छ। जब तपाईंले कुनैपनि स्वास्थ्य सेवा, डाक्टर वा अस्पतालमा जानुहुन्छ त्यसबेला कृपया यो पुस्तिका साथमा लैजानुहोला।

My personal health record

Somali

Haddii aadan Ingiriisiga aqrin karin, fadlan kala hadal Adeegga Turjumaanka Daryeelka Caafimaadka (Health Care Interpreter Service) goobta kuugu dhow oo hoos ku qoran. Waxaad kaloo taleefan ku wici kartaa Adeegga Turjumaanka Qoraalka iyo Afka (TIS) taleefanka **131 450**. Qaybaha ugu waaweyn ee buuggan waxaa laga helaa asagoo luqaddaada ah: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)). Fadlan soo qaado buuggan markaad imaanayso adeegga caafimaadka ee kasta, dhaqtarka ama isbitaalka.

Tamil

நீங்கள் ஆங்கிலம் பேசுவதில்லை என்றால், தயவுசெய்து உங்களுக்கு அருகாமையில் உள்ள, கீழே பட்டியலிட்டுள்ள இடத்திலுள்ள, சுகாதாரக் கவனிப்பு மொழிபெயர்ப்புச் சேவையிடம் (Health Care Interpreter Service) பேசுங்கள். **131 450** என்ற எண்ணில், மொழிபெயர்ப்பு மற்றும் மொழிமாற்றச் சேவையையும் (TIS) நீங்கள் அழைக்கலாம். இப்புத்தகத்தின் பெரும்பாலான பகுதிகள், [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)) என்ற வலைமுகவரியில், உங்கள் சொந்த மொழியிலேயே கிடைக்கின்றன. சுகாதாரக் கவனிப்புச் சேவை, மருத்துவர் அல்லது மருத்துவமனை எதற்கும் நீங்கள் செல்லும் போது, தயவுசெய்து இந்தப் புத்தகத்தை எடுத்துச் செல்லுங்கள்.

Thai

หากท่านอ่านภาษาอังกฤษไม่ออก โปรดพบกับบริการล่ามดูแลสุขภาพ (Health Care Interpreter Service) ที่อยู่ใกล้ท่านที่สุดตามรายชื่อข้างใต้ นอกจากนี้ ท่านยังสามารถใช้บริการล่ามทางโทรศัพท์ (TIS) ที่ **131 450** ได้ด้วย ดอนสำคัญๆ ในหนังสือเล่มนี้เป็นภาษาไทย หออ่านได้ที่เว็บไซต์: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)) โปรดนำหนังสือเล่มนี้ติดตัวไปด้วย เมื่อท่านไปรับบริการด้านสุขภาพ พบแพทย์หรือไปโรงพยาบาล

Turkish

Eğer İngilizce okuyamıyorsanız, lütfen aşağıdaki listeden size en yakındaki Sağlık Hizmetleri Tercüman Servisi (Health Care Interpreter Service) ile konuşun. Aynı zamanda **131 450** numaralı telefondan Yazılı ve Sözlü Tercüme Servisi'ne de (TIS) ulaşabilirsiniz. Bu kitabın ana bölümleri [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)) internet adresinde kendi dilinizde mevcuttur. Lütfen herhangi bir doktora, sağlık hizmetine veya hastaneye başvurduğunuzda bu kitabı yanınızda götürün.

Vietnamese

Nếu không đọc được tiếng Anh, xin quý vị tiếp xúc với Dịch vụ Thông dịch viên Chăm sóc Sức khỏe (Health Care Interpreter Service) tại địa điểm gần nhà quý vị nhất trong danh sách dưới đây. Quý vị cũng có thể gọi cho Dịch vụ Thông Phiên dịch (TIS) qua số **131 450**. Những phần quan trọng trong sổ này được phổ biến bằng tiếng Việt tại trang mạng: [www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-\(blue-book\)](http://www.kidsfamilies.health.nsw.gov.au/publications/child-personal-health-record-(blue-book)). Xin quý vị đem theo sổ này khi tới sử dụng dịch vụ y tế, đi bác sĩ hay bệnh viện.

Health Care Interpreter Service Contacts

Sydney South Western North & Central Network of South East Sydney

Phone: 02 9828 6088

Illawarra – Shoalhaven

Phone: 02 4274 4211

Murrumbidgee & Southern NSW

Phone: 1800 247 272

Sydney West & Northern Sydney

Phone: 02 9912 3800

Hunter & New England

Phone: 02 4924 6285

Central Coast Northern NSW & Mid North Coast Greater Western NSW

Phone: 1800 674 994 (outside Hunter & New England)

Immunise your baby on time

The best way to keep your child protected from serious vaccine-preventable diseases is to immunise them on time, in line with the recommended NSW Immunisation Schedule.

The Australian Childhood Immunisation Register will keep track of your child's immunisation history. Children under 7 years of age enrolled in Medicare are automatically included on the Australian Childhood Immunisation Register.

To enrol your child in Medicare, create a Medicare online account through the myGov website at www.my.gov.au

Information for parents



My personal health record

Information for parents

The NSW Health system and health workers play a key role in assisting children and families to achieve health and wellbeing. For detailed information refer to www.health.nsw.gov.au

Early childhood health centres

Early childhood health centres provide a free service for all parents in NSW. They are staffed by child and family health nurses who offer health, development and wellbeing checks for your child as well as support, education and information on all aspects of parenting. To find an early childhood health centre near you, visit the following webpage:

www.kidsfamilies.health.nsw.gov.au/media/300321/2015-nsw-child-and-family-health-nursing-services.pdf

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, 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 should take your child to the child and family health nurse at your local early childhood health centre, or to your doctor, 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, you should take your child to every health check.

Children should be examined by a health professional at:

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

If you are concerned about your child's health, growth, development or behaviour between these scheduled health checks, please take your child to your child and family health nurse or doctor.

Evaluation of your child's health and development

A set of **questions for parents** called Parents' Evaluation of Developmental Status (PEDS) is provided for each health check, starting 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 doctor or child and family health 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 where detailed notes 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 Safety

Many childhood injuries and accidents can be prevented.

For safety tips, information and more child safety resources, go to

www.kidsafensw.org and **www.health.nsw.gov.au/childsafety**

Safe sleeping

Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:

- sleep baby on back
- keep head and face uncovered
- keep baby smoke free before and after birth
- safe sleeping environment night and day
- sleep baby in a safe cot in parents room
- breastfeed baby.

For more information on safe sleeping and prevention of sudden unexpected death in infancy please go to

www.sidsandkids.org/safe-sleeping



Safe sleeping image and text reproduced with permission from SIDS and Kids.

Pool safety

For more information on pool safety and how to ensure your pool is safe go to **www.swimmingpoolregister.nsw.gov.au**

Car safety

Car safety is important for children of all ages. It is the law for all children up to seven years of age to be correctly restrained according to their age and size. Older children, young people and adults should use an adult seatbelt. For further info go to **www.roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats**

My personal health record

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.

For toddlers 12 months to 3 years

- Choking on unsuitable foods and small items.
- Falling out of a highchair, shopping trolley or pram or falling down stairs.
- Scalding caused by a child turning on the hot tap in the bath or pulling saucepans down from the stove.
- Ingesting poisons, medications and household detergents that were previously out of reach.
- Burns caused by heaters and fires.
- Being hit by vehicles in driveways.
- Drowning in baths, unfenced swimming pools and spas.
- Jumping off furniture and running into sharp objects.
- Falling from playground equipment.
- Running onto the road without looking.
- Falling from windows and balconies.

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, unfenced swimming pools and spas.

Immunising Your Child

Timely immunisation is the best way to keep your child protected from serious vaccine-preventable diseases.

You will receive an Immunisation History Statement in the mail after your child has completed their 4 year old immunisations.

You must provide evidence of your child's immunisation status for child care and school enrolment.

You can obtain an Immunisation History Statement for your child at any time:

- online at www.humanservices.gov.au/online
- in person at the local Medicare Service Centre
- by telephone on 1800 653 809.

Save the Date to Vaccinate Phone App

The Save the Date to Vaccinate app is designed for parents to create an immunisation schedule for each child, access a summary of the vaccines children need and the ages they should be immunised and will automatically set reminders for you to make the doctor appointments for your child's immunisations.

To download the app, visit
www.immunisation.health.nsw.gov.au



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Useful contacts and websites



My personal health record

Useful contacts

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

Name	Address	Tel / Email
Family doctor		
Early childhood health centre		
Dentist		
Specialist doctor		
Family day care/Child care centre		
Pre-school/Kindergarten		
Community health centre		
Primary School		
High School		
Local government/Council		

Website and online resources

NSW Kids and Families

www.kidsfamilies.health.nsw.gov.au

The NSW Kids and Families website provides access to a range of resources and information.

Raising Children Network

www.raisingchildren.net.au

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

Children's Hospitals

These hospitals have a range of online fact sheets on children's health issues:

The Sydney Children's Hospital Network

www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets

John Hunter Children's Hospital

www.kaleidoscope.org.au/site/fact-sheets

Association for the Wellbeing of Children in Healthcare (AWCH)

www.awch.org.au

Parentline (toll free) 1800 244 396

Available Tues – Thurs, 9.30am – 2pm

AWCH is a peak organisation that advocates for the needs of children, young people and families within the health care system in Australia.

Healthdirect Australia

www.healthdirect.gov.au

1800 022 222

Healthdirect Australia is a free 24-hour telephone health advice and information service.

My personal health record

Families NSW

www.families.nsw.gov.au/resources/resources-index.htm

Families NSW have produced a range of resources for parents to provide advice and information on the social, emotional and intellectual development of your child.

- An easy to read and colourful series of booklets help Aboriginal families, parents and carers with parenting tips and family information to help grow strong healthy kids.
- The *Love, Talk, Sing, Read, Play* child development flipchart contains ideas to support your child's early development. It has been translated into four major community languages. The flipchart are available from your local child and family health service. It is also available as an app from: **www.resourcingparents.nsw.gov.au/page/love-talk-sing-read-play**

Kidsafe (NSW)

www.kidsafensw.org

Kidsafe NSW is dedicated to reducing the number and severity of unintentional child injuries through promoting child safety. Their website has information about current news and events, fact sheets, resources and program information to help keep children safe.

