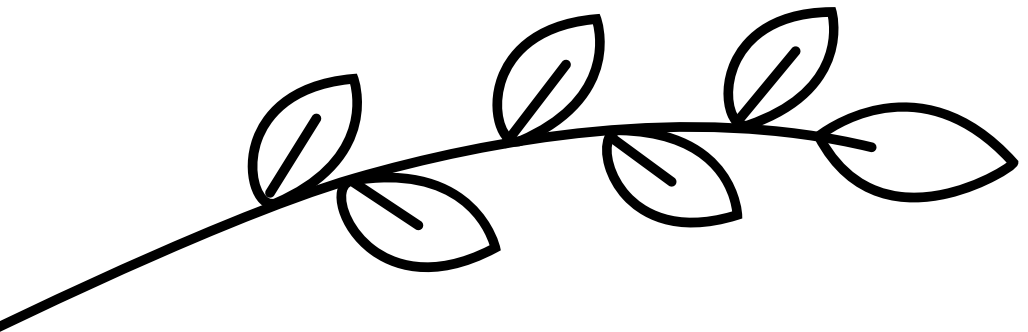


My 
Personal

HEALTH RECORD

Book





Acknowledgment of Country

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

Accessibility

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

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



If English is not your first language and you require a translating and interpreting service, please phone Canberra Connect on 13 22 81.

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

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit: www.relayservice.com.au

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Enquiries about this publication should be directed to the ACT Health Directorate, Communications and Government Relations, GPO Box 825, Canberra City ACT 2601.

www.health.act.gov.au

www.act.gov.au

Enquiries: Canberra 13ACT1 or 13 22 81

Dear Parent/s,

Congratulations on your new baby!

Please fill in their information below.

Child's name:

Home Address:

Sex:

Date of Birth:

Parent(s) name:

Telephone:

Email:

Parent(s) name:

Telephone:

Email:

Main language(s) Spoken at home:

Is an interpreter required: yes / no

Aboriginal: yes / no

Torres Strait Islander: yes / no

Other carers:



Family health history

Have any of your baby's close relatives been deaf or had a hearing problem from childhood?

No Yes:

Have any of your baby's close relatives had eye problems in childhood?

No Yes:

Are any of your baby's close relatives blind in one or both eyes?

No Yes:

During pregnancy, did your baby's mother have rubella, cytomegalovirus, toxoplasmosis, herpes, or any other illness with a fever or rash?

No Yes:

Did your baby weigh less than 1500g at birth, need to stay in the intensive care unit for more than two days, or need oxygen for more than 48 hours?

No Yes:

Was your baby born with any physical issues?

No Yes:

Have any of your baby's close relatives had developmental dysplasia of the hips?

No Yes:

Was your baby breech?

No Yes:



Questions for parents about hearing

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

	Yes	No	Not sure
Have you completed the health risk factor questions on page 2?			
Did your baby have severe breathing problems at birth?			
Has your baby had meningitis?			
Did your baby have jaundice, requiring an exchange transfusion?			
Was your baby less than 1500 grams at birth?			
Was your baby in intensive care for more than 5 days after birth?			
Have you noticed anything unusual about your baby's head or neck, such as an unusually shaped face, or skin tags?			
Does your baby have Down Syndrome (Trisomy 21) or another condition associated with hearing loss?			
Was your baby given antibiotics, e.g. Gentamycin?			

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

Outcome (to be completed by a health care professional)

Normal Refer



When you need an interpreter, phone 131 450



Arabic

عندما تحتاجون إلى مترجم، إتصلوا
على الرقم 131 450

Chinese

当您需要传译员时，请拨电话
131 450

Dari

وقتی به ترجمان ضرورت دارید، به
131 450 تیلیفون کنید.

Farsi (alt Persian)

وقتی که به مترجم شماهی نیاز دارید،
به شماره 131 450 تلفن کنید

Greek

Όταν χρειάζεστε διερμηνέα,
καλέστε το 131 450

Hazaragi

وختیکه شموده یگو ترجمون نیاز درین ده
شماره 131 450 زنگ زده شونه

Italian

Quando hai bisogno di un
interprete, telefona al 131 450

Japanese

通訳が必要な場合は、
131 450 に電話して
ください

Karen

မုၢ်လိၣ်သၢ်ပုၣ်တူၢ်ထံတၢ်ဖိၣ်န့ၣ်,
ဆဲးတူၢ်လိၣ်တဲၢ် 131 450 တၢ်တူၢ်

Korean

통역사가 필요하시면 131
450 번으로 전화하세요

Nepali

दोभाचे चाहिँदा, 131 450 मा फो
न गर्नहोस्

Pashto

کوم وخت چې تاسو ژباړونکي ته اړتیا
لری، 131 450 شمیرې ته زنگ ووهی

Russian

Когда вам потребуется
переводчик, позвоните по
номеру 131 450

Serbian

Када вам треба преводилац,
јавите се на 131 450

Somali

Markaad u baahato
turjumaan, ka wac 131 450

Spanish

Cuando necesite un
intérprete, llame al 131 450.

Tamil

உங்களுக்கு ஒரு உரைபெயர்நபராவர்
தேவைப்படும் போது, 131 450
என்ற இலக்கத்திற்கு அழைப்புக்கள்

Thai

เมื่อใดที่คุณต้องการล่าม
โปรดโทรไปที่ 131 450

Turkish

Bir tercümana ihtiyacınız olduğunda,
131 450 numaralı telefonu arayın

Vietnamese

Khi cần thông dịch viên, xin quý
vị gọi điện thoại số 131 450



Contents

Family health history.....	2	12 months.....	79
Questions for parents about hearing...	3	I am 12 months old.....	81
Register the birth of your baby.....	8	The 12 month visit.....	82
Register your baby with Medicare ...	8	Questions for parents.....	83
Useful Contacts.....	9	Child health check – 12 months....	86
Child Safety.....	14	18 months.....	89
Notes.....	15	I am 18 months old.....	91
Growth Charts.....	21	The 18 month visit.....	92
Birth and newborn checks.....	37	Questions for Parents.....	93
Birth details.....	39	Child health check – 18 months....	96
Newborn examination.....	41	2 years.....	99
ACT Newborn Hearing Screening Program.....	42	I am 2 years old.....	101
1–4 weeks.....	43	The 2 year visit.....	102
I am 2 weeks old.....	45	Questions for Parents.....	103
The 1 to 4 week visit.....	46	Child health check – 2 years.....	106
Questions for parents.....	47	3 years.....	109
Health Check – 1 to 4 weeks.....	48	I am 3 years old.....	111
6–8 weeks.....	51	The 3 year visit.....	112
I am 8 weeks old.....	53	Questions for Parents.....	113
The 6 to 8 week visit.....	54	Child health check – 3 years.....	116
Questions for parents.....	55	4 years.....	119
Health Check 6 to 8 weeks.....	56	I am 4 years old.....	121
4 Months.....	59	The 4 year visit.....	122
I am 4 months old.....	61	Before school health assessment..	123
The 4 month visit.....	62	Questions for Parents.....	125
Questions for parents.....	63	Child health check – 4 years.....	128
Child health check – 4 months.....	64	Immunisations.....	131
6 Months.....	67	Immunisation Information.....	133
I am 6 months old.....	69	Important information	
The 6 month visit.....	70	for parents.....	134
Questions for parents.....	71	Immunisation record card.....	136
Child health check – 6 months.....	74	Immunisation record.....	137
Your child's teeth – keeping		Other immunisations.....	139
them healthy.....	76		

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.



I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



Child health services and information

About this book:

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

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

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

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

Health Checks:

It is recommended that your child's growth and development is monitored closely in the first few weeks of life, please see the contents page for the recommended age of checks.



Register the birth of your baby

You must apply to register the birth of your baby through Access Canberra within six months of the date of birth.

This can be done in person at an **Access Canberra** Store front, calling **13 22 81** or online via the following link:

www.accesscanberra.act.gov.au/s/article/birth-registration-tab-overview

You can also apply for a birth certificate through Access Canberra:

www.accesscanberra.act.gov.au/s/article/apply-for-a-birth-death-or-marriage-certificate-tab-overview



Register your baby with Medicare

You need to enrol your newborn baby in Medicare as soon as possible. A newborn is a child aged up to 52 weeks or up to their first birthday. You can enrol your new baby in a number of ways:

- through a Centrelink online account
- through a MyGov account
- through a Medicare online account
- presenting to a Medicare shop front.

More information can be found on the Services Australia website or through the following link:

www.servicesaustralia.gov.au/enrolling-your-baby-medicare?context=60092



Useful Contacts



Organisation	Contact
Access Mental Health Crisis Line	1800 629 354 canberrahealthservices.act.gov.au/services-and-clinics/services/access-mental-health
Australian Breastfeeding Association (ABA)	1800686268 breastfeeding.asn.au
Breastfeeding clinics and support	5124 1775 Breastfeeding Support (MACH) canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach
Calvary Hospital	6201 6111 calvarycare.org.au
Calvary John James Hospital	6281 8100 calvarycare.org.au/john-james-private-hospital-canberra
Canberra After Hours Locum Medical Service	1300 422 567 calms.net.au
Canberra Hospital canberrahealthservices.act.gov.au	5124 0000 canberrahealthservices.act.gov.au/locations-and-directions/canberra-hospital-getting-here-and-getting-around
Centenary Hospital for Women and Children	5124 0000 canberrahealthservices.act.gov.au/locations-and-directions/centenary-hospital-for-women-and-children
Central Health Intake (CHI)	5124 9977 canberrahealthservices.act.gov.au/services-and-clinics/services/central-health-intake-chi
Child and Youth Protection Service (CYPS)	1300 556 729 communityservices.act.gov.au/ocyfs/children/child-and-youth-protection-services
Child and Family Centre	Gungahlin: 6207 0120 Tuggeranong: 6207 8228 West Belconnen: 6205 2904 communityservices.act.gov.au/ocyfs/children/childandfamilycentres
Centre of Perinatal Excellence (COPE)	cope.org.au
Dental Health Program	5124 9977 (CHI) canberrahealthservices.act.gov.au/services-and-clinics/dental-services
Domestic Violence Crisis Service (DVCS)	6280 0900 dvcs.org.au



Organisation	Contact
Early Pregnancy and Parenting Service (EPPS) <i>to contact a MACH nurse</i>	5124 1775 canberrahealthservices.act.gov.au/services-and-clinics/services/early-pregnancy-and-parenting-support-line-mach
Healthdirect Australia	1800 022 222 healthdirect.gov.au
Karitane Careline	1300 227 464 karitane.com.au
Kidsafe ACT	6290 2244 kidsafeact.com.au
Lifeline (24 hours)	13 11 14 lifeline.org.au
Legal Aid ACT	1300 654 314 legalaidact.org.au
Libraries ACT	library.act.gov.au
Maternal and Child Health Nurses	5124 1775 (EPPS) canberrahealthservices.act.gov.au/services-and-clinics/services/maternal-and-child-health-mach-booked-appointments-and-child-health-checks
Multicultural Centre Theo Notaras	6207 2588 communityservices.act.gov.au/multicultural/multicultural_centre
Migrant and Refugee Settlement services (MARSS)	6248 8577 marss.org.au
National Home Doctor Service	137 425 homedoctor.com.au
Onelink information and connections	1800 176 468 onelink.org.au
Parentlink ACT	6287 3883 parentlink.act.gov.au
Perinatal Wellbeing Centre	6288 1936 perinatalwellbeingcentre.org.au
Playgroup Association ACT	1800 171 882 playgroupact.org.au
Pregnancy, Birth and Baby Helpline	1800 882 436 pregnancybirthbaby.org.au/pregnancy-birth-baby-helpline
QE2 (Tresillian)	1300 272 736 tresillian.org.au
Raising Children Network	raisingchildren.net.au
Rednose	1300 998 698 rednose.org.au
Relationships Australia	1300 364 277 relationships.org.au



Organisation	Contact
Trauma and Grief Network	tgn.anu.edu.au
Tresillian Parent Helpline	1300 272 736 tresillian.org.au
Winnunga Nimmityjah Aboriginal Health Service	6284 6222 winnumga.org.au
Women's Legal Centre ACT and Region	6257 4377 wlc.org.au



First 1000 days

<https://raisingchildren.net.au/guides/first-1000-days>



Understanding Your Baby 0-3 months and Understanding Your Baby 4-9 months

[www.canberrahealthservices.act.gov.au/
services-and-clinics/services/understanding-
your-baby-information-session-mach](http://www.canberrahealthservices.act.gov.au/services-and-clinics/services/understanding-your-baby-information-session-mach)



Breastfeeding fact sheet page

[www.canberrahealthservices.act.gov.au/
services-and-clinics/services/breastfeeding-
support-mach](http://www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach)



Child Development Service

[https://www.communityservices.act.gov.au/
childdevelopmentservice](https://www.communityservices.act.gov.au/childdevelopmentservice)



Child Safety

Parenting safety tips for your information, and to access child safety resources. www.kidsafeact.com.au



A few important safety concerns

For infants:

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

For children 3 to 5 years:

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

For toddlers 12 months to 3 years:

- drowning in baths, unfenced swimming pools and spas
- being hit by vehicles in driveways
- choking on small items and foods
- ingesting poisons, medications and household detergents that were previously out of reach
- burns caused by heaters and fires
- falling out of a highchair, shopping trolley or pram or falling downstairs
- falling from windows and balconies
- jumping off furniture and running into sharp objects
- falling from playground equipment
- scalding caused by a child turning on the hot tap in the bath or pulling saucepans down from the stove
- unsafe sleeping practices
- button batteries.







