

Queensland Health

Personal Health *Record*





This is the Personal Health Record of

Child's surname _____ Given name(s) _____

Home address _____

Change of address _____

Date of birth _____ / _____ / _____ ☐ M ☐ F ☐ I Birth weight _____

Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No

Aboriginal ☐ Yes Torres Strait Islander ☐ Yes

Both Aboriginal and Torres Strait Islander ☐ Yes ☐ No

Main language spoken at home _____ Interpreter needed? ☐ Yes ☐ No

Medicare number _____ Number of siblings _____

Parent/Caregiver 1 _____ Personal phone _____

Work phone _____ Email _____

Parent/Caregiver 2 _____ Personal phone _____

Work phone _____ Email _____

Child Health Service Identification Number

Place UR sticker here



Emergency contacts

Hospital: _____

Ambulance, Police or Fire, call 000

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

General contacts

General practitioner _____ Child health nurse _____

Paediatrician _____ Dentist _____

| | | |
|--|--|--|
| 13 HEALTH (Child Health Nurse - available from 6.30 am – 11pm) | 13 43 25 84 | www.health.qld.gov.au/13health |
| Aboriginal and Torres Strait Islander Child Health Resources | | www.childrens.health.qld.gov.au/our-work/aboriginal-and-torres-strait-islander-childrens-health |
| Aboriginal & Torres Strait Islander Crisis Support | 13YARN (13 92 76) | www.13yarn.org.au |
| Alcohol and Drug Information Service (ADIS) | 1800 177 833 | www.adis.health.qld.gov.au |
| Australian Breastfeeding Association Helpline | 1800 686 268 | www.breastfeeding.asn.au |
| Australian Immunisation Register | 1800 653 809 | www.servicesaustralia.gov.au/australian-immunisation-register |
| Australian Multiple Birth Association - AMBA | 1300 886 499 | www.amba.org.au |
| Breastfeeding Information (Queensland Health) | | www.health.qld.gov.au/breastfeeding |
| Beyond Blue Parenting and mental health | 1300 224 636 | www.beyondblue.org.au/get-support/parenting |
| Children's Health Queensland | | www.childrens.health.qld.gov.au |
| Child Safety After Hours Service Centre | 1800 177 135 | |
| Connecting2u (free SMS service) | | www.childrens.health.qld.gov.au/our-work/connecting2u |
| DV Connect (domestic violence helpline) | Women: 1800 811 811 (24/7) Men: 1800 600 636 (9 am- midnight) | www.dvconnect.org |
| Disability Information and Support | 13 QGOV (13 74 68) | www.qld.gov.au/disability |
| Ellen Barron Family Centre (parenting support service) | 1300 408 213 | www.childrens.health.qld.gov.au/ellen-barron-family-centre |
| ForWhen: Perinatal Depression & Anxiety Helpline | 1300 242 322 | |
| Healthdirect | 1800 022 222 | www.healthdirect.gov.au |
| Kidsafe | (07) 3854 1829 | www.kidsafeqld.com.au |
| Lifeline | 13 11 14 or SMS 0477 131 114 | www.lifeline.org.au |
| PANDA (Perinatal Anxiety & Depression Australia) | 1300 726 306 (Mon – Sat) | www.panda.org.au |
| Parentline (Phone Counselling Service) | 1300 301 300 | www.parentline.com.au |
| Raising Children Network | | www.raisingchildren.net.au |
| Quitline | 13 78 48 | www.quitline.qld.gov.au |
| Queensland Centre for Perinatal and Infant Mental Health | (07) 3266 0300 | www.childrens.health.qld.gov.au/our-work/queensland-centre-for-perinatal-and-infant-mental-health |
| SMS4dads | | www.sms4dads.com.au |
| True (Relationships and Reproductive Health) | | www.sms4dads.com.au/deadly-dads www.true.org.au |



Foreword

This Personal Health Record, developed by Children's Health Queensland with statewide consultation, meets the Queensland Universal Child Health Framework. Queensland Child and Youth Clinical Network -Child Health Subnetwork (2014).