For more information on pool safety and how to ensure your pool is safe, go to **www.swimmingpoolregister.nsw.gov.au**

Australian Childhood Immunisation Register (ACIR)

The Australian Childhood Immunisation Register will keep track of your child's immunisation history. Children under 7 years of age and enrolled in Medicare are automatically included on the Australian Childhood Immunisation Register.

My personal health record

myGov website

If your child is not enrolled in Medicare you can create a Medicare online account through the myGov website at www.my.gov.au

The myGov website provides a single location that links to a range of Australian Government services, including: Medicare, Centrelink, Australian Taxation Office, Personally Controlled eHealth Record, Child Support, Australian JobSearch and the National Disability Insurance Scheme.

Australian Breastfeeding Association

www.breastfeeding.asn.au

Breastfeeding support and information are available from Australian Breastfeeding Association (ABA) volunteers via the Breastfeeding Helpline 1800 686 268. Mums can get together at local groups for friendship, sharing of parenting experiences and face to face breastfeeding support. Expert breastfeeding information and links to all ABA services can be found at the above website address.

Healthy Kids

www.healthykids.nsw.gov.au

This website is a 'one stop shop' of information for parents and carers about healthy eating and physical activity.

The Save the Date to Vaccinate app

Why you should download the handy 'Save the Date to Vaccinate' app:

- it's free and easy to use
- to create a personalised schedule for each child
- sends you reminders to set appointments
- provides immunisation information at your fingertips
- offers free lullabies.

To download the app, visit www.immunisation.health.nsw.gov.au



My information and family history



All about me

Child's name

Home address

Change of address

Sex Birth weight Date of birth / /

Number of other children in the family

Mother's name

Tel.

Email.

Father's Name

Tel.

Email.

Main language spoken at home Mother Father

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"/>
<hr/>		
Did anyone in the family have eye problems in childhood?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Are any of your baby's close relatives blind in one or both eyes?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
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"/>
<hr/>		
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"/>
<hr/>		
Was your baby born with any physical problems?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<hr/>		

Records



Record of illnesses & injuries

You and your health professional should write down any significant illness, injury, surgery, allergy, infectious diseases or other serious health problems your child experiences. All visits to hospital, including for emergencies, should be listed here.

Date	Age	Problem	Entry made by

My personal health record

Date	Age	Problem	Entry made by

My personal health record

Date	Age	Problem	Entry made by

My personal health record

Date	Age	Problem	Entry made by

Progress 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	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

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My personal health record

Date	Age	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

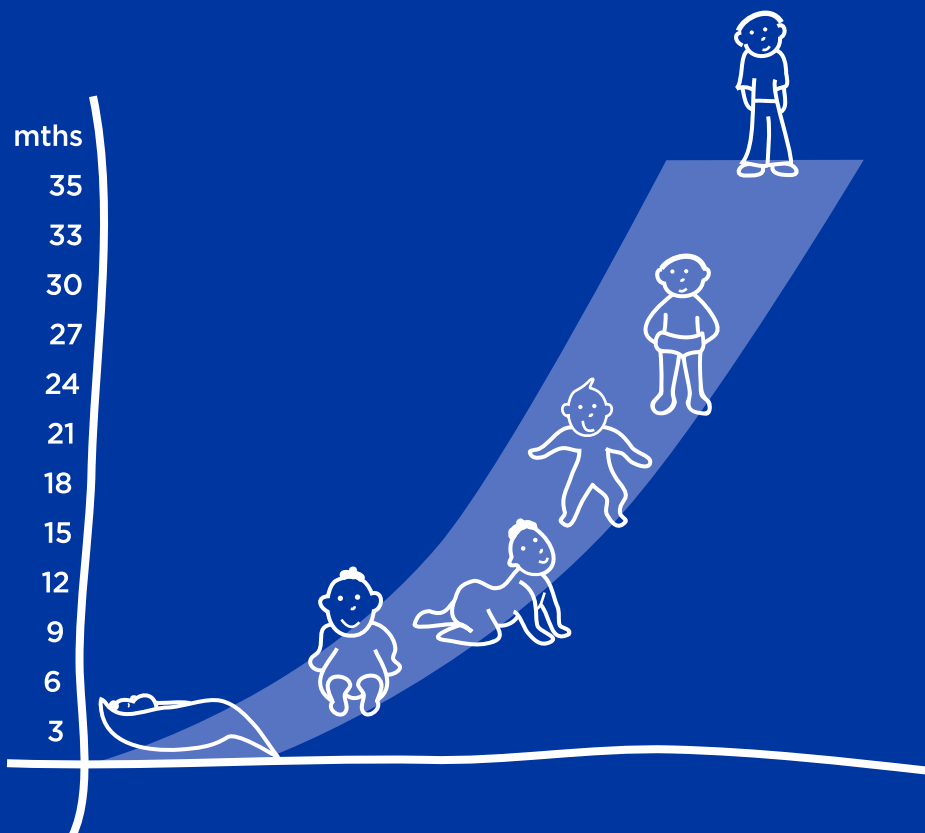
My personal health record

Date	Age	Reason/Action	Entry made by

My personal health record

Date	Age	Reason/Action	Entry made by

Growth charts



Measuring and monitoring your child's growth

Measuring your child's height, weight and head circumference tells you how your child is growing. Your doctor 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.

If you would like more information about how growth charts work, please go to www.who.int/childgrowth/en and 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 or overweight. BMI-for-age charts are recommended by the National Health and Medical Research Council for assessing children's weight from 2 years of age. These charts recognise the fact that children's bodies are still growing and developing. You can find an online BMI calculator at: www.healthykids.nsw.gov.au/parents-carers/faqs/what-is-a-healthy-weight.aspx

Staying at a healthy weight is important for children's bodies as they grow and develop. A healthy weight can usually be maintained by balancing the amount of energy your child takes in (through food and drink) and the energy they use (for growing and through physical activity).

Establishing healthy eating and exercise habits early in life can help to avoid health problems such as obesity, type-2 diabetes, some types of cancer and high blood pressure.

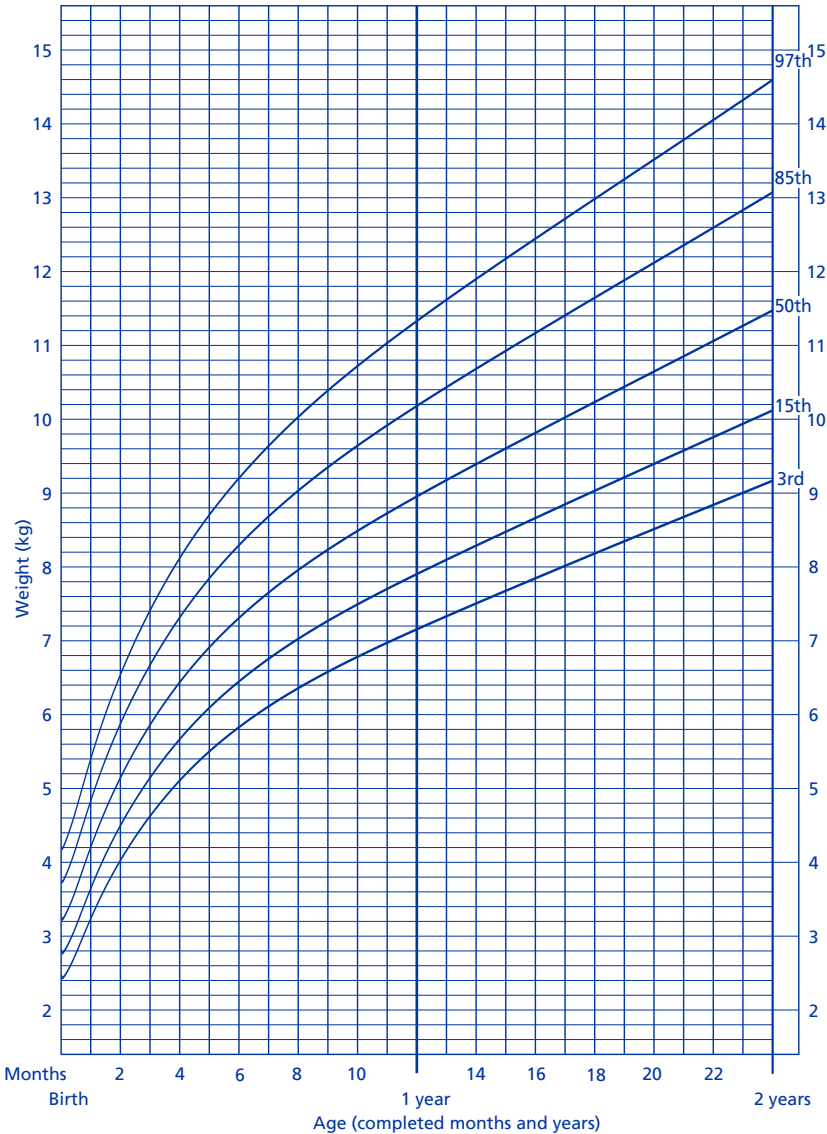
If you have concerns about your child's eating habits or their weight, see your local child and family health nurse or your doctor.

Refer to page 2.2 for websites and online resources with information on how to support your child's growth and development.