Date	Age	Notes
------	-----	-------

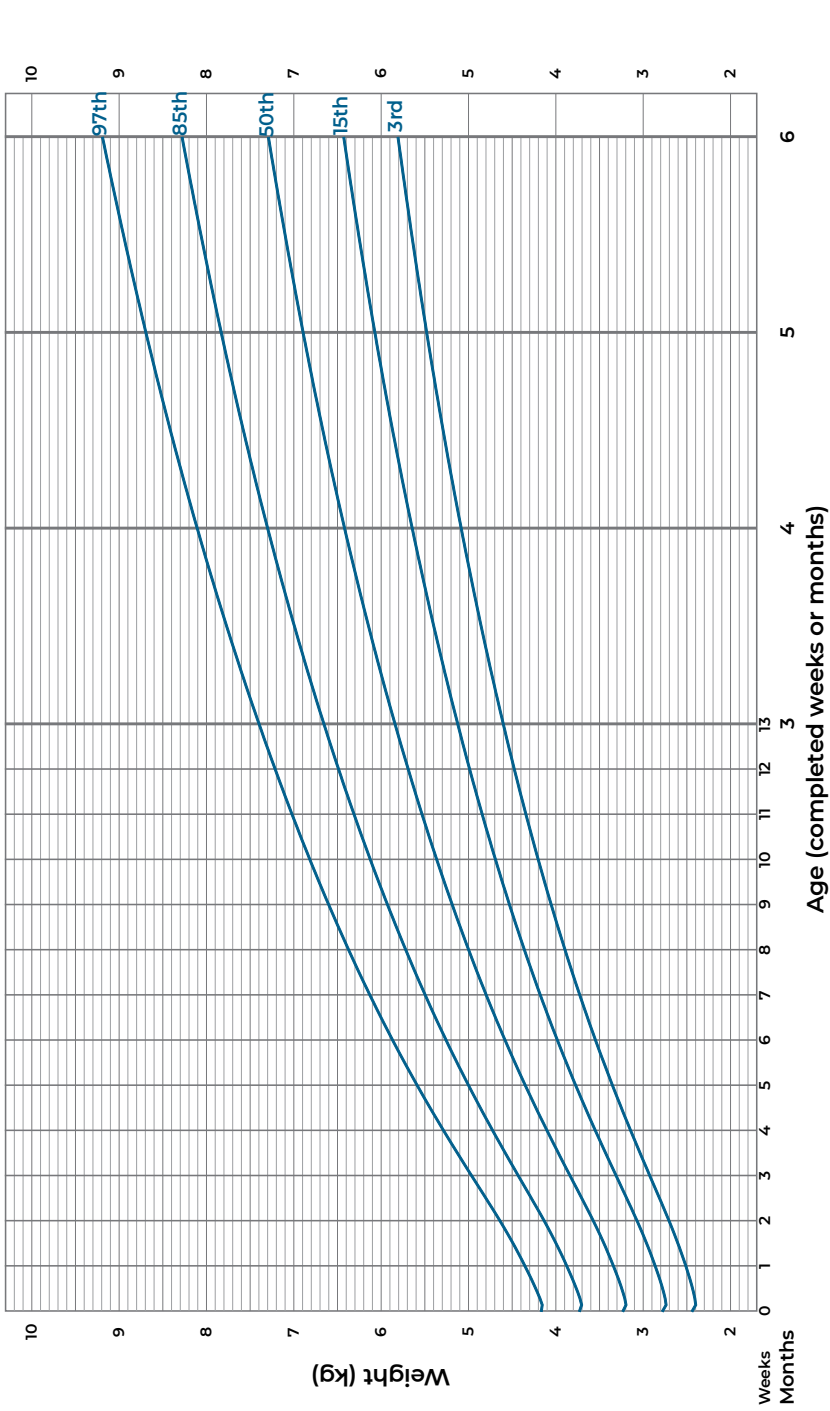


Growth Charts



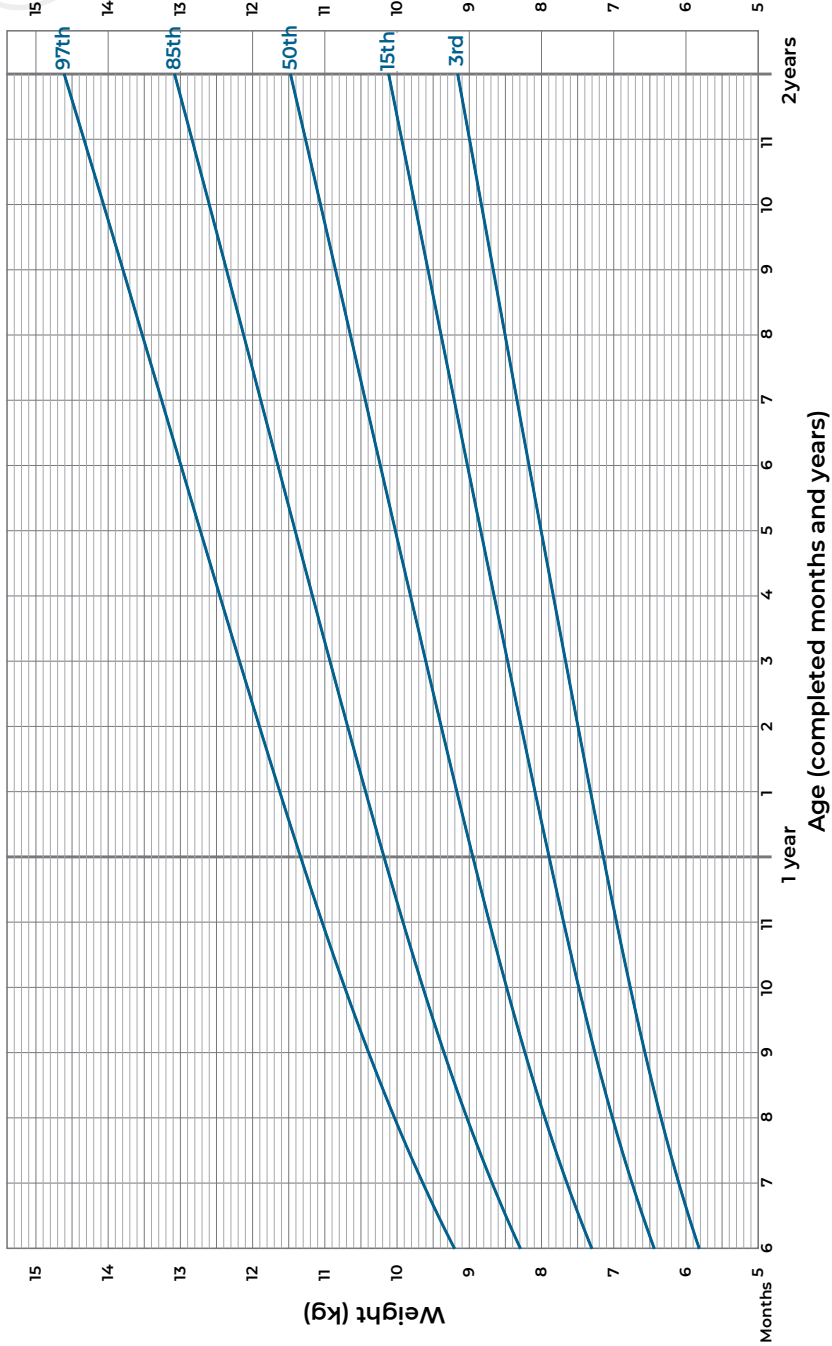
Weight-for-age GIRLS

Birth to 6 months (percentiles)



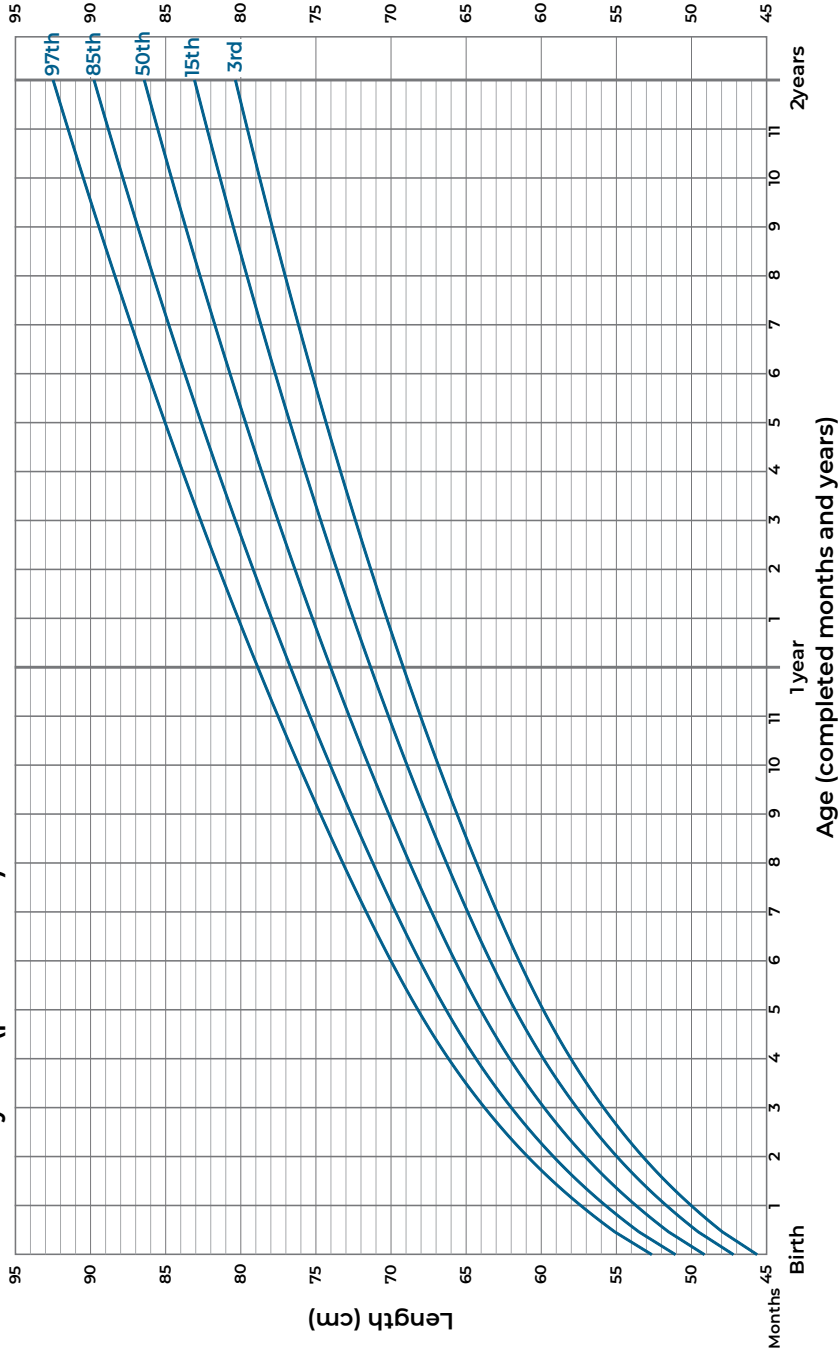
Weight-for-age GIRLS

6 months to 2 years (percentiles)