Children's Health Queensland is a specialist statewide hospital and health service delivering world-class, person-centred paediatric care for children and young people across Queensland and northern New South Wales. A recognised leader in paediatric healthcare, teaching and research, Children's Health Queensland delivers tertiary-level care in the Queensland Children's Hospital, alongside an integrated network of community-based child and youth health, and mental health services across Queensland, including specialist outreach and telehealth services. For more information about our services, visit **www.childrens.health.qld.gov.au** or 'Find us on Facebook' via **www.facebook.com/childrenshealthqld**

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

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

Acknowledgments

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

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





Aboriginal and Torres Strait Islander Children



Queensland Health is committed to closing the health gap in health outcomes for Aboriginal and Torres Strait Islander peoples.

If your baby is Aboriginal and/or Torres Strait Islander, please place below stickers on the front red cover of this book. They inform health care providers that your baby is eligible for additional health supports.



- While your baby may have passed their newborn hearing screen, a pass at birth is not a pass for life as hearing can change. It's important to have your child's ears regularly checked and raise any concerns about your baby's hearing at the health centre.
- Middle ear infections are common in all children and can impact on your child's hearing, learning, behaviour and development. Aboriginal and Torres Strait Islander children have a high rate of middle ear infections, ask the health centre to check your child's ears, let them know if you have any concerns.
- To prevent identified diseases and help close the health gap, Aboriginal and Torres Strait Islander children are eligible for additional immunisations. It is recommended to have yearly health checks for your child.
- For further support, contact your local Aboriginal community-controlled health organisation, Aboriginal and/or Torres Strait Islander Health Practitioner or Health Worker, health centre or hospital.
- For further information on Children's Health Queensland's Statewide Aboriginal and Torres Strait Islander Ear Health Program www.childrens.health.qld.gov.au/our-work/deadly-ears



Using this book

Register your Baby now!

It is really important to register your newborn's birth.

Birth registration is compulsory and it is free, you must register your baby within 60 days.

If your baby's sex characteristics are different to typical male or female traits—such as some intersex variations or differences of sex development—you have 180 days to register their birth.

This gives you time to talk with your baby's doctor(s), and intersex community support—before making an informed choice about the sex to record on their birth certificate.

You may need your child's birth certificate for proof of age and place of birth and for:

- access to healthcare and other government services
- entry to childcare, kindy or school
- an Australian passport.

After the birth of your baby the hospital or midwife will give you birth registration forms and information on how to register the birth online.

www.bdm.qld.gov.au/registration/birth/birth.m

You may choose to order and pay for a birth certificate at the same time.
Once you have registered the birth you can also apply for the birth certificate.
A fee for the birth certificate applies.

Aboriginal and Torres Strait Islander families: please scan QR code for more information on the Our Kids Count and Deadly Choices Birth Certificate Initiative.



Mother Lore design from the Department of Justice and Attorney General

Queensland Registry of Births Deaths and Marriages

Post: PO Box 15188, CITY EAST QLD 4002

Phone: 13 74 68

Using the Personal Health Record

Congratulations on the birth of your baby.

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

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

- immunisation sessions
- your doctor or paediatrician
- child health nurses — contact 13HEALTH for your local Community Child Health service
- drop in centres/clinics
- dental professionals
- Aboriginal community-controlled health organisations
- other health care providers
- hospitals
- mental health services
- enrol in child care, kindergarten or school.

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

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

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

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

To download a copy of the Personal Health Record and Child Health Information booklet go to
www.childrens.health.qld.gov.au/personal-health-record

Do you need help reading English?

If you do not read English, please phone the Translating and Interpreting Service (TIS National) on 131 450 or scan the QR code.

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



如果您看不懂英语，请打电话至笔译及口译服务处 (TIS National)，号码 131 450。

在前往任何保健机构、医生诊所或医院时，请携带这本手册。(Simplified Chinese)

Nếu không đọc được tiếng Anh, vui lòng gọi cho Dịch vụ Thông phiên dịch (TIS National) theo số 131 450. Vui lòng mang theo tập sách này khi đến bất kỳ dịch vụ y tế, bác sĩ hoặc bệnh viện nào. (Vietnamese)

Haddii aadan akhrin Ingiriisiga, fadlan wac Adeegga Fasiraada iyo