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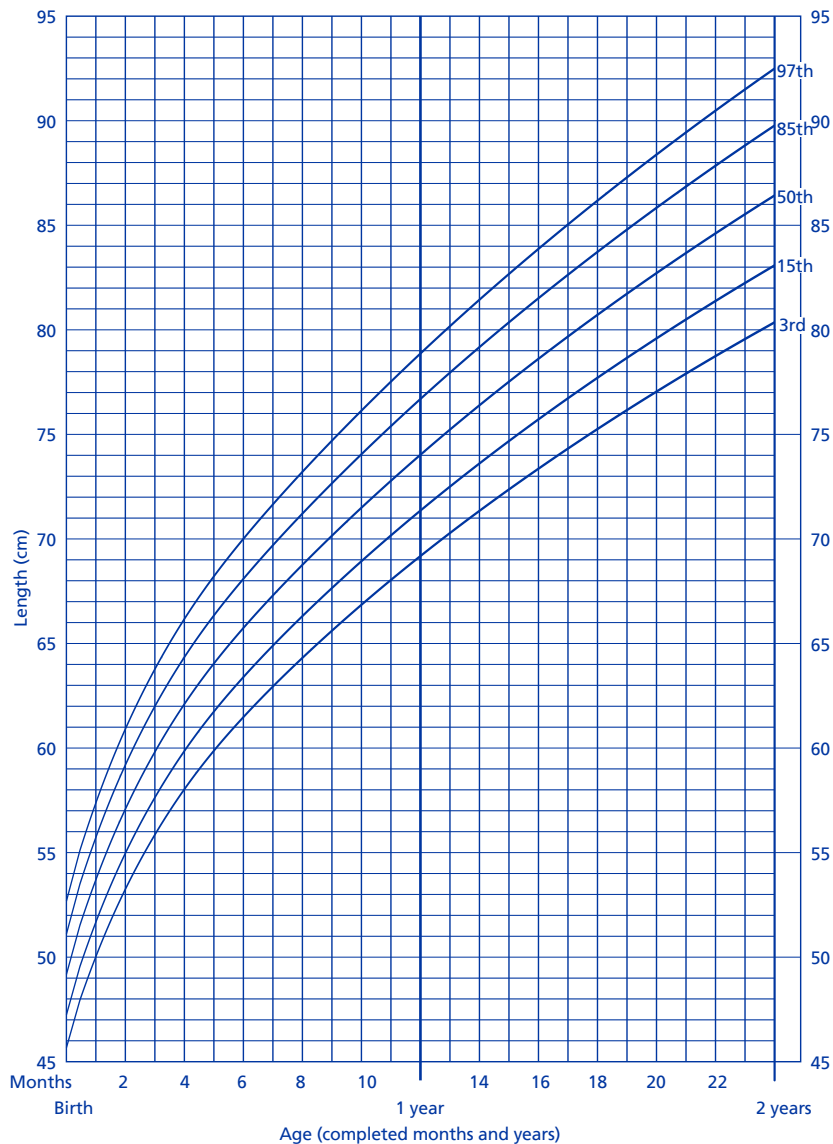
Weight-for-age percentiles
GIRLS - birth to 2 years



Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en



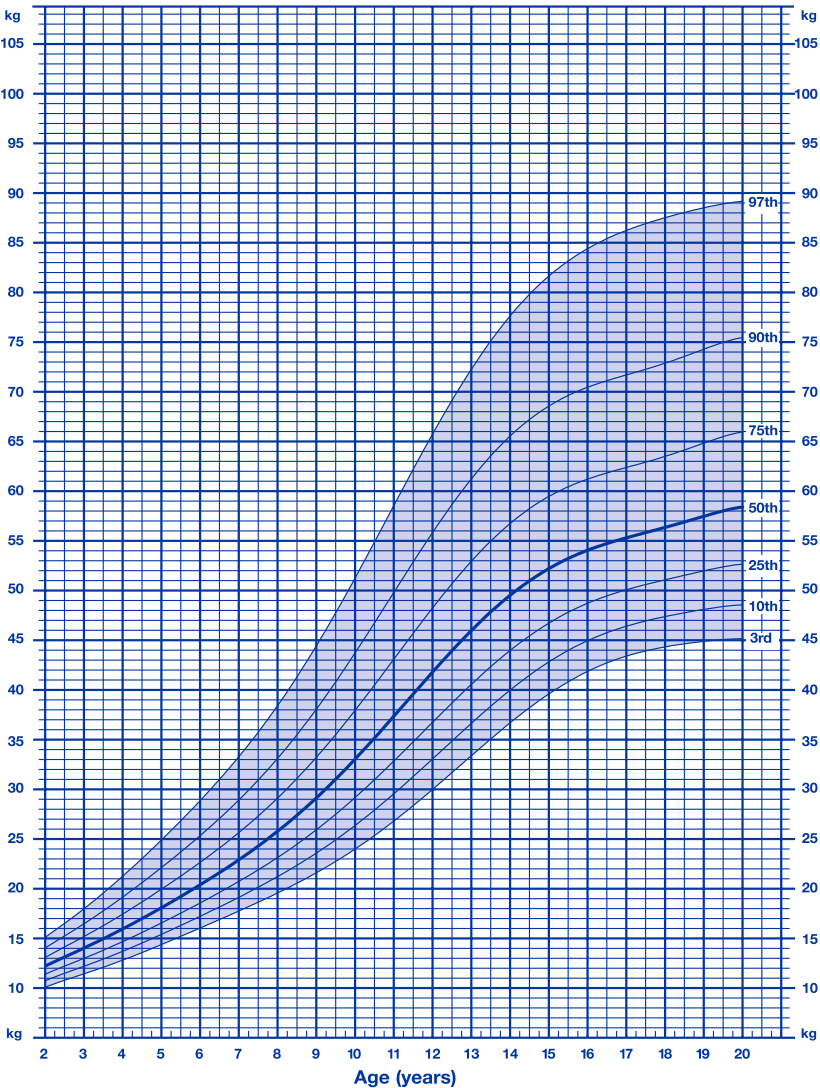
Length-for-age percentiles
GIRLS - birth to 2 years



Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en



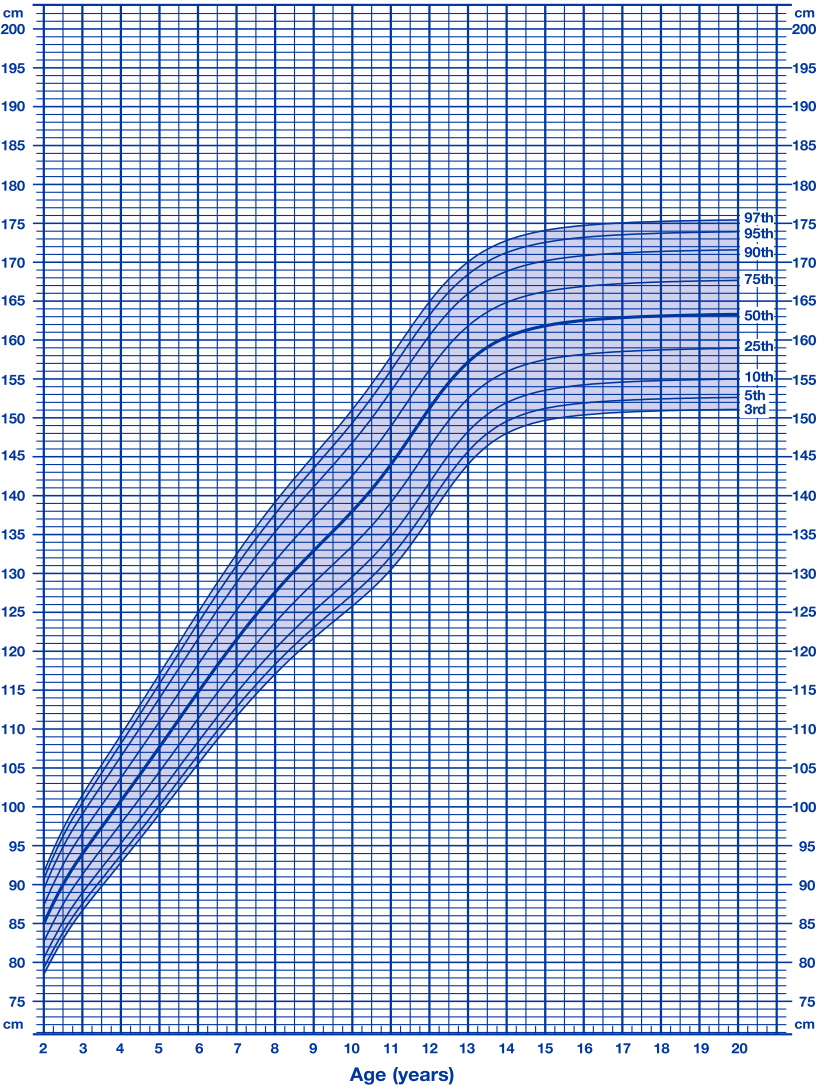
Weight-for-age percentiles
GIRLS - 2 to 20 years



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)