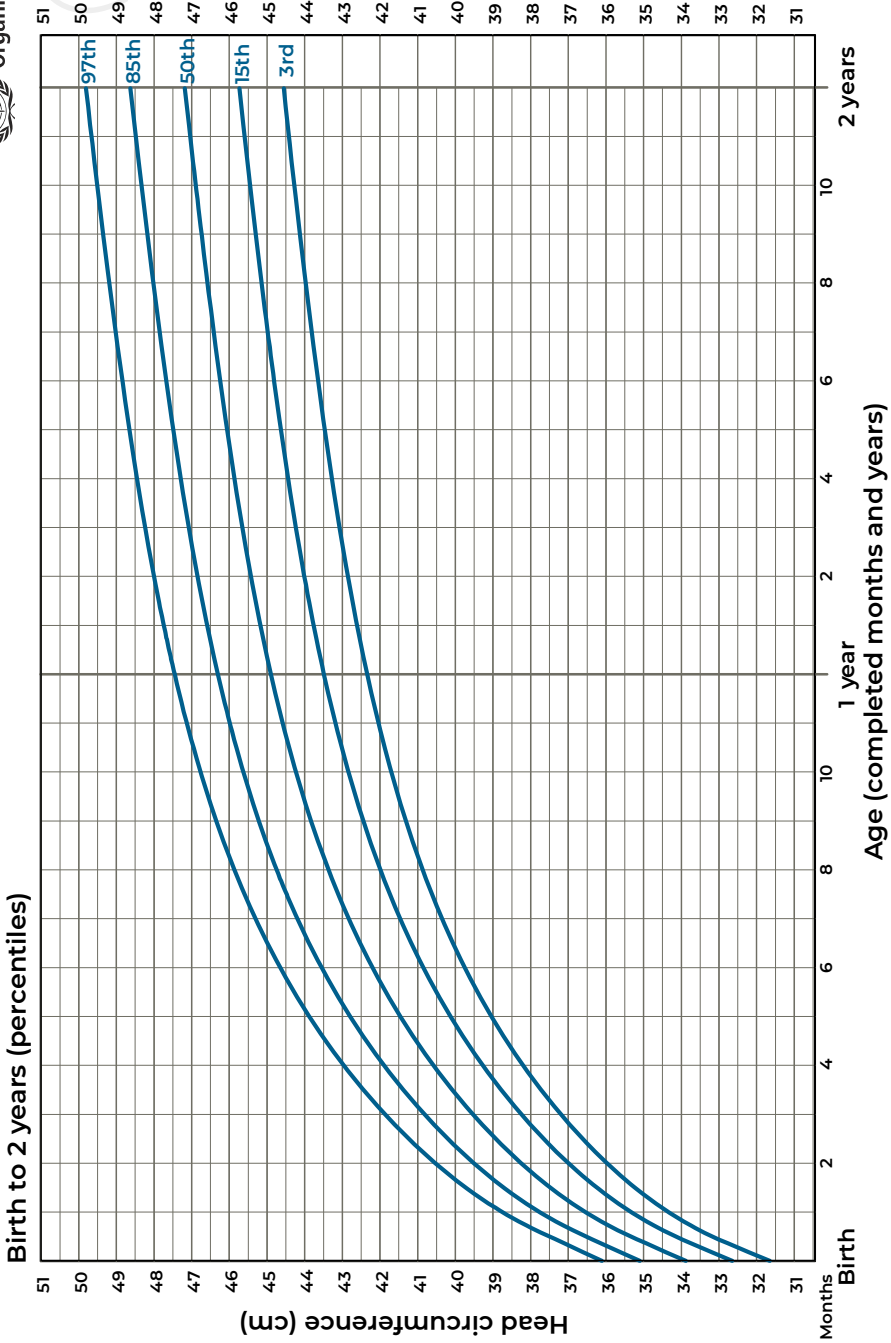


Length-for-age GIRLS

Birth to 2 years (percentiles)