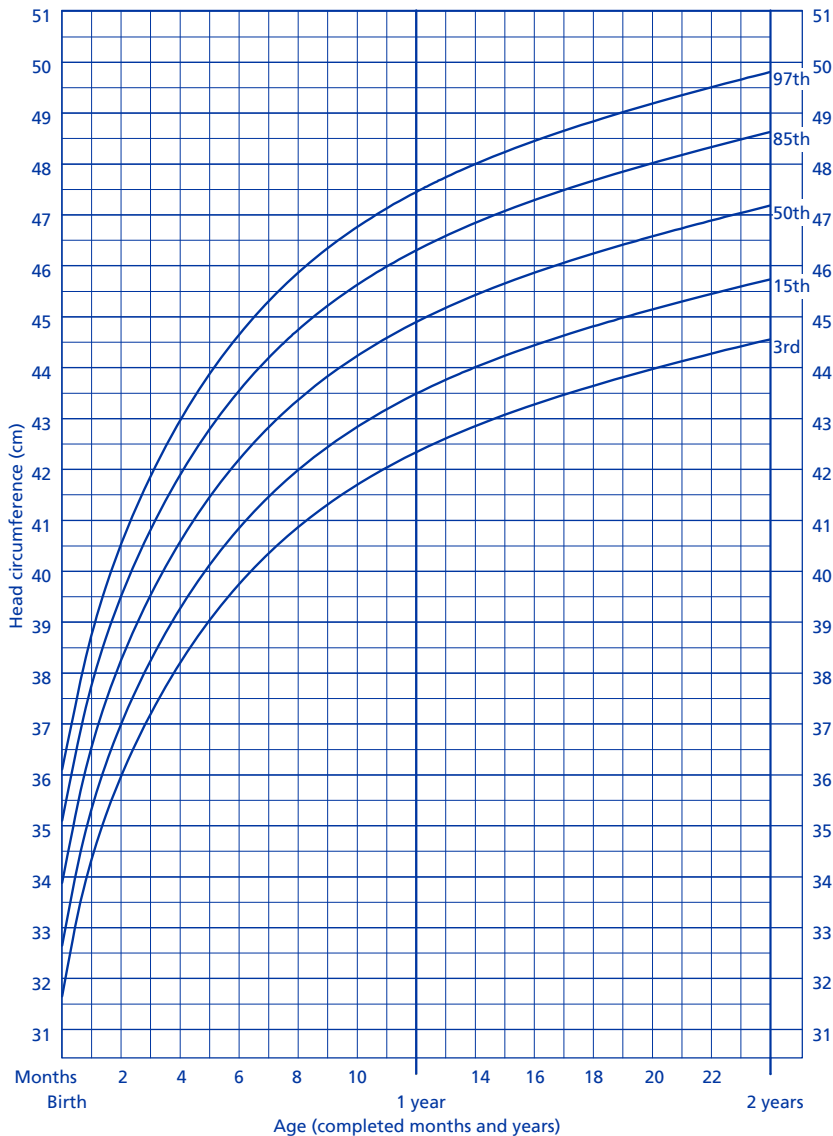


Stature-for-age percentiles
GIRLS - 2 to 20 years



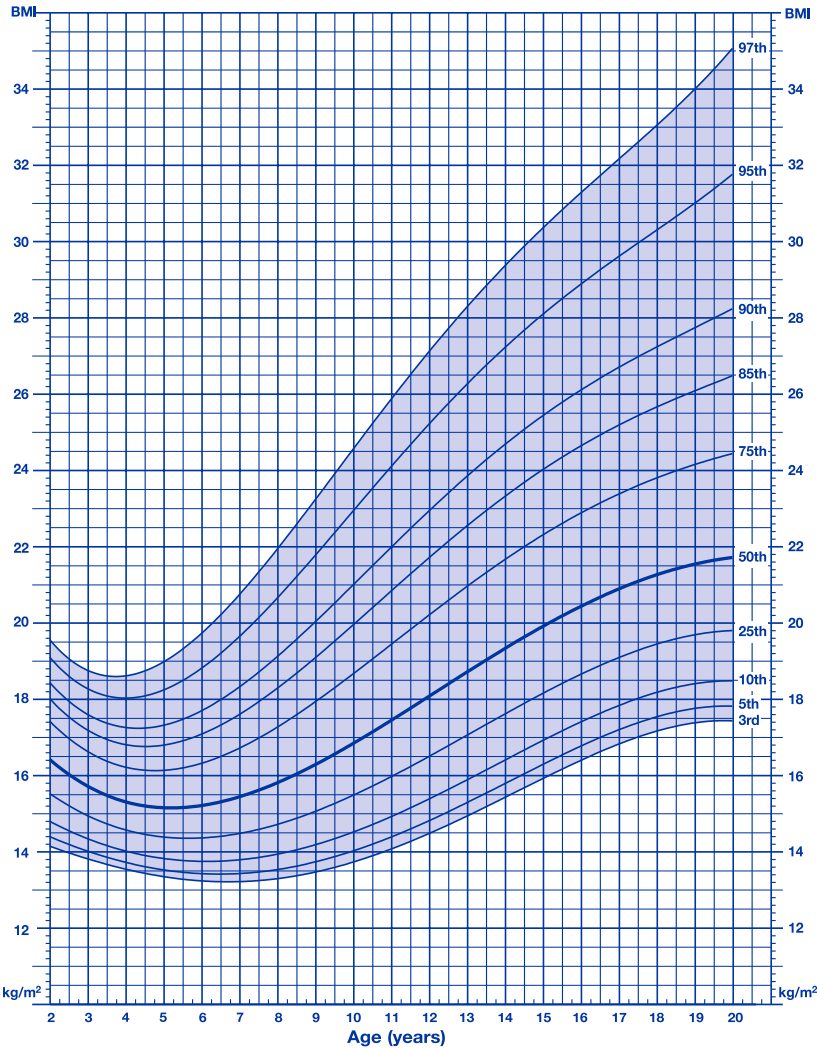
CDC Growth charts - United States Published May 30 2000
Source: Developed by the National Center for Health Statistics in collaboration
with the National Center for Chronic Disease Prevention and Health Promotion (2000)

Head circumference-for-age percentiles
GIRLS - birth to 2 years



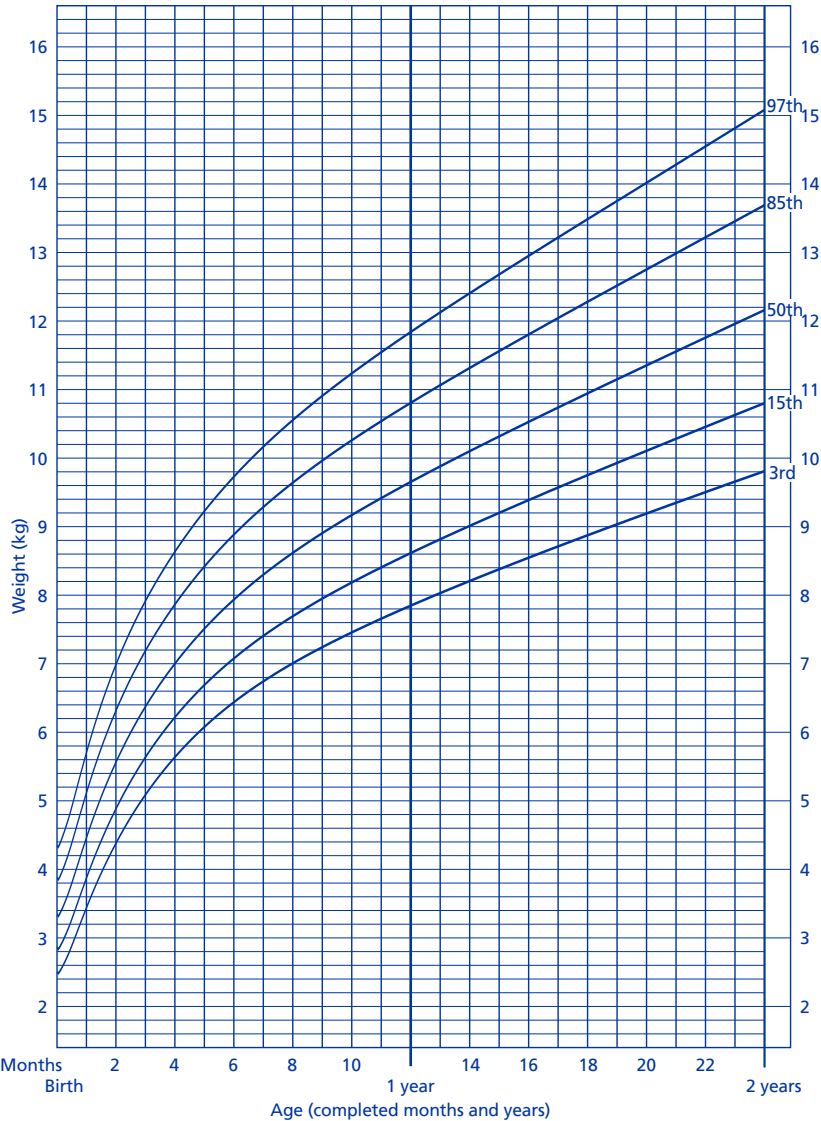
Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en

Body Mass Index-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)

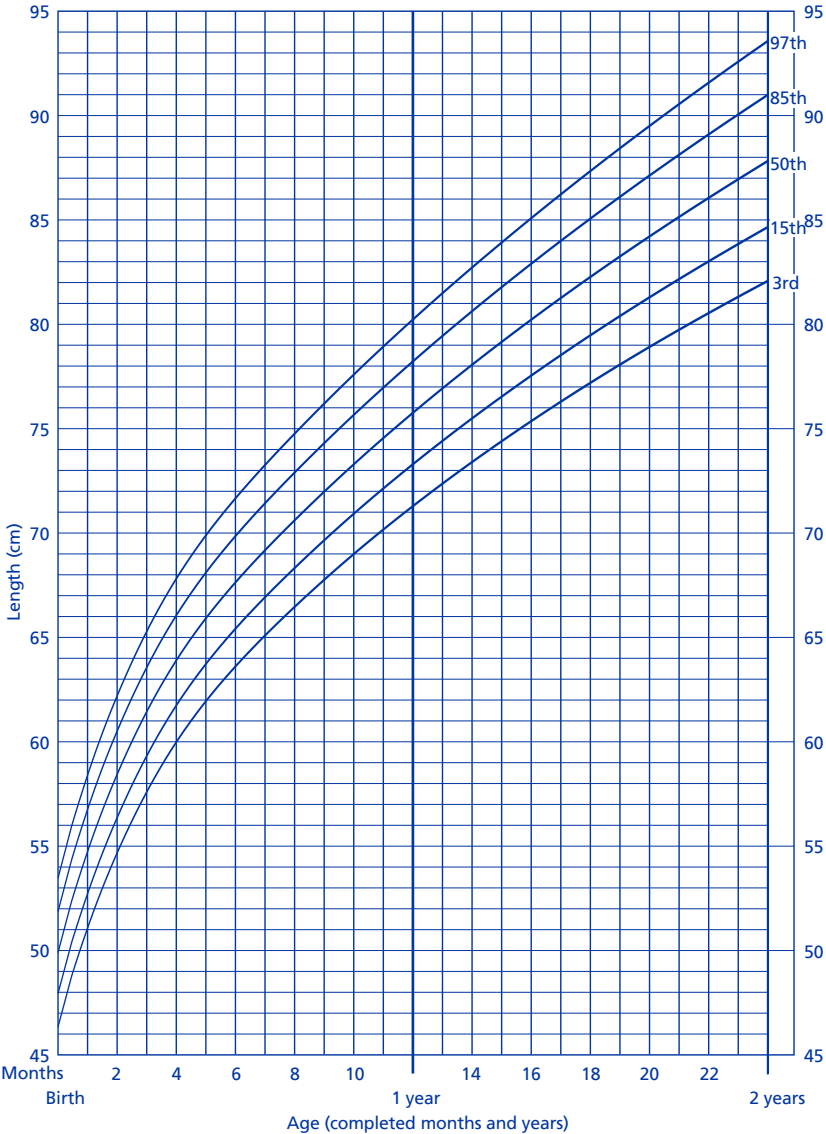
Weight-for-age percentiles
BOYS - birth to 2 years



Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en



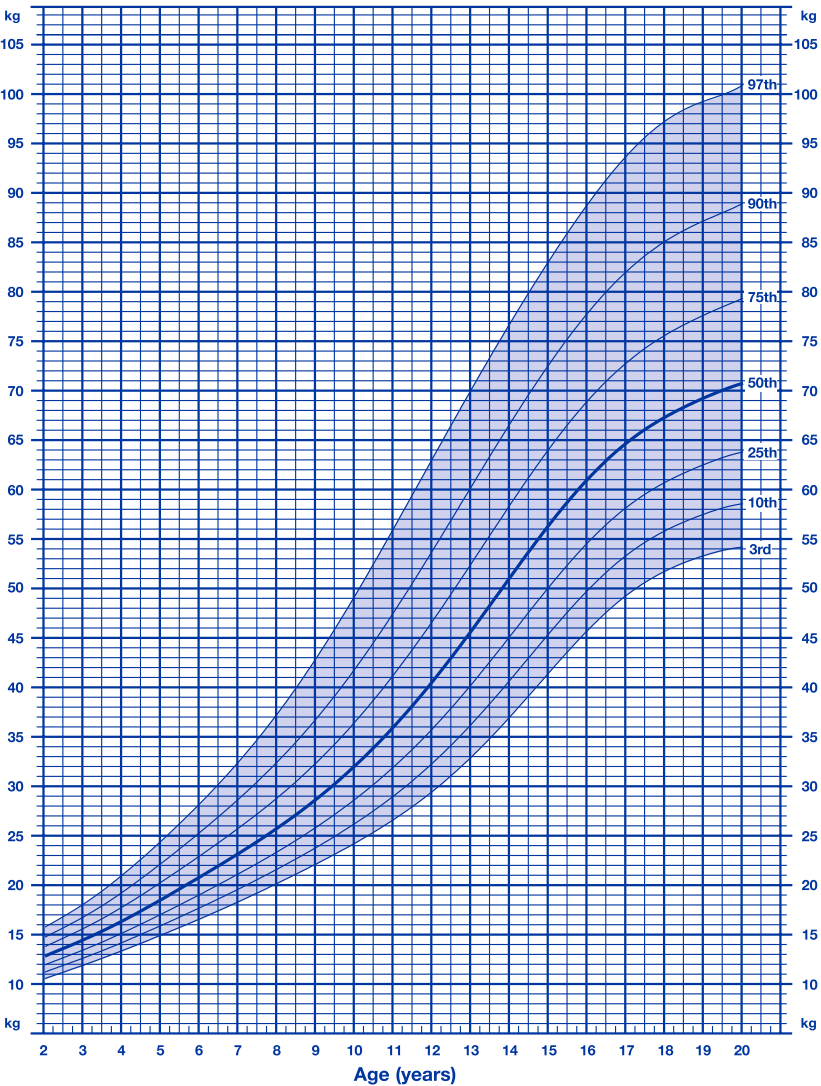
Length-for-age percentiles
BOYS - birth to 2 years



Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en



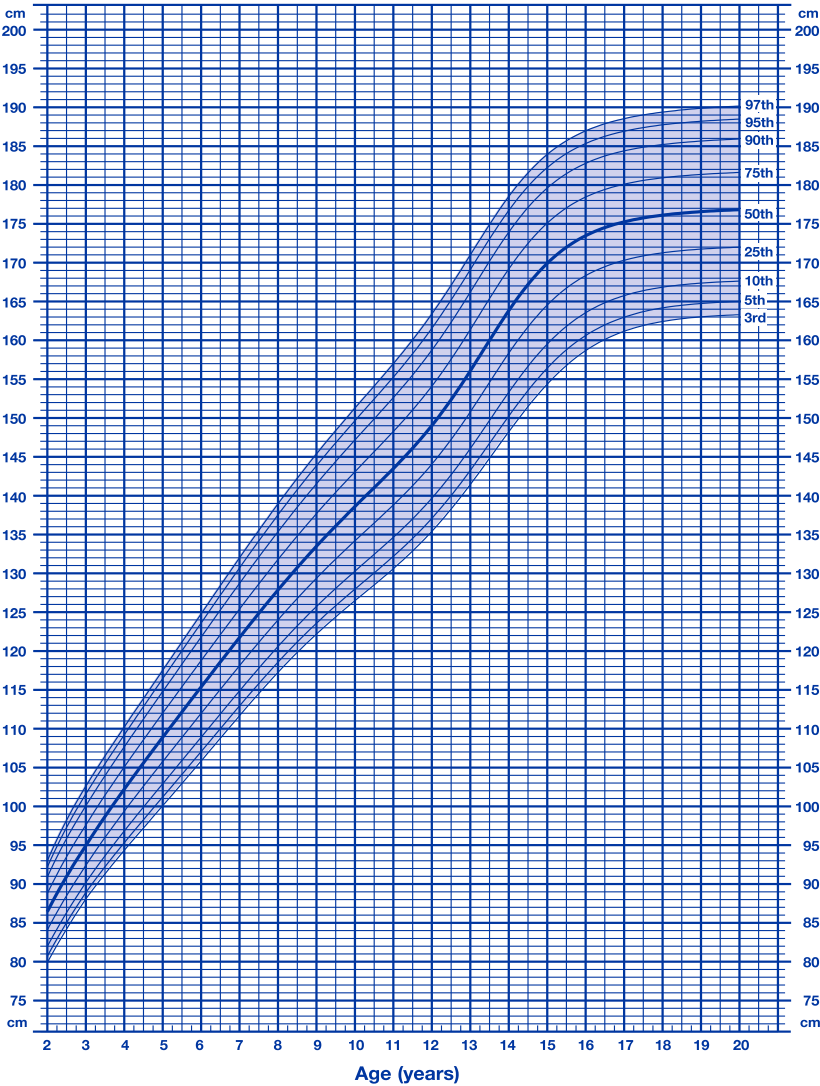
Weight-for-age percentiles BOYS - 2 to 20 years



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)