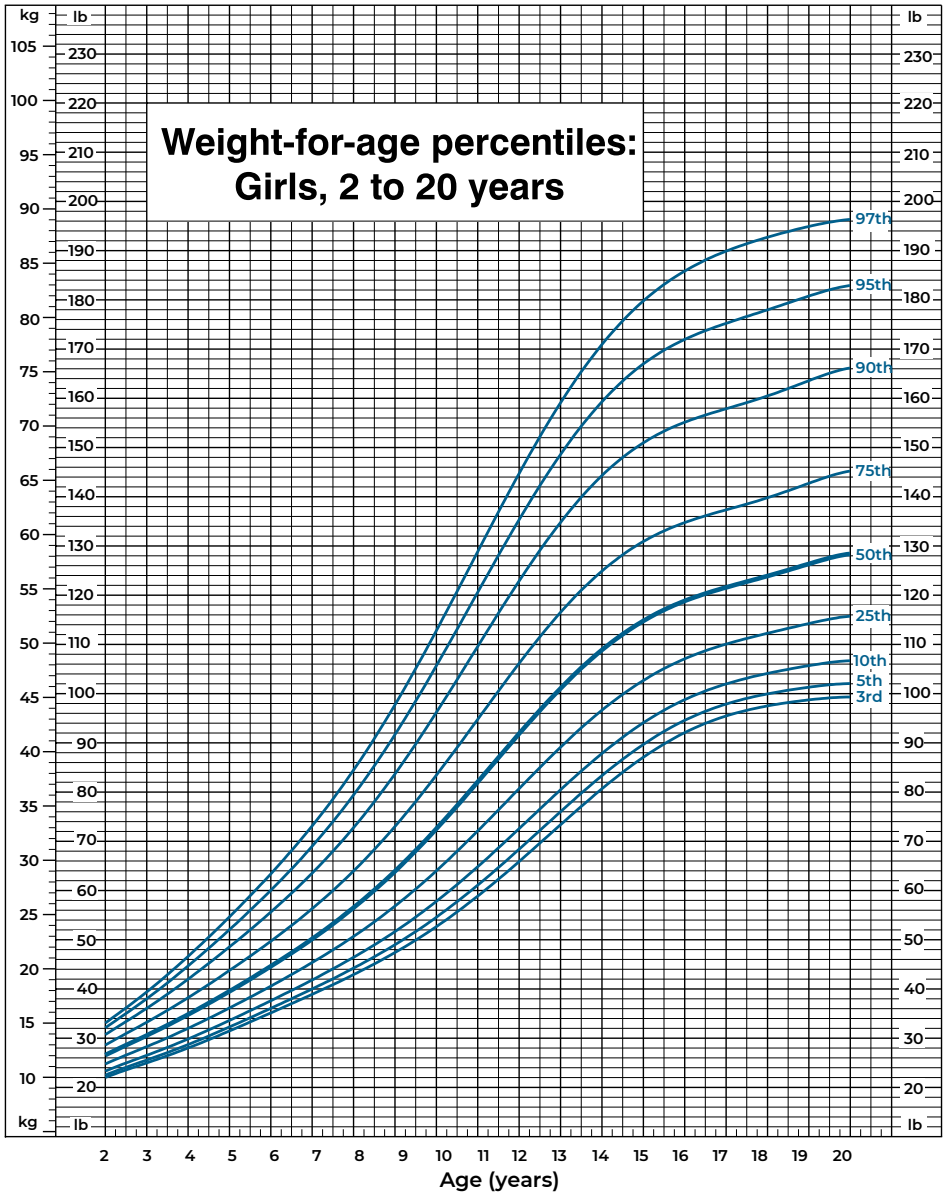
Head circumference-for-age GIRLS



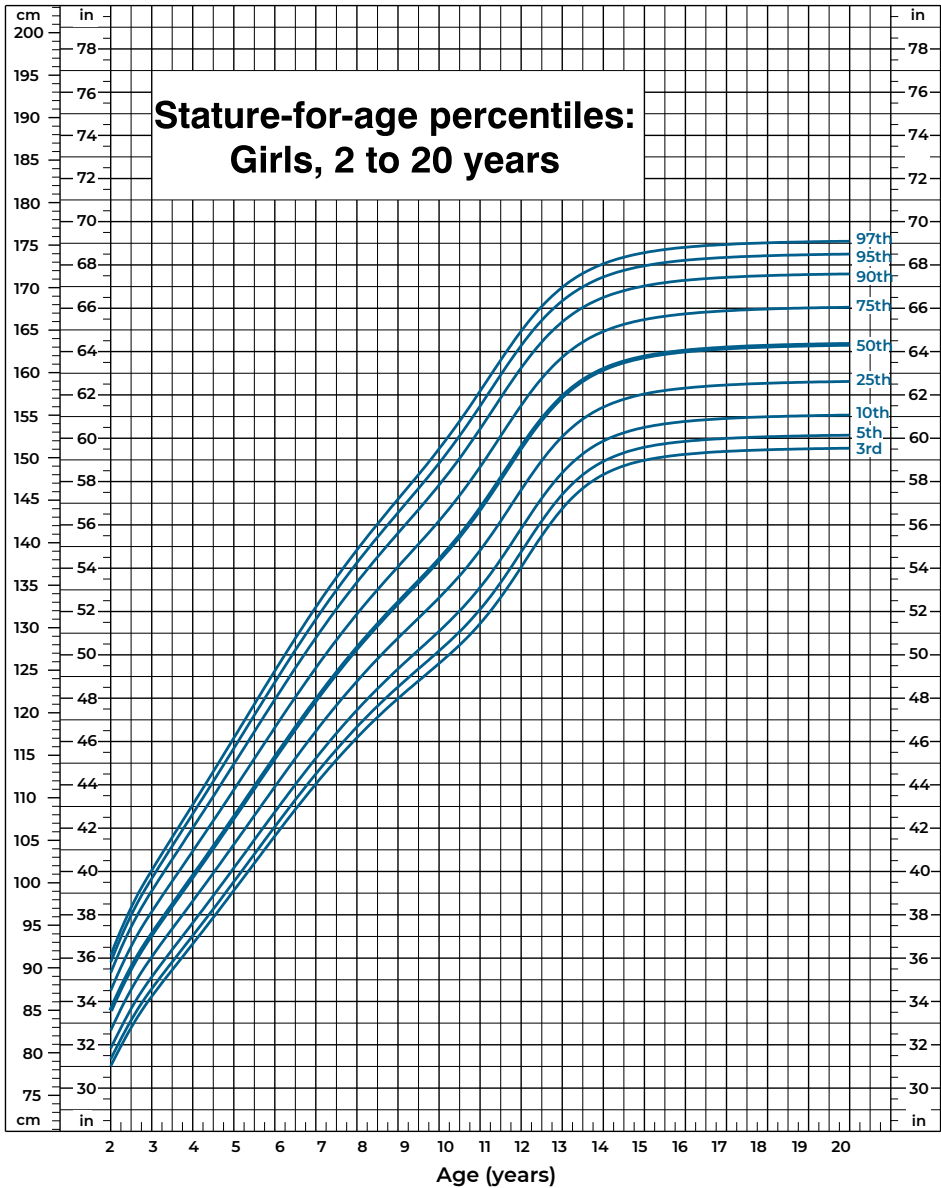
WHO Child Growth Standards



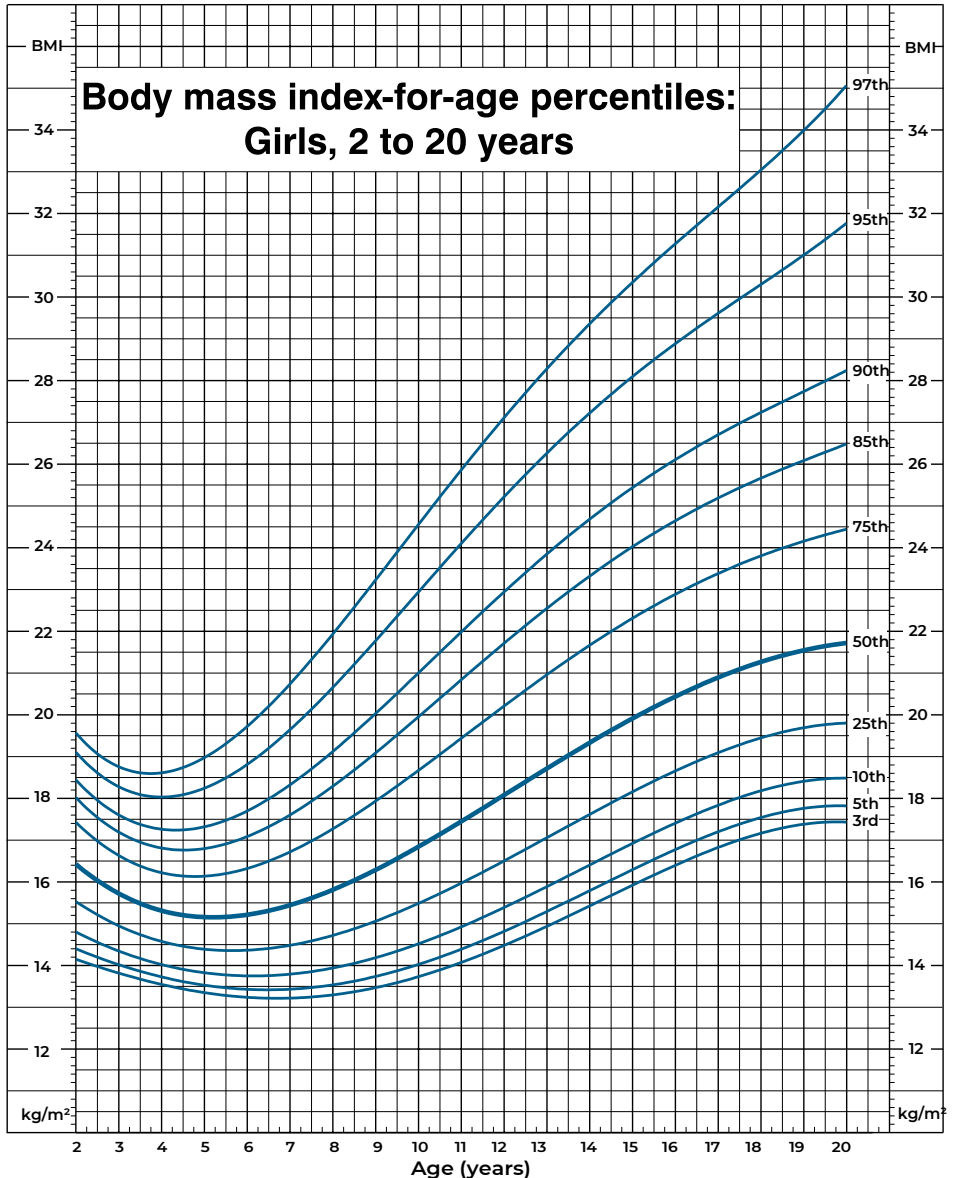
Weight-for-age percentiles – Girls 2 to 20 years



Height-for-age percentiles – Girls 2 to 20 years



Weight-for-age percentiles – Girls 2 to 20 years

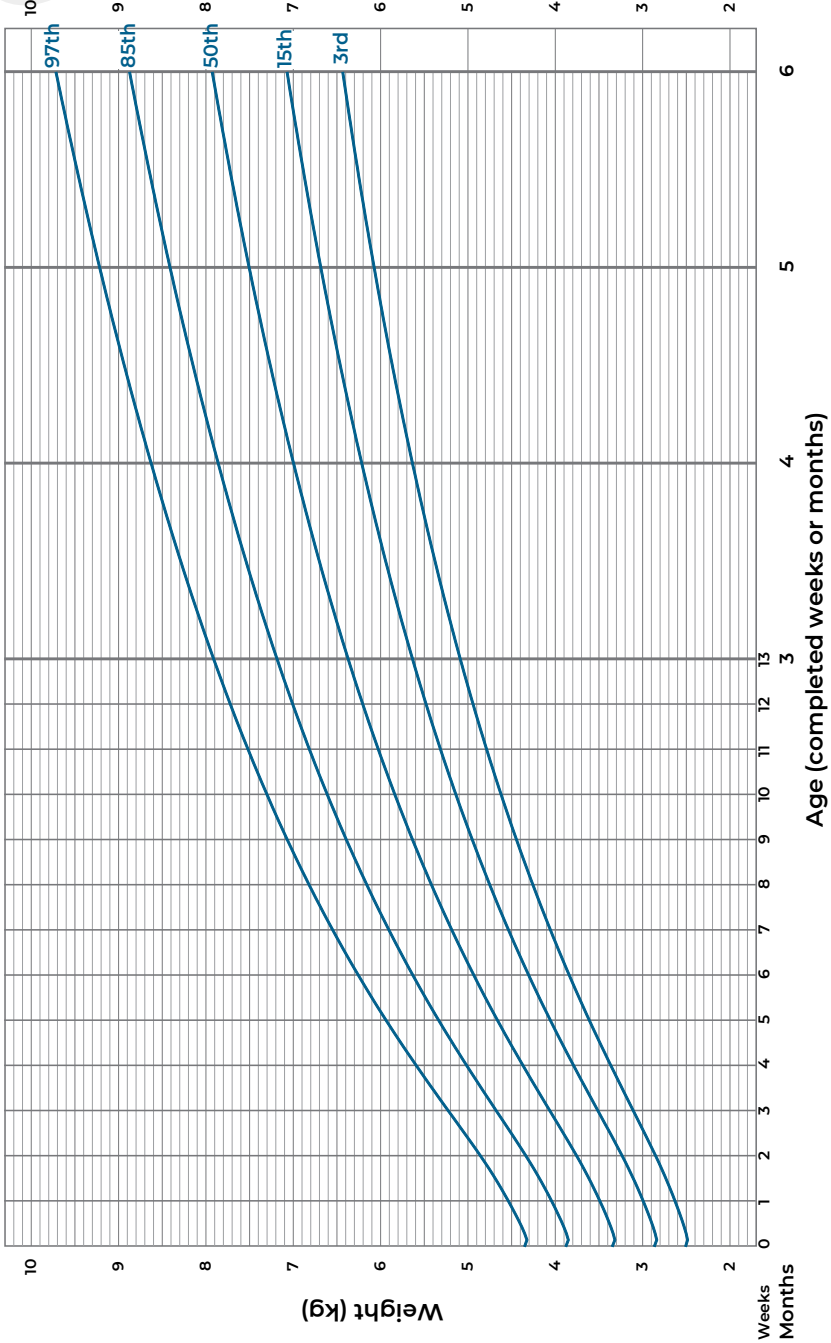


Published May 30, 2000.

SOURCE: Developed by the National Center for Health Statistics in collaboration with

Weight-for-age BOYS

Birth to 6 months (percentiles)

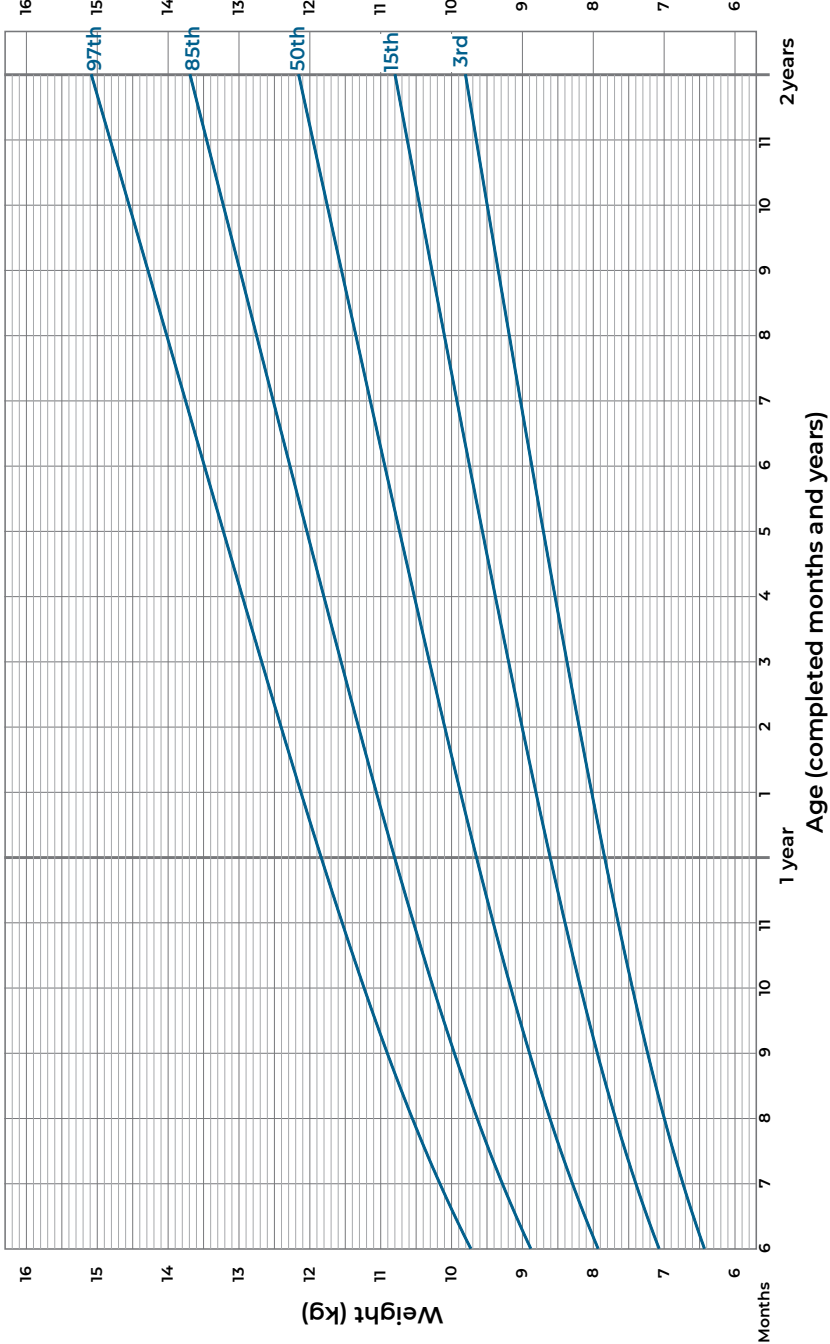


WHO Child Growth Standards



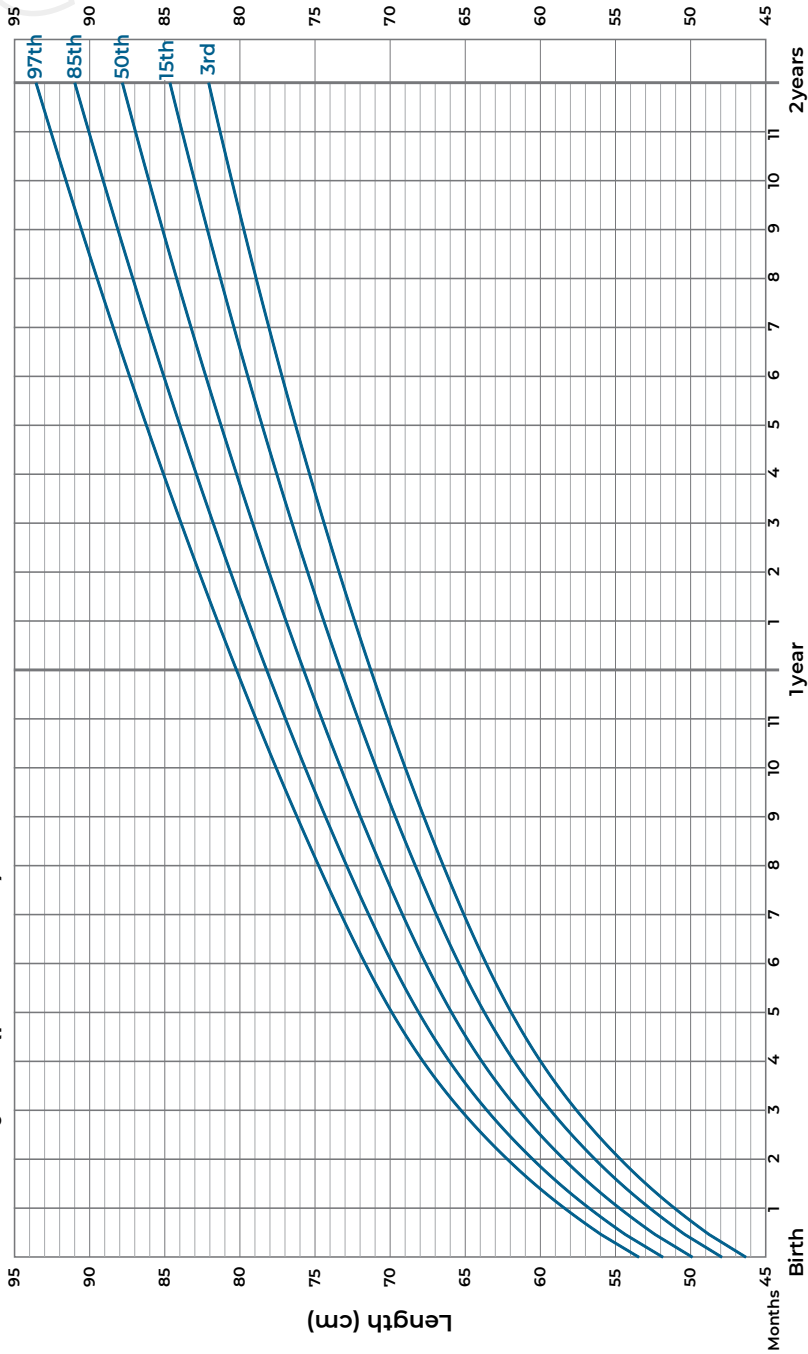
Weight-for-age BOYS

6 months to 2 years (percentiles)