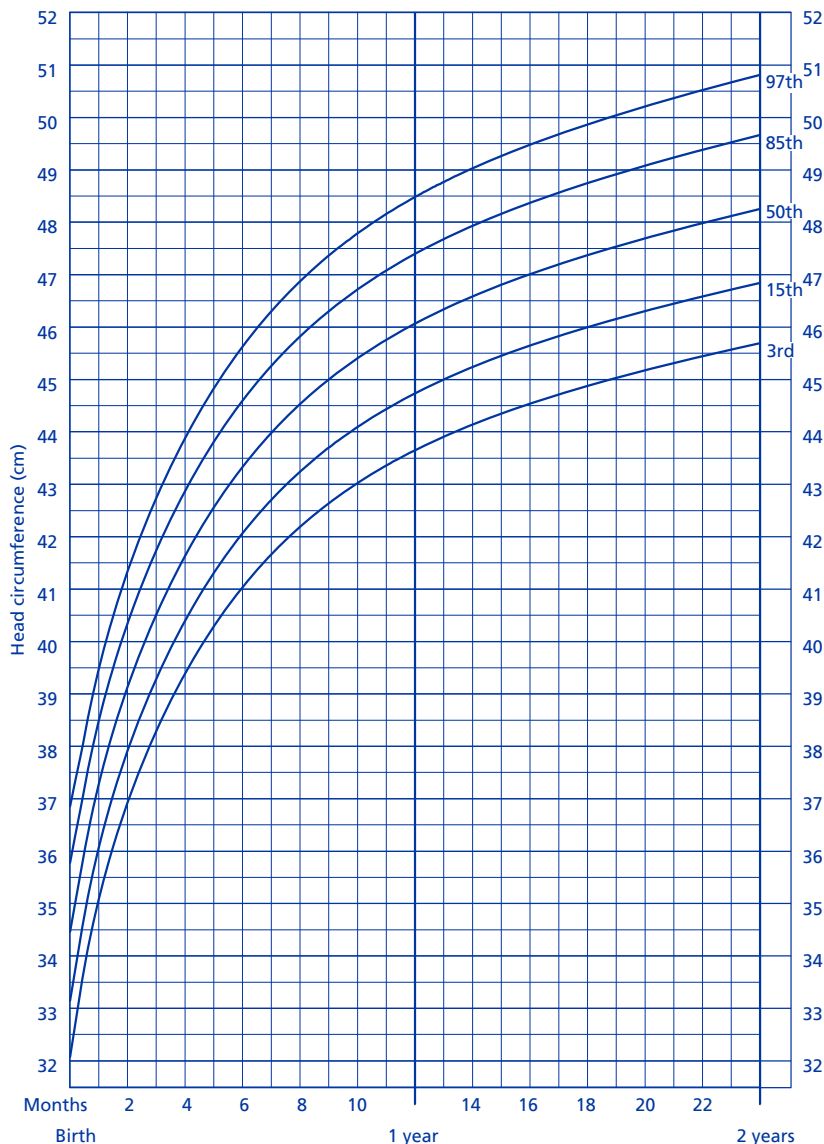


Stature-for-age percentiles
BOYS - 2 to 20 years



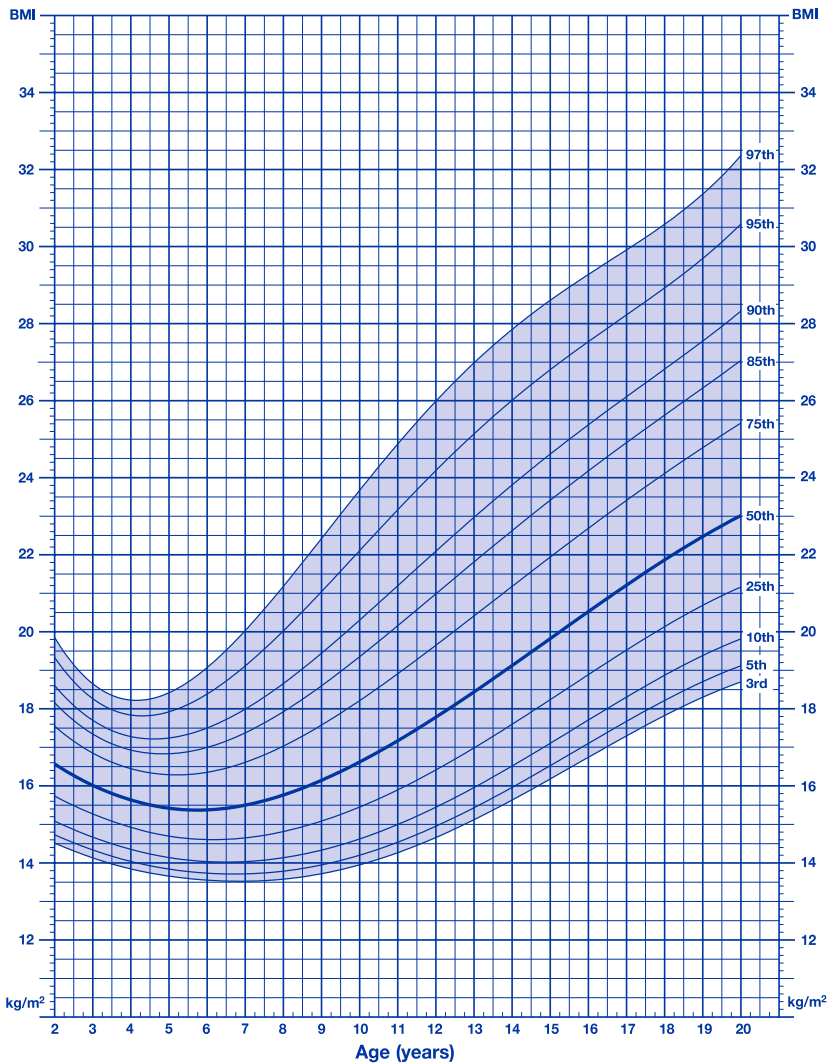
CDC Growth charts - United States Published May 30 2000
Source: Developed by the National Center for Health Statistics in collaboration
with the National Center for Chronic Disease Prevention and Health Promotion (2000)

Head circumference-for-age percentiles
BOYS - birth to 2 years



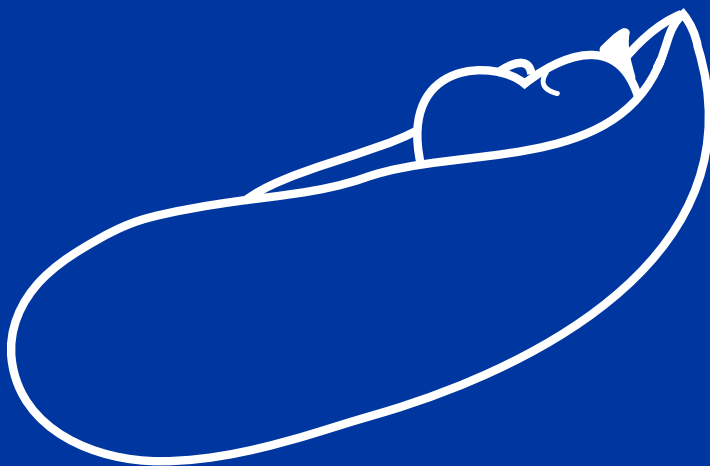
Source: World Health Organisation Child Growth Standards www.who.int/childgrowth/en

Body Mass Index-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)

Birth details and newborn check





Birth details

To be completed by
health professional.

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

Pregnancy complications

Blood group

Anti D given y / n

Labour Spontaneous / Induced - reason / None - reason

Labour complications

Type of birth ☐ Normal ☐ Breech ☐ Forceps ☐ Caesarean ☐ Vac ext
Other

Neonatal information

Estimated gestation

Apgar 1 minute

5 minutes

Abnormalities noted at birth

Problems requiring treatment

Birth weight (kg)

Birth length (cm)

Birth head circ (cm)

☐ Newborn Hearing Screen (SWIS-H) completed (refer to SWIS-H in this section)

☐ 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 / /

Discharge information

Post partum complications

Feeding at discharge breast / bottle

Difficulties with feeding

Date of discharge

Discharge weight (kg)

Head circ (cm)

Signature

Designation



SMR060005

Newborn examination

To be completed by health professional in the presence of the mother or father 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		
Mouth and palate		
Cardiovascular		
Femoral pulses R / L		
Respiratory rate		
Abdomen and umbilicus		
Anus		
Genitalia		
Testes fully descended R / L		
Musculo-skeletal		
Hips		
Skin		
Reflexes		
Does the mother have any concerns about her baby?	y / n circle reply	

Examiner (name in block letters)

Designation

Signature Date / /

Questions for parents about hearing

Please answer the following questions by ticking the appropriate boxes as soon as possible after your baby is born.

	Yes	No
Have you completed the health risk factor questions on page 3.2?	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have severe breathing problems at birth?	<input type="checkbox"/>	<input type="checkbox"/>
Has your baby had meningitis?	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have jaundice, requiring an exchange transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby less than 1500 grams at birth?	<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"/>
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"/>
Does your baby have Down Syndrome (Trisomy 21) or another condition associated with hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is yes, tell your doctor or child and family health nurse.

Outcome

☐ Normal ☐ Refer

Statewide Infant Screening - Hearing



SWIS-H
STATEWIDE INFANT
SCREENING - HEARING

Name: _____

Date of Birth: _____

Local Health District

Screened at: _____ 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: _____ Screening date: _____

Screened by (Print Name): _____ Signature: _____

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

Refer to Audiologist ☐ Yes ☐ No

SWIS-H aims to detect babies with significant hearing loss at an early age. Hearing screening is outlined in the parent information brochure *Why does my baby need a hearing screen?* There is a possibility that the hearing screening 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. 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. (<http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/programs-and-initiatives/swis-h/>)

Hearing risk factor identified ☐ Yes _____

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

Coordinator telephone: _____

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 child and family health nurse or doctor if I am:

- NOT reacting to loud noises
- NOT feeding well.

The Love, Talk, Sing, Read, Play flip chart provides further information on the social, emotional and intellectual development of your child and how to help nurture your child. Hard copies are available from your local child and family health service and the app can be downloaded from: www.resourcingparents.nsw.gov.au/page/love-talk-sing-read-play

The 1 to 4 week visit

Your first visit with a child and family health nurse usually takes place in the family home. This is a good time for the parent/s and the nurse to get to know each other and talk about any concerns.

Topics for discussion may include:

Health and Safety

- Feeding your baby – including breastfeeding.
- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention.
- Immunisations (can be given at 6 weeks).
- Safety.
- Growth.

Development

- Crying.
- Comforting your baby.
- Talking to your baby – communication, language and play.

Family

- Using the 'Personal Health Record'.
- The role of the child and family health nurse, GP and other health professionals.
- Parents' emotional health.
- Mother's general health – diet, rest, breast care, exercise, oral health.
- Parent groups and support networks.
- Smoking.
- Work/childcare.

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

Questions for Parents

Answer these questions before your nurse visits you or you visit your doctor 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"/>

Feeding

Since this time yesterday, did your baby receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your baby receive any of the following?		
a) Vitamins OR mineral supplements OR medicine (if required)	<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions	<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. NHMRC (2012) Infant Feeding Guidelines: Information for Health Workers.

Child health check – 1 to 4 weeks

Assessment by child and family health nurse, GP, or paediatrician.

Name

Date of birth / / Sex m / f Postcode

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 / corneal reflexes / white pupil)			<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"/>

My personal health record

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"/>
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Comments

Action taken

Name of doctor or nurse

Signature

Venue	Date of check	/	/
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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 for walks.

Please talk to my child and family health 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 Love, Talk, Sing, Read, Play flip chart provides further information on the social, emotional and intellectual development of your child and how to help nurture your child. Hard copies are available from your local child and family health service and the app can be downloaded from: www.resourcingparents.nsw.gov.au/page/love-talk-sing-read-play

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.
- 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.

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to 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.

	Yes	No
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"/>
Have you noticed if one or both of your baby's pupils are white?	<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"/>

My personal health record

Feeding	Yes	No
Since this time yesterday, did your baby receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your baby receive any of the following?		
a) Vitamins OR mineral supplements OR medicine (if required)	<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions	<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. NHMRC (2012) Infant Feeding Guidelines: Information for Health Workers.

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

Parent notes

Child health check 6 to 8 weeks

Assessment by child and family health 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"/>
	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"/>
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"/>

My personal health record

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"/>		
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	<div></div>			
Action taken	<div></div>			
Name of doctor or nurse	<div></div>			
Signature	<div></div>			
Venue	Date of check			/ /

4 month immunisations



4 month immunisations

The NSW Immunisation Schedule recommends that children are immunised at the following ages:

- birth
- 6-8 Weeks
- 4 Months
- 6 Months
- 12 Months
- 18 Months
- 3½-4 Years.