Length-for-age BOYS

Birth to 2 years (percentiles)

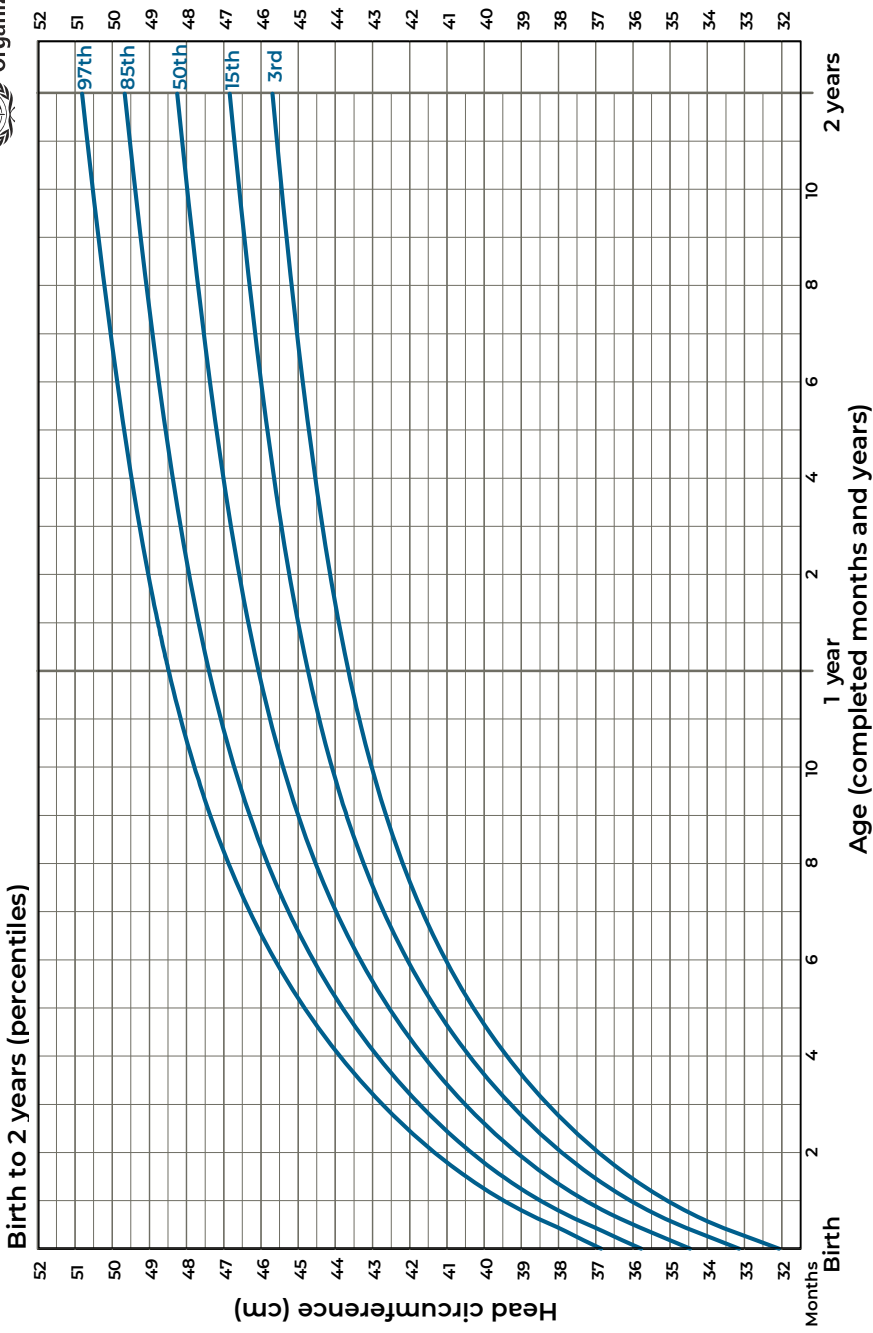


Age (completed months and years)

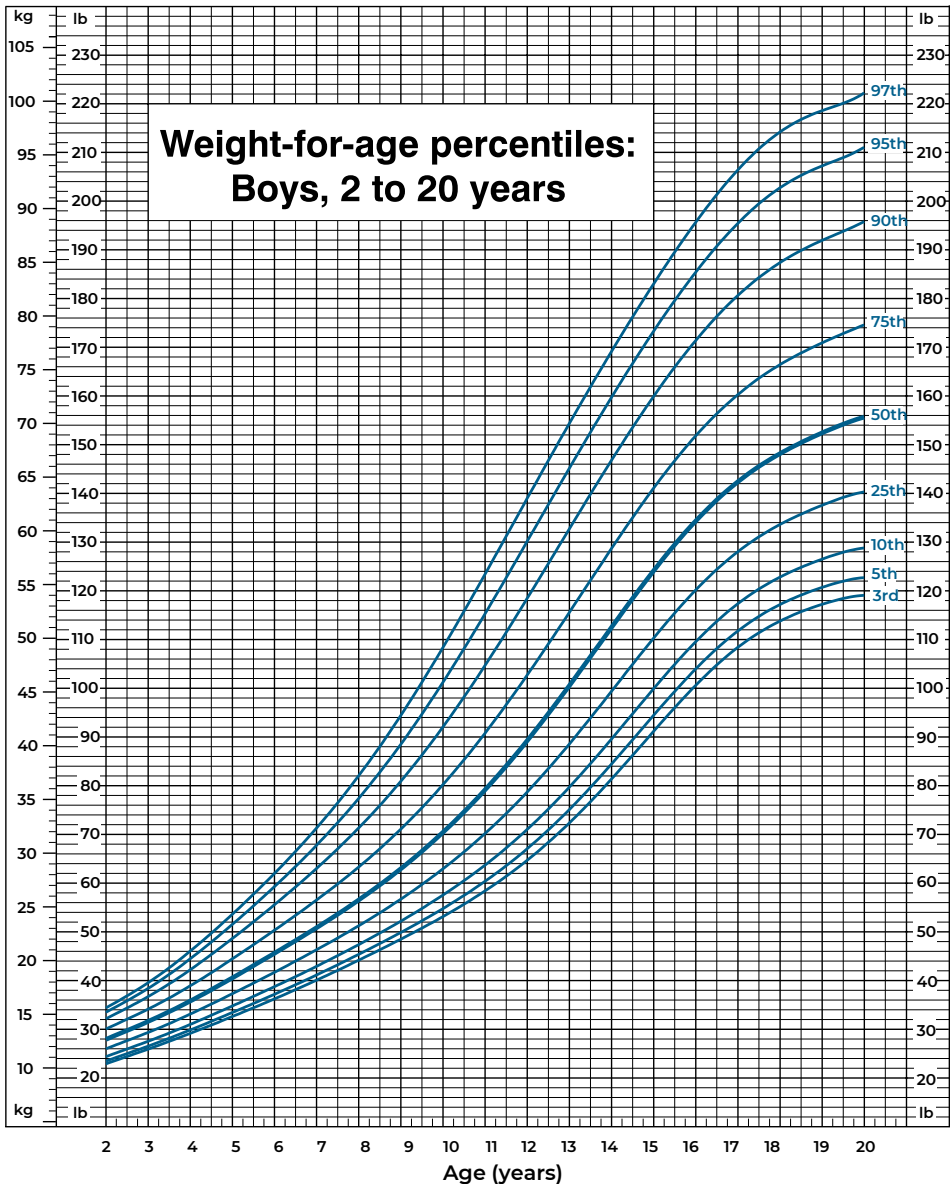
WHO Child Growth Standards



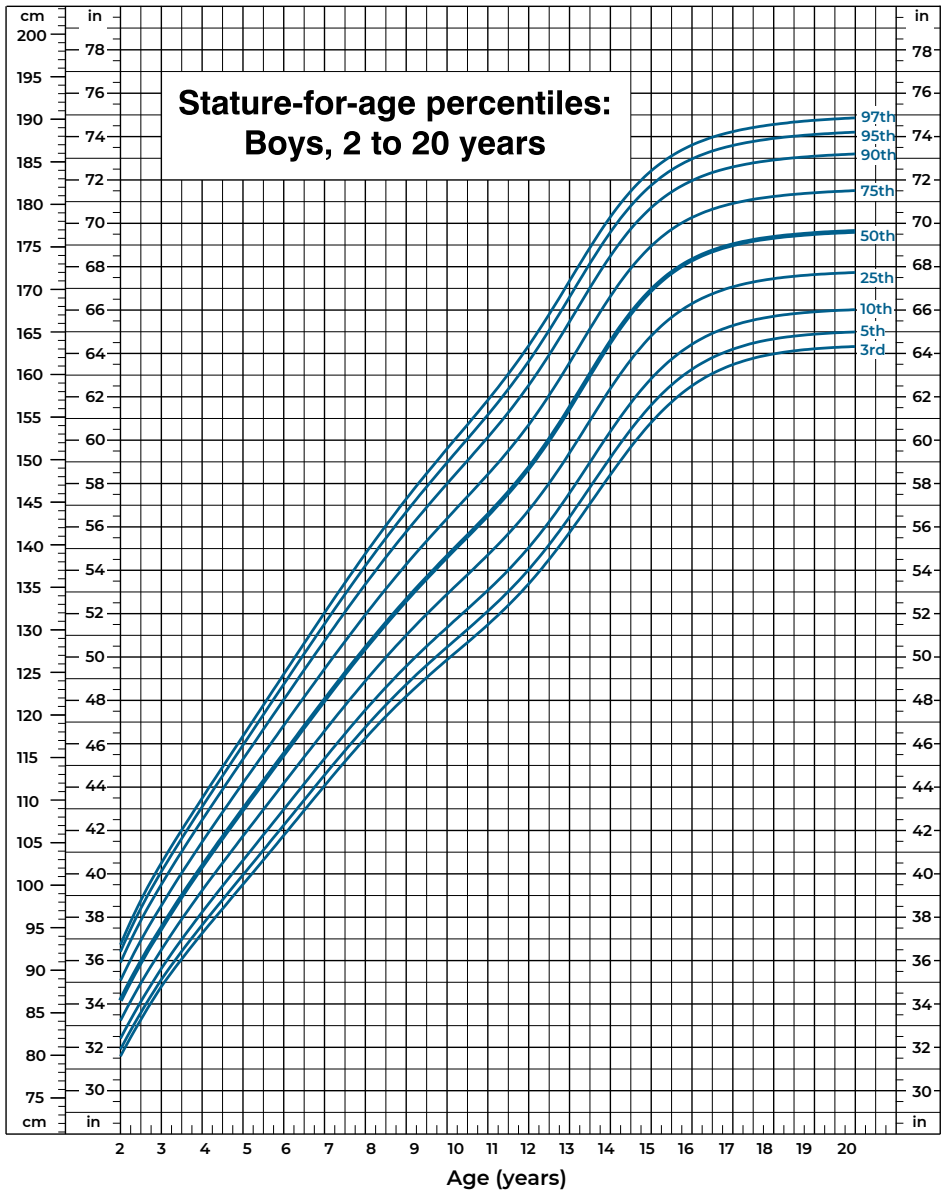
Head circumference-for-age BOYS



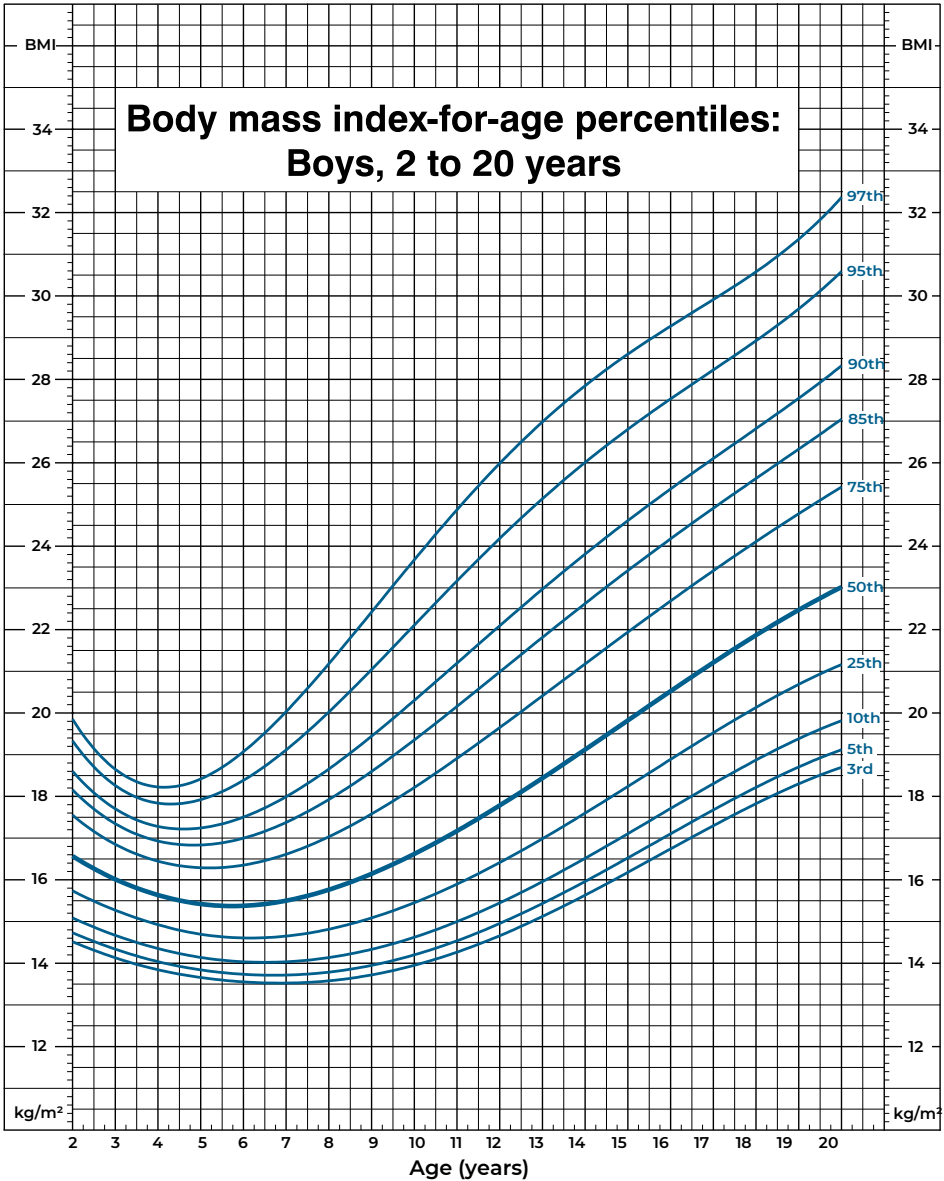
Weight-for-age percentiles – Boys 2 to 20 years



Height-for-age percentiles – Boys 2 to 20 years



BMI – Boys 2 to 20 years



Birth and newborn checks



Birth details

Affix patient label here

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

Name of child

Name of birth facility

Date of birth / / Time of birth Sex m / f

Maternal information

Mother's name

Date of birth / / Phone No.

Pregnancy: complications

Parity Blood group Anti D given y / n

Labour: Spontaneous / No labour / Induced – reason:

Labour: complications

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

Post-partum complications

Neonatal information

Estimated gestation Apgar 1 minute 5 minutes

Abnormalities noted at birth

Additional treatment required

Birth weight (kg) Birth length (cm) Birth head circ (cm)

Newborn Hearing Screen completed

Newborn Bloodspot Screen Test Date / /

Other (specify) Date / /

Vitamin K given 1st dose / / 3rd dose / /

Injection Oral 2nd dose / /

Hep B immunisation given Date given / /

Feeding history

Feeding: breast / bottle

Referred to MACH nursing services y / n Referred to GP y / n

Discharge date / / Weight (kg) Head circ (cm)

Signature

Designation





Date	Midwife/ Hospital Notes
------	-------------------------

Newborn examination

Affix patient label here

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

Date of birth / / Baby's age Sex m / f

Baby's name

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

Examiner

Designation

Signature

Date



ACT Newborn Hearing Screening Program

To be completed by a health professional.

Name	Date of birth / /	
Screened at (AABR/OAE):	Screening date:	
Screened by (Print Name):	Signature:	
Outcome (please circle) RIGHT: Pass / Refer	LEFT: Pass / Refer	
Direct Refer to Audiologist <input type="checkbox"/> Yes	Reason:	
Repeat screen <input type="checkbox"/> Required	<input type="checkbox"/> Not required	
Screened at (AABR/OAE):	Screening date:	
Screened by (Print Name):	Signature:	
Outcome (please circle) RIGHT: Pass / Refer	LEFT: Pass / Refer	
Refer to Audiologist <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Repeat screen 2 <input type="checkbox"/> Required	<input type="checkbox"/> Not required	
Screened at (AABR/OAE):	Screening date:	
Screened by (Print Name):	Signature:	
Outcome (please circle) RIGHT: Pass / Refer	LEFT: Pass / Refer	
Refer to Audiologist <input type="checkbox"/> Yes	<input type="checkbox"/> No	

The ACT Newborn Hearing Screening Program aims to detect babies with significant hearing loss at an early age. There is a possibility that the hearing screen may not detect an existing hearing problem and/or that your child may develop a hearing problem later in life, even if the results of this screening test are normal.

For further information go to www.health.act.gov.au/our-services/women-youth-and-children/neonatology-department/newborn-hearing-screening

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

Hearing risk factor identified **Yes**

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

Coordinator telephone: _____



1-4 weeks



1-4
WEEKS



I am 2 weeks old

Some things I may be doing:

- crying to tell you I need something
- calming when you hold me
- looking at your face and eyes
- grasping your fingers when placed in my hand.

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

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

Some ideas for spending time with me:

- sing and talk to me
- respond to me and copy my facial expressions
- cuddle me.



Understanding Your Baby 0-3 months and Understanding Your Baby 4-9months
www.canberrahealthservices.act.gov.au/services-and-clinics/services/understanding-your-baby-information-session-mach



Breastfeeding fact sheet page
www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach





The 1 to 4 week visit

A maternal and child health (MACH) nurse will contact you by telephone within the first 2 weeks after your discharge from hospital or Midcall to arrange a visit. This visit usually takes place in the family home. If you have not been contacted, please call Early Pregnancy and Parenting support on 5124 1775 to speak to a MACH nurse.

Topics for discussion may include:

Health and Safety

- feeding your baby
- Safe sleeping and Sudden Unexpected Death in Infancy (SUDI) prevention
- immunisations
- car and pram safety
- growth.

Development

- questions for parents – see page 2
- your baby's communication through crying, behaviour and cues
- responding to and comforting your baby
- talking to your baby.

Family

- how to use this book
- roles of the maternal and child health nurse, GP and other health professionals
- adjusting to parenthood and emotional support
- mother's general health – diet, rest, breast care, exercise, oral health
- parent groups and support networks
- smoking or vaping – Call quitline for support on 13 78 48.





Questions for parents

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

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Have you completed the health risk factor questions on page 2?		
Are you concerned about your baby's hearing?		
Is anyone else concerned about your baby's hearing?		
Are you concerned about your baby's vision?		
Is your baby placed on their back for sleeping?		

How are you feeding your baby? _____



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

Further resources around breastfeeding are available at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach

Health Check - 1 to 4 weeks

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

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Fontanelles					
Eyes (observation)					
Umbilicus					
Femoral pulses					
Hip assessment					
Testes fully descended R/L					
Genitalia					
Anal region					
Skin					
Reflexes					

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



Appropriate health
information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes



6-8 weeks



6-8
WEEKS



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
- moving my head towards different noises.

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

- NOT making sounds other than crying
- NOT beginning to smile
- NOT looking you in the eyes.

Some ideas for spending time with me:

- sing and talk to me
- showing me picture books
- play with me on my tummy
- take me out in my pram or carrier for walks.



The 6 to 8 week visit

Topics for discussion may include:

Health and Safety

- feeding your baby
- immunisations
- Safe sleeping and Sudden Unexpected Death in Infancy (SUDI) prevention
- how to be sun smart
- growth.

Development

- crying
- comforting your baby
- talking and playing with your baby.

Family

- parent groups and support networks
- mother's health (diet, rest, breast care, exercise)
- parents' emotional health
- positive parenting and developing a close relationship with your baby
- contraceptive options and family planning
- returning to work and childcare options
- smoking or vaping – call the quitline on 13 78 48.





Questions for parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 6 to 8 week health check.

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Have you had your postnatal check?		
Was your baby also checked?		
Do you have concerns about your baby?		
Are you concerned about your baby's hearing?		
Is anyone else concerned about your baby's hearing?		
Does your baby turn towards light?		
Does your baby smile at you?		
Does your baby make eye contact with you?		
Do you and your baby enjoy being together?		
Do you read, talk and sing to your baby?		
Is your baby placed on their back for sleeping?		
Is your baby exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your baby? _____



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

Further resources around breastfeeding are available at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach



Health Check 6 to 8 weeks

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Head lift when prone					
Skin colour					
Eyes					
Observation					
Pupil					
Presence of squint/strabismus					
Cardiovascular (Doctor only)					
Hip Assessment					
Testes fully descended R / L					
Health protective factors		Yes	No	Concerns	No concerns
Parent questions completed?					
Age appropriate immunisation completed as per schedule?					
Are there any risk factors?					
Hearing					
Vision					
Outcome	<input type="checkbox"/> Normal	<input type="checkbox"/> Review	<input type="checkbox"/> Refer		



Appropriate health information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes





Notes



4 Months





I am 4 months old

Some things I may be doing:

- making new sounds
- lifting my head and shoulders when laying on my tummy
- following people and objects with my eyes
- playing with my hands and feet
- rolling – please don't swaddle me!

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

- NOT doing things I used to
- NOT responding to noise
- NOT making sounds or laughing
- NOT trying to grasp things.

Some ideas for spending time with me:

- read and share picture books with me
- sing and talk to me
- play on the floor with me
- count my toys with me
- take me out in my pram or carrier for walks.



The 4 month visit

Topics for discussion may include:

Health and Safety

- signs your baby is ready for solids
- safe sleeping
- immunisations
- how to be sun smart
- car and pram safety
- growth.

Development

- parental concerns
- your baby's communication through crying, behaviour and cues
- your baby's movement
- talking to your baby.

Family

- sibling relationships and rivalry
- play activities
- adjusting to parenthood and emotional support
- parent groups and support networks
- returning to work and childcare planning
- smoking or vaping – call quitline for support on 13 78 48.





Questions for parents

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

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your baby?		
Are you concerned about your baby's hearing?		
Are you concerned about your baby's vision?		
Does your baby have a turned or lazy eye?		
Does your baby look at you and follow you with their eyes?		
Do you read, talk and sing to your baby?		
Is your baby placed on their back for sleeping?		
Is your baby exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your baby? _____



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

Further resources around breastfeeding are available at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach



Child health check - 4 months

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Head lift when prone					
Skin colour					
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Hip Assessment					
Testes fully descended R / L					

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



Appropriate health information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /



Tucka talk

www.health.act.gov.au/sites/default/files/2018-09/Baby%27s%20First%20Food.pdf



Making a solid start

www.communityservices.act.gov.au/childdevelopmentsservice/0-1-years/self-care-and-feeding/making-a-solid-start

6 Months

6
MONTHS





I am 6 months old

Some things I may be doing:

- standing with support
- bringing things to my mouth
- passing things from one hand to the other
- babbling repetitively
- rolling – please don't swaddle me!
- trying to get things out of reach.

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

- NOT doing things I used to
- NOT taking weight on my legs
- NOT responding to my name
- NOT babbling or laughing
- NOT rolling.

Some ideas for spending time with me:

- read and share picture books with me
- sing and talk to me
- play on the floor with me
- count my toys with me
- take me out in my pram or carrier for walks.



The 6 month visit

Topics for discussion may include:

Health and Safety

- starting solids, introducing family foods and water
- taking care of your baby's teeth
- safe sleeping
- immunisations
- how to be sun smart
- safety and supervising your active baby
- growth.