The Save the Date to Vaccinate app

Why you should download the handy 'Save the Date to Vaccinate' app:

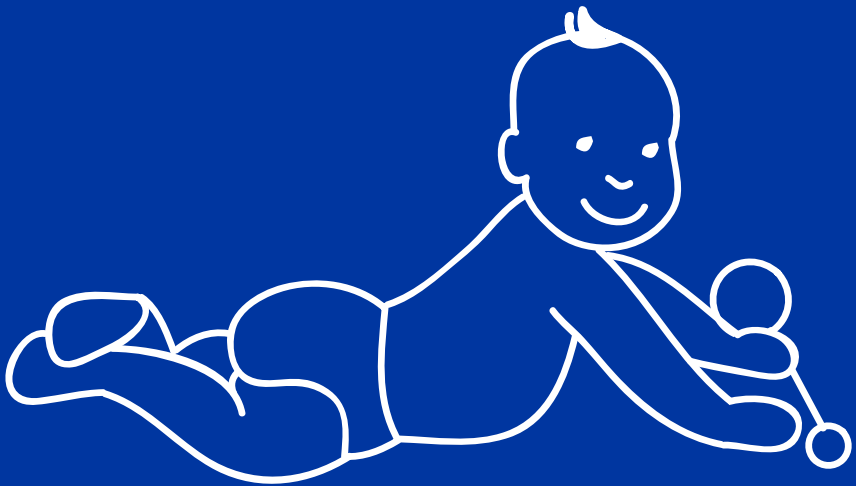
- it's free and easy to use
- to create a personalised schedule for each child
- sends you reminders to set appointments
- provides immunisation information at your fingertips
- offers free lullabies.

To download the app, visit
www.immunisation.health.nsw.gov.au



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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.
- 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.

Please talk to my child and family health 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 Love, Talk, Sing, Read, Play flip chart provides further information on the social, emotional and intellectual development of your child and how to help nurture your child. Hard copies are available from your local child and family health service and the app can be downloaded from: www.resourcingparents.nsw.gov.au/page/love-talk-sing-read-play

The 6 month visit

Topics for discussion may include:

Health and Safety

- Sleep.
- Safe sleeping and Sudden Infant Death Syndrome (SIDS) prevention.
- 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* questions for parents.
- Your baby's behaviour.
- Your baby's mobility.
- Talking to your baby – communication, language and play.

Family

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

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

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 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"/>

Feeding

	Cannot Recall	Yes	No
When your baby was 4 months old , did they receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday , did your baby receive breast milk?		<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday , did your baby receive any of the following?			
a) Vitamins OR mineral supplements OR medicine (if required)		<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions		<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)		<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food		<input type="checkbox"/>	<input type="checkbox"/>

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. NHMRC (2012) Infant Feeding Guidelines: Information for Health Workers.

My personal health record

Child health check – 6 months

Assessment by child and family health 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"/>
	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"/>
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"/>

My personal health record

Appropriate health information discussed?

Yes ☐

No ☐

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

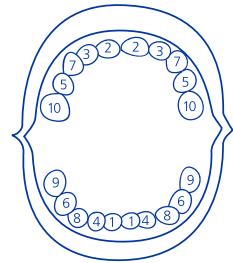
Your child's teeth – keeping them healthy

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.

By answering the dental questions in this book, you can help to identify any potential problems and learn how to care for your child's teeth properly.

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.

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

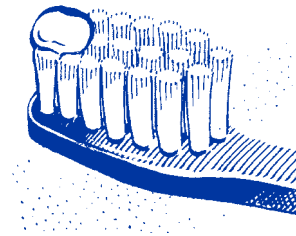
- If your child is uncomfortable when teething, offer a teething ring or cold wash cloth.
- If there are other symptoms, consult a doctor or a child and family health nurse.

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.

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.
- Make sure your child has an oral health risk assessment conducted by a health professional with training in oral health or an oral health professional by their first birthday.



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.

Please talk to my child and family health 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.

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The 12 month visit

Topics for discussion may include:

Health and Safety

- Healthy eating.
- How to take care of your child's teeth.
- Sleep.
- Immunisations.
- Safety.
- How to be sun smart.
- Growth.

Development

- Issues arising from the PEDS* questions for parents.
- 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.

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

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"/>

Feeding

Since this time yesterday, did your child receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your child receive solid food?	<input type="checkbox"/>	<input type="checkbox"/>

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. NHMRC (2012) Infant Feeding Guidelines: Information for Health Workers.

My personal health record

Child health check 12 months

Assessment by child and family health 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"/>
	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"/>
Evaluate gait (if child is walking)			<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"/>

My personal health record

Appropriate health information discussed?

Yes ☐

No ☐

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

18 month check



I am 18 months old

Some things I may be doing

- Using 5 – 10 words meaningfully.
- 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.

Some ideas for spending time with me

- Exploring my surroundings, indoors and outdoors.
- Reading books to me.
- Visiting the park, playground or library.
- Singing simple songs and asking me to repeat words you say.

Please talk to my child and family health 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.

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The 18 month visit

Topics for discussion may include:

Health and Safety

- Healthy eating for families.
- Sleep.
- Taking care of your child's teeth.
- How to be sun smart.
- Growth.
- Immunisation.

Development

- Issues arising from the PEDS* questions for parents.
- 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.
- Smoking.

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

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"/>

Feeding

Since this time yesterday, did your child receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
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My personal health record

Child health check – 18 months

Assessment by a child and family health 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"/>
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"/>

My personal health record

Appropriate health information discussed?

Yes ☐

No ☐

Comments

Action taken

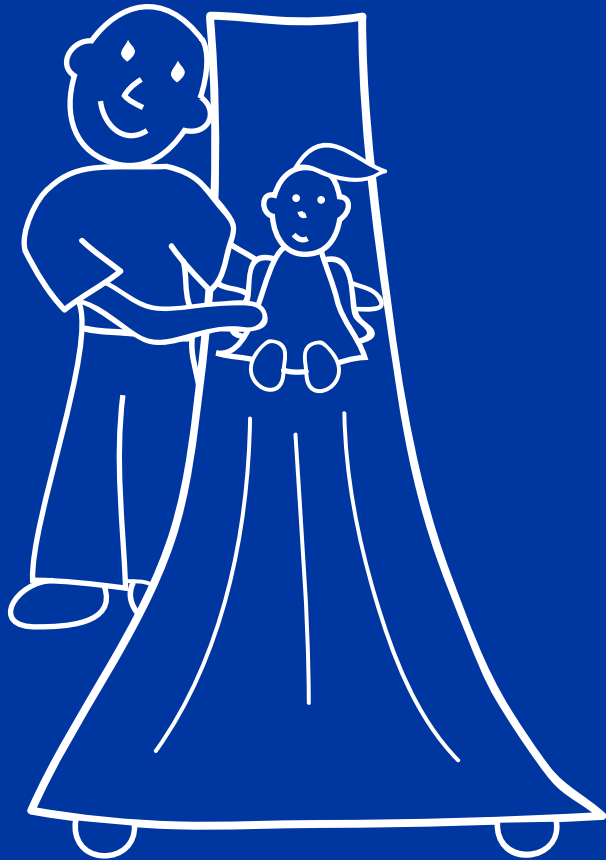
Name of doctor or nurse

Signature

Venue

Date of check / /

2 year check



I am 2 years old

Some things I may be doing

- Using at least 20 meaningful 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 child and family health 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 Love, Talk, Sing, Read, Play flip chart provides further information on the social, emotional and intellectual development of your child and how to help nurture your child. Hard copies are available from your local child and family health service and the app can be downloaded from: www.resourcingparents.nsw.gov.au/page/love-talk-sing-read-play

The 2 year visit

Topics for discussion may include:

Health and Safety

- Healthy eating for families.
- Taking care of your child's teeth.
- How to be sun smart.
- Sleep.
- Growth.
- Immunisation.

Development

- Issues arising from the PEDS* questions for parents.
- 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.

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

Questions for Parents

Answer these questions before you visit your nurse or doctor for the 2 year 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"/>
Feeding		
Since this time yesterday, did your child receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>

Child health check – 2 years

Assessment by a child and family health 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"/>
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"/>

My personal health record

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"/>
Appropriate health information discussed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments				
Action taken				
Name of doctor or nurse				
Signature				
Venue	Date of check		/	/

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.

Please talk to my child and family health 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.

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The 3 year visit

Topics for discussion may include:

Health and Safety

- Healthy eating for families.
- Immunisations.
- Taking care of your child's teeth.
- How to be sun smart.
- Growth.
- Immunisation.

Development

- Issues arising from PEDS* questions for parents.
- 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.

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to www.icanquit.com.au

Questions for Parents

Answer these questions before you visit your nurse or doctor for the 3 year 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 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"/>

My personal health record

Child health check – 3 years

Assessment by a child and family health 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"/>

My personal health record

Appropriate health information discussed?

Yes ☐

No ☐

Comments

Action taken

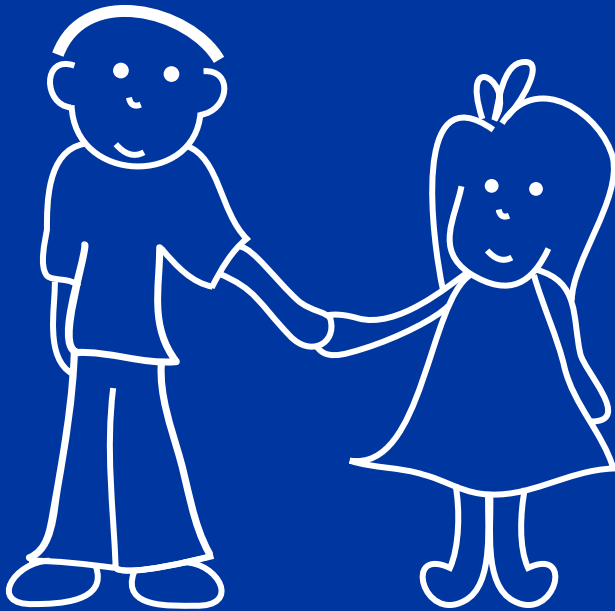
Name of doctor or nurse

Signature

Venue

Date of check / /

4 year check



StEPs

Statewide Eyesight
Preschooler Screening

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.
- Make time for lots of outdoor physical activity, for example, kicking, throwing a ball, running.

Please talk to my child and family health 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 areas.

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The 4 year visit

Topics for discussion may include:

Health and Safety

- The Healthy Kids Check.
- Immunisation.
- Healthy eating for families.
- Taking care of your child's teeth.
- How to be sun smart.
- Sleep.
- Growth.
- For boys: a testes check.