Development

- parental concerns
- your baby's communication through crying, behaviour and cues
- your baby's movement
- talking to your baby.

Family

- positive parenting and developing a close relationship with your baby
- sibling relationships and rivalry
- play activities
- adjusting to parenthood and emotional support
- parent groups and support networks
- returning to work and childcare planning
- smoking or vaping – call quitline for support on 13 78 48.





Questions for parents

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

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your baby?		
Are you concerned about your baby's hearing?		
Are you concerned about your baby's vision?		
Does your baby have a turned or lazy eye?		
Does your baby look at you and follow you with their eyes?		
Do you read, talk and sing to your baby?		
Is your baby placed on their back for sleeping?		
Is your baby exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your baby? _____



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

Further resources around breastfeeding are available at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach





Development status

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

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

Child's name

Parent's name

Child's date of birth / /

Child's age

Today's date / /

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

.....

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

Do you have any concerns about how your child behaves?	No	Yes	A little
--	----	-----	----------

Comments:

Do you have any concerns about how your child gets along with others?	No	Yes	A little
---	----	-----	----------

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills?	No	Yes	A little
---	----	-----	----------

Comments:

Please list any other concerns:

Child health check - 6 months

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Hip Assessment					
Testes fully descended R / L					
Health protective factors		Yes	No	Concerns	No concerns
Parent questions completed?					
Age appropriate immunisation completed as per schedule?					
Are there any risk factors?					
Hearing					
Vision					
Outcome	<input type="checkbox"/> Normal	<input type="checkbox"/> Review	<input type="checkbox"/> Refer		



Appropriate health
information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes





Your child's teeth - keeping them healthy

Healthy teeth are important for general health and speech development. Most dental problems can be prevented.

When do babies' teeth come through?

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



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

Dental check ups

It is recommended that children begin visits to a dental clinic as early as 12 months of age. Canberra Health Services Dental – Child and Youth program provides free dental check ups for children under the age of 5 years who live in the ACT. Please call 5124 9977 to make an appointment.



Bottles and Dummies

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

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

Teething

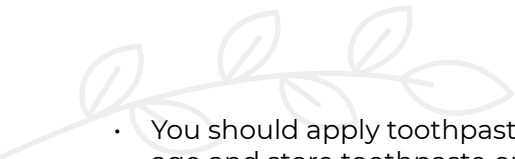
- For relief offer a teething ring or cold wash cloth.
- If there are other symptoms, consult a doctor or MACH nurse.

Food and Drink

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

Toothbrushing Tips

- Germs from your mouth can pass over to your baby's mouth on dummies, bottles and spoons. It's important to keep your own teeth and gums clean and healthy.
- As soon as your child's first teeth appear, clean them using a child sized soft toothbrush, without toothpaste.
- From 18 months of age use a child sized soft toothbrush to clean your child's teeth twice a day. Use a small pea-sized amount of low fluoride toothpaste; children should spit out, not swallow, and not rinse.

- 
- You should apply toothpaste for children under 6 years of age and store toothpaste out of the reach of children.
 - Children still need your help to brush their teeth until they are around 7 to 8 years of age.
 - Watch for early signs of tooth decay – white or brown spots that don't brush off. Seek professional advice as soon as possible.

Child Dental Benefits Schedule and private dental services



The Australian Government runs a dental program for low income families called the Child Dental Benefits Schedule (CDBS). The CDBS provides eligible children aged 0-17 years of age a benefit of around \$1000 across two consecutive calendar years to cover either part, or the full cost of most basic dental services. You can find out more, and see if your child is eligible by visiting: www.servicesaustralia.gov.au/childdental



To find a dentist near you, visit: www.healthdirect.gov.au/australian-health-services



12 months

12
MONTHS





I am 12 months old

Some things I may be doing:

- saying 1 or 2 words
- waving, pointing, clapping
- pulling to stand using furniture
- responding to my name
- crawling and exploring my environment
- trying to get things out of reach.

Some ideas for spending time with me:

- read books with me everyday
- playing music and singing with me
- count my toys with me
- pretend play with boxes, pots, pans or dress ups
- take me out to the park or library.

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

- NOT doing things I used to
- NOT interested in sounds or voices
- NOT babbling
- NOT letting you know what I want
- NOT enjoying eye contact or cuddles
- NOT seeming to understand you.



The 12 month visit

Topics for discussion may include:

Health and Safety

- healthy eating for the whole family
- taking care of your baby's teeth
- safe sleeping and good sleep habits
- immunisations
- how to be sun smart
- safety at home
- growth.

Development

- parental concerns
- your child's behaviour and how to respond
- your child's movement
- talking and playing with your child.

Family

- sibling relationships and rivalry
- building a strong relationship with your child
- parent's emotional wellbeing
- parent groups and support networks
- returning to work and childcare planning
- smoking or vaping – call quitline for support on 13 78 48.





Questions for parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 12 month health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child have teeth yet?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____



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

Further resources around breastfeeding are available at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach



Development status

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

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

Child's name

Parent's name

Child's date of birth

/ /

Child's age

Today's date

/ /

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

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

No

Yes

A little

Comments:

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

No

Yes

A little

Comments:

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

No

Yes

A little

Comments:

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

No

Yes

A little

Comments:

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

Do you have any concerns about how your child behaves?	No	Yes	A little
--	----	-----	----------

Comments:

Do you have any concerns about how your child gets along with others?	No	Yes	A little
---	----	-----	----------

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills?	No	Yes	A little
---	----	-----	----------

Comments:

Please list any other concerns:

Child health check - 12 months

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Hip Assessment					
Testes fully descended R / L					
Oral health 'Lift the lip' check					
Health protective factors		Yes	No	Concerns	No concerns
Parent questions completed?					
Age appropriate immunisation completed as per schedule?					
Are there any risk factors?					
Hearing					
Vision					
Outcome	<input type="checkbox"/> Normal	<input type="checkbox"/> Review	<input type="checkbox"/> Refer		



Appropriate health information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes





Notes

Lined writing area consisting of 20 horizontal lines.

18 months



18
MONTHS

I am 18 months old

Some things I may be doing:

- saying 20 or more words
- pointing to body parts or toys
- having big emotions
- walking on my own
- feeding myself
- using my imagination when playing.

Some ideas for spending time with me:

- read books with me everyday
- sing simple songs with me
- count my toys with me
- pretend play with boxes, pots, pans or dress ups
- draw, write and count with me.

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

- NOT doing things I used to
- NOT understanding many words
- NOT using 5-10 words with meaning
- NOT trying to communicate
- NOT enjoying eye contact or cuddles
- NOT walking, pointing or waving.



The 18 month visit

Topics for discussion may include:

Health and Safety

- healthy eating for the whole family
- taking care of your child's teeth and organising a dental appointment
- good sleep habits
- immunisations
- how to be sun smart
- immunisation
- growth.

Development

- parental concerns
- your child's behaviour and how to respond
- your child's movement and walking
- helping your child communicate with others
- toileting.

Family

- sibling relationships
- positive parenting and helping your child manage their feelings and behaviours
- going to play group or child care
- smoking or vaping – call Quitline for support on 13 78 48.





Questions for Parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 18 month health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child have teeth yet?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____





Development status

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

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

Child's name

Parent's name

Child's date of birth

/ /

Child's age

Today's date

/ /

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

.....

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

Do you have any concerns about how your child behaves? **No** **Yes** **A little**

Comments:

Do you have any concerns about how your child gets along with others? **No** **Yes** **A little**

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills? **No** **Yes** **A little**

Comments:

Please list any other concerns:

Child health check - 18 months

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Evaluate gait					
Testes fully descended R / L					
Oral health 'Lift the lip' check					
Health protective factors		Yes	No	Concerns	No concerns
Parent questions completed?					
Age appropriate immunisation completed as per schedule?					
Are there any risk factors?					
Hearing					
Vision					
Outcome	<input type="checkbox"/> Normal	<input type="checkbox"/> Review	<input type="checkbox"/> Refer		



Appropriate health
information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes





Notes



2 years



2
YEARS

I am 2 years old

Some things I may be doing:

- saying 50 or more words and putting 2 words together
- having rapid changes in mood
- copying what you do, such as, sweeping the floor
- listening to simple stories and songs
- dressing up and playing make believe
- climbing.

Some ideas for spending time with me:

- read books with me every day
- talking, play and sing with me
- visit the playground, library or play group with me
- count my toys with me.

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

- NOT doing things I used to
- NOT coming to you for comfort
- NOT understanding many words
- NOT enjoying pretend play
- NOT running.





The 2 year visit

Topics for discussion may include:

Health and Safety

- healthy eating for the whole family
- taking care of your child's teeth and organising a dental appointment
- supervising your mobile child
- immunisations
- how to be sun smart
- growth.

Development

- parental concerns
- your child's behaviour and how to respond
- your child's movement and walking
- helping your child communicate with others
- toilet training and learning to wash hands.

Family

- positive parenting and helping your child manage their feelings and behaviours
- going to play group or child care
- smoking or vaping – call quitline for support on 13 78 48.

Readiness for School

- regular story reading to build literacy skills
- encouraging your child to play with others
- singing the alphabet and counting.





Questions for Parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 2 year health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child have teeth yet?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____





Development status

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

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

Child's name

Parent's name

Child's date of birth

/ /

Child's age

Today's date

/ /

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

.....

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

Do you have any concerns about how your child behaves?	No	Yes	A little
--	----	-----	----------

Comments:

Do you have any concerns about how your child gets along with others?	No	Yes	A little
---	----	-----	----------

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills?	No	Yes	A little
---	----	-----	----------

Comments:

Please list any other concerns:

Child health check - 2 years

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

Name _____

Date of birth / / _____

Sex m / f _____

Health Assessment

Normal Review Refer

Weight

kg

%

Length

cm

%

Body Mass index (BMI)

Eyes

Observation

Presence of squint/strabismus

Corneal reflexes

Pupil

Ocular movements

Evaluate gait

Oral health 'Lift the lip' check

Health protective factors

Yes

No

Concerns

No concerns

Parent questions completed?

Age appropriate immunisation completed as per schedule?

Are there any risk factors?

Hearing

Vision

Outcome

Normal

Review

Refer



Appropriate health
information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes

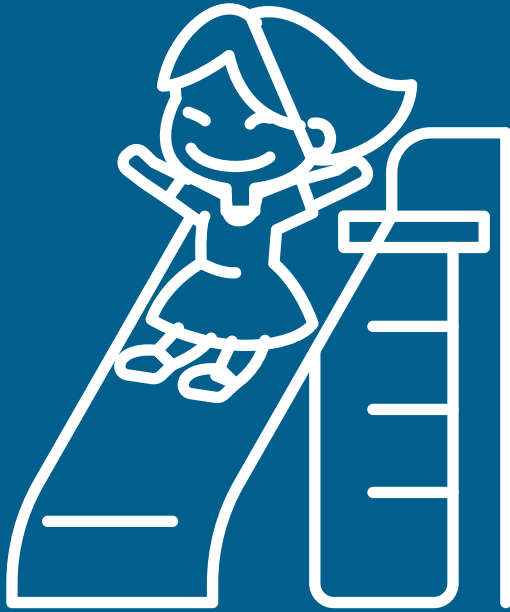




Notes



3 years



3
YEARS

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, joining the dots
- running and learning to climb stairs.

Some ideas for spending time with me:

- read books with me everyday
- allow me to try things by myself
- support me to ride a balance bike or tricycle
- encourage me to play with other children
- allow me lots of outdoor play.

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

- NOT doing things I used to
- NOT speaking clearly enough for others to understand me
- NOT understanding simple instructions
- NOT playing with other children
- NOT making eye contact.



The 3 year visit

Topics for discussion may include:

Health and Safety

- healthy eating for the whole family
- taking care of your child's teeth and organising a dental appointment
- supervising your mobile child out of the house
- immunisations
- growth.

Development

- parental concerns
- how to help your child be independent
- your child's movement and walking
- helping your child communicate with others
- toilet training and personal hygiene.

Family

- positive parenting and helping your child manage their feelings and behaviours
- going to play group or childcare
- smoking or vaping – call quitline for support on 13 78 48.

Readiness for School

- regular story reading to build literacy skills
- encouraging your child to play with others
- practice sitting to do short craft activities, drawings and puzzles.





Questions for Parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 3 year health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child have teeth yet?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____





Development status

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

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

Child's name

Parent's name

Child's date of birth

/ /

Child's age

Today's date

/ /

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

.....

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

No

Yes

A little

Comments:

.....

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

Do you have any concerns about how your child behaves?	No	Yes	A little
--	----	-----	----------

Comments:

Do you have any concerns about how your child gets along with others?	No	Yes	A little
---	----	-----	----------

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills?	No	Yes	A little
---	----	-----	----------

Comments:

Please list any other concerns:

Child health check - 3 years

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

Name

Date of birth / /

Sex m / f

Health Assessment

Normal Review Refer

Weight

kg

%

Length

cm

%

Body Mass index (BMI)

Eyes

Observation

Presence of squint/strabismus

Corneal reflexes

Pupil

Ocular movements

Oral health 'Lift the lip' check

Health protective factors

Yes

No

Concerns

No concerns

Parent questions completed?

Age appropriate immunisation completed as per schedule?

Are there any risk factors?

Hearing

Vision

Outcome

Normal

Review

Refer



Appropriate health information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

Notes





Notes

4 years



4
YEARS

I am 4 years old

Some things I may be doing:

- counting 10 or more objects
- choosing to play with other children
- starting to tell the difference between real and pretend.
- wanting to do more things by myself
- catching a bounced ball.

Some ideas for spending time with me:

- read a book and let me act out the story
- sort toys by shape and colour
- support me to ride a balance bike or bike with training wheels
- make time for lots of outdoor play, for example, running and kicking a ball.

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

- NOT doing things I used to
- NOT speaking clearly enough for others to understand me
- NOT taking an interest in other children or what's around me
- NOT making eye contact.



The 4 year visit

Topics for discussion may include:

Health and Safety

- immunisations
- healthy eating for the whole family
- taking care of your child's teeth and organising a dental appointment
- being sun smart
- supervising your mobile child out of the house
- growth.

Development

- parental concerns
- how to help your child be more independent
- your child's feeling and behaviours
- toilet training and personal hygiene.

Family

- positive parenting and helping your child manage their feelings and behaviours
- going to play group, preschool, or childcare
- parent emotional health
- smoking or vaping – call quitline for support on 13 78 48.

Readiness for School

- regular story reading to build literacy skills
- preparing for preschool or kindergarten
- practice including numbers and letters in puzzles, games and craft activities.



Before school health assessment

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

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

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

On my first Day


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

Before school starts

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

- Give your child lots of love and support. Be excited and enthusiastic about starting school.
- Take your child to pre-school orientation day/s so they are familiar with the grounds.
- Explain the basic school rules, such as putting up your hand,
- Asking before going to the toilet, listening quietly, when necessary, and doing what the teacher asks.
- Show your child where the toilets are.



- 
- Try on the uniform and shoes before the first day, 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



Further information about starting school can be found on the Education and Training website: https://www.education.act.gov.au/public-school-life/starting_schoolw



Set up for Success: An Early Childhood Strategy for the ACT.
<https://www.education.act.gov.au/early-childhood/set-up-for-success-an-early-childhood-strategy-for-the-act>



Questions for Parents

Answer these questions before a MACH nurse visits you, or you visit your GP for the 4 year old health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child have teeth yet?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

What does your child eat and drink? _____





Development status

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

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

Child's name _____ Parent's name _____

Child's date of birth / / Child's age _____ Today's date / / _____

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

.....

.....

Do you have any concerns about how your child talks and makes speech sounds? No Yes A little

.....

Comments:

.....

Do you have any concerns about how your child understands what you say? No Yes A little

.....

Comments:

.....

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

.....

Comments:

.....

Do you have any concerns about how your child uses his or her arms and legs? No Yes A little

.....

Comments:

.....

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

Do you have any concerns about how your child behaves?	No	Yes	A little
---	-----------	------------	-----------------

Comments:

Do you have any concerns about how your child gets along with others?	No	Yes	A little
--	-----------	------------	-----------------

Comments:

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

Comments:

Do you have any concerns about how your child is learning preschool or school skills?	No	Yes	A little
--	-----------	------------	-----------------

Comments:

Please list any other concerns:

Child health check - 4 years

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

Name					
Date of birth / /			Sex m / f		
Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Body Mass index (BMI)					
Eyes					
Vision-tested monocularly		Yes	No		
			Normal	Review	Refer
					Under Treatment
Outcome					
Corneal reflexes					
Ocular movements					
Convergence and presence of squint/strabismus					
Results	SGLC* 3m	Right eye 3/		Left eye 3/	
Health protective factors		Yes	No	Concerns	No concerns
Parent questions completed?					
				Yes	No
Completed appropriate immunisation as per schedule?					
Are there any risk factors?					
Hearing					
Vision					
Oral health 'Lift the lip' check					
Appropriate health information discussed?					

Comments

Action taken

Name of doctor or nurse

Signature

Venue

Date of check / /

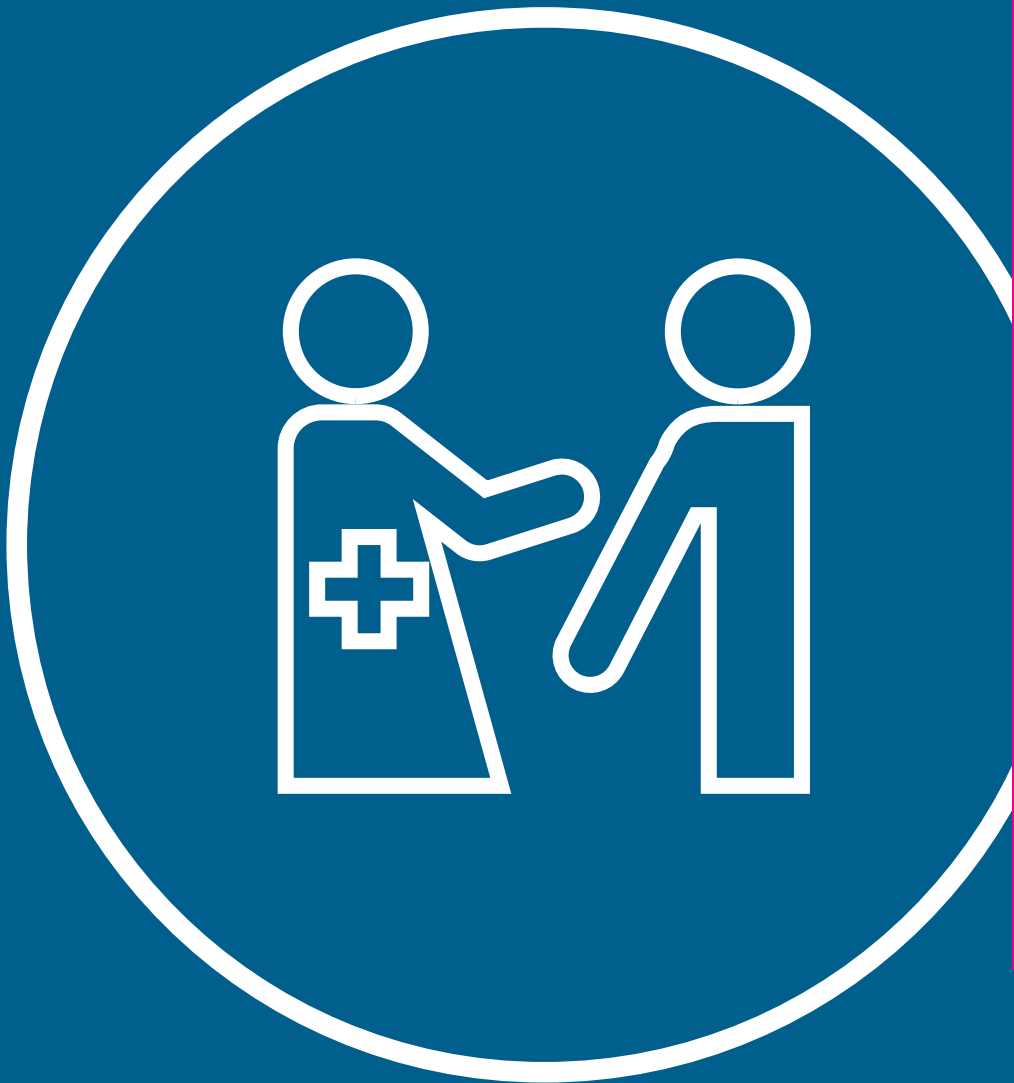
Notes





Notes

Immunisations



Immunisation Information

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

The National Health and Medical Research Council (NHMRC) recommend a National Vaccination Schedule for all children. The current schedule is online: www.health.act.gov.au/services-and-programs/immunisation/babies-and-children.

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

- General practices may charge a consultation fee, however the vaccines are free for eligible children under the NIP. Please call your general practice if you wish to make an appointment.
- Early Childhood Immunisation clinics are free of charge but are only available for children before their 6th birthday. To make an appointment at your nearest clinic, please call the Central Health Intake (CHI) on 5124 9977.

You will be given advice on caring for a child after vaccination during your appointment.

Every baby registered with Medicare is registered with the Australian Immunisation Register (AIR). After every immunisation your child's immunisation status will be updated and can be accessed via Medicare.

Vaccinations for children who are not eligible for Medicare

If you are not eligible for Medicare, you can get your immunisation history statement online through myGov. If you don't have a myGov account, it's easy to create one. To get your immunisation history statement, link the Individual Healthcare Identifiers service (IHI service) to your myGov account. You will need an Individual Healthcare Identifier (IHI). For information on creating a myGov account and IHI service see next page:



myGov

www.servicesaustralia.gov.au/mygov-help-create-mygov-account



IHI

www.servicesaustralia.gov.au/how-to-get-individual-healthcare-identifier?context=22591

For more information you can contact the ACT Health Immunisation Unit on 5124 9800.

Important information for parents

Important information for parents/guardians

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

A single booster dose of an adult pertussis containing vaccine (dTpa vaccine) is recommended for parents and grandparents prior to the baby's birth or as soon as possible after the baby's delivery (you will need to pay for this vaccine).



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

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

The influenza (flu) vaccination is available from 6 months of age to 5 years under the NIP and is safe to give with other vaccines on the schedule. Yearly influenza vaccinations are recommended for all adults (you may have to pay for this vaccine).

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

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

Aboriginal and Torres Strait Islander children are eligible for additional vaccines, please consult your GP or ACT Health Immunisation Unit on 5124 9800 for more information.

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

All children must be accompanied by a parent or guardian to receive their vaccination at an Early Childhood Immunisation Clinic. If a carer other than the parent or guardian is with the child for the appointment, written consent from the parent or guardian and a phone call at the time of the appointment will be required for the vaccination to proceed.



Immunisation record card.

This card can be used for childcare and school enrolment.

Please keep with other important records.

Name				
Date of birth / /		Sex m / f		
Medicare number				
Number on card				
Do you identify as:	Aboriginal	y / n	Torres Strait Islander	y / n
	neither	y / n	both	y / n
Requires additional vaccines		y / n		
Address				
			Post code	
Phone (h)	(w)	(m)		
Email				
Comments (e.g. allergies, adverse reactions)				

.....

.....

.....

.....

If under 18 years of age

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

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

Parent/Guardian 's signature:

Immunisation record

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

Name:

Date of Birth: / /

Age	Date given	Batch No.	Providers signature	Informed consent (Client initials)	Next dose due
Birth					
Hepatitis B					
6 – 8 weeks					
Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
4 months					
Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					



Age	Date given	Batch No.	Providers signature	Informed consent (Client initials)	Next dose due
-----	------------	-----------	---------------------	------------------------------------	---------------

6 months (Check additional vaccines required for children at risk)

Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b (Hib) and hepatitis B					
--	--	--	--	--	--

12 months (Check additional vaccines required for children at risk)

Meningococcal ACWY					
Measles, mumps and rubella (MMR)					
Pneumococcal					

18 months

Measles, mumps, rubella and varicella (MMRV)					
Haemophilus influenzae type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					

4 years (Check additional vaccines required for children at risk)

Diphtheria, tetanus, pertussis and poliomyelitis					
--	--	--	--	--	--

Your child's next vaccinations are due in Year 7 at school. Canberra Health Services offers these vaccines FREE through the School Immunisation Program.

For more information, please call the ACT Health Immunisation Line on 5124 9800 or refer to the Canberra Health Services website at:

www.canberrahealthservices.act.gov.au/services-and-clinics/services/high-school-immunisation-program.

Other immunisations

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

Name:

Date of Birth:

Vaccine given	Date given	Batch No.	Providers signature	Parent/ guardian signature