Development

- Issues arising from PEDS* the questions for parents.
- 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.

**Parents' Evaluation of Developmental Status*

Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to **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 child and family health nurse or doctor for a health check.

This health assessment may include:

- a hearing check
- a vision test – Statewide Eyesight Preschooler Screening (StEPS)*
- 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
- Immunisation History Statement from the Australian Childhood Immunisation Register is required for school enrolment.

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

*Statewide Eyesight Preschooler Screening (StEPS) is an initiative of NSW Health and offers all four-year-old children free vision screening in preschools and childcare centres, or alternatively, through your local Child and Family Health Service. (<http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/programs-and-initiatives/steps-statewide-eyesight-preschooler-screening/>)



Before school starts

Your child may start kindergarten or 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 kindergarten or 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.

Adapted from the Raising Children Network: www.raisingchildren.net.au

Questions for Parents

Answer these questions before you visit your nurse or doctor for the 4 year 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"/>
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"/>

My personal health record

Child health check – 4 years

Assessment by a child and family health 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"/>

		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"/>
Results	Vision chart * 6m	Right eye	6/	Left eye	6/
	Vision chart * 3m	Right eye	3/	Left eye	3/
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"/>
Completed appropriate immunisation 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"/>		

My personal health record

Appropriate health information discussed? Yes ☐ No ☐

Result _____

Comment _____

Action taken _____

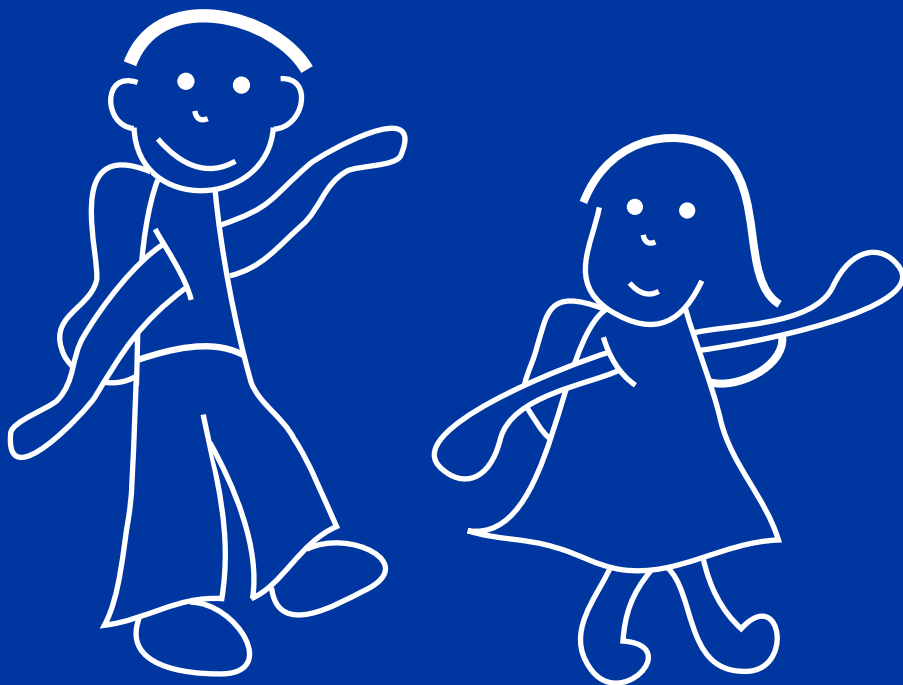
Name of doctor or nurse _____

Signature _____

Venue _____ Date of check / /

Child accompanied by ☐ Mother ☐ Father ☐ Unaccompanied ☐ Other

Primary and secondary school



Primary and secondary school

If you have taken your child to the scheduled health checks in this book from birth to 4 years of age, you have given her or him the best chance of having health issues found and dealt with before starting school. A strong partnership with your doctor and/or child and family health nurse is important in caring for your child's health. The relationship you have with health professionals to care for your child will now expand to include your child's teachers.

Remember that if you, your child, or his or her teacher, have any concerns about your child's health at any time during their school years, you and your child should talk to your health professional. Sometimes behavioural problems or learning issues can be related to health problems. If your child develops any of these issues, a health assessment is a good idea.

A health assessment prior to your child starting high school is highly recommended. As children reach their teens and become adolescents, they go through a time of rapid development and change. Health issues or questions can emerge, and a health assessment is an opportunity to deal with these. As part of this assessment, it is recommended that your child's eyes and vision are assessed in each eye separately. Hearing testing can be done at any age.

Remember to take this book along to any health assessment. Having all your child's health history with you will help you, your child and your doctor or nurse to best assess your child's health.

Remember to keep recording significant health events, immunisations and other health information in this book, so that your child's health history is available and easy to find.

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Immunisation



Immunisation information

Immunisation protects children against many serious diseases, which continue to occur in the community and from which children are still suffering and dying unnecessarily.

The National Health and Medical Research Council recommends a National Vaccination Schedule for all children. You should discuss these recommendations with your local doctor or clinic and/or refer to the NSW Health website www.health.nsw.gov.au/immunisation/pages/schedule.aspx to view the **current** NSW Immunisation Schedule.

Vaccines protect children against diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella, *Haemophilus influenzae* type b (Hib), hepatitis B, meningococcal C, chickenpox, rotavirus, pneumococcal disease and human papillomavirus (HPV). These vaccines are available free from your local doctor, some local councils, children's hospitals, Community Health Centres and Aboriginal Medical Services. It is very important that immunisations are given on time.

Some children may suffer a slight fever and/or redness, swelling and tenderness at the injection site. Contact your local doctor 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 Childhood Immunisation Register (ACIR). After each immunisation event your local doctor or clinic will advise the ACIR of the child's immunisation status.

An Immunisation History Statement will be forwarded to you from the ACIR once your child has completed their 4 year old immunisation schedule. You will be required to provide this statement, a few weeks after immunisation, to your child's childcare centre and school at enrolment.

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

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). It is important that you ensure that the whole family is up to date with their immunisations.

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. Delaying immunisation places children at risk of catching diseases and becoming very sick. Children with a minor illness such as a runny nose or slight cold can be safely immunised.

Further information on immunisation, including the current edition of *The Australian Immunisation Handbook*, can be found at **www.immunise.health.gov.au**.

Immunisation record

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

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature
Birth				
2 mths (or 6 weeks)				
4 mths				
6 mths				
12 mths				

Refer to the NSW Health website www.health.nsw.gov.au/immunisation/pages/schedule.aspx for the current NSW Immunisation Schedule.

Immunisation record

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

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature
18 mths				
3½ / 4 yrs				
12 yrs				

All other immunisations given should be recorded by the doctor / nurse giving the immunisation.

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature






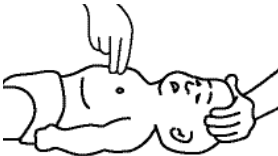
Refer to the NSW Health website www.health.nsw.gov.au/immunisation/pages/schedule.aspx for the current NSW Immunisation Schedule.

CPR chart

Cardio Pulmonary Resuscitation



NSW Ambulance

D Check for danger	Check for danger e.g. electrical cords, petrol or other hazards
R Response	<p>Check for response If no signs of life:</p> <ul style="list-style-type: none"> > Unconscious > Unresponsive > Not breathing normally 
SEND FOR HELP!	<ul style="list-style-type: none"> > Get someone to dial Triple Zero (000) immediately > Ask for AMBULANCE 
A Clear airway	<ul style="list-style-type: none"> > Tilt head back (not for infants) > Remove foreign matter from mouth (and nose of baby) > Place on side if there is a lot of foreign matter 
B Check breathing	<ul style="list-style-type: none"> > Look, listen and feel for breathing > If normal breathing is present leave or place patient on their side > If normal breathing is absent, commence CPR 30 compressions to 2 breaths at 100 compressions/min <ul style="list-style-type: none"> – Place patient on their back – Tilt head back (not for infants) – Lift jaw and pinch nostrils 
C Circulation (at 100 compressions/min)	<p>CHILD & ADULT:</p> <ul style="list-style-type: none"> > Place hands over the centre of the chest (sternum). > Compress sternum one third the depth of the chest 30 times > Continue with 30 compressions to 2 breaths > Do not interrupt compressions for more than 10 seconds 
	<p>INFANT:</p> <ul style="list-style-type: none"> > Position 2 fingers on lower half of the sternum > Depress sternum approximately one third the depth of the chest > Continue with 30 compressions to 2 breaths 
D Defibrillation	If Automated External Defibrillator (AED) is available

CONTINUE CPR UNTIL PARAMEDICS ARRIVE OR SIGNS OF LIFE RETURN

Beware of rescuer fatigue, if help is available swap rescuers every few minutes

This chart is not a substitute for attending a first aid course.
LEARN CPR NOW!

This CPR chart is provided free of charge and must not be sold. The chart is available to download from the Ambulance website at: www.ambulance.nsw.gov.au.

For enquiries about this chart:
NSW Ambulance
Locked Bag 105
Rozelle, NSW 2039
Tel: (02) 9320 7796

This chart conforms to the Australian Resuscitation Council's guidelines on effective CPR as at September 2015. For more information visit: www.resus.org.au

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

**Family and Community Services
Child Protection Helpline.....13 21 11**

healthdirect Australia1800 022 222

**Karitane.....1300 CARING
(1300 227 464)**

**Tresillian Family Care Centres1300 2 PARENT
(1300 272 736)**

**Australian Breastfeeding Association....1800 mum2mum
Free call from landlines(1800 686 268)**

Translating and Interpreting Service13 14 50

This health record was compiled with the assistance of parents, child and family health nurses, general practitioners, other health professionals and professional and consumer organisations. It is an update of previous versions of the Personal Health Record which has been used in NSW since 1988.

NSW Health acknowledges and appreciates the permission to use some material from ‘My Health and Development Record’, Maternal and Child Health Service, Department of Education and Early Childhood Development, Victoria within this publication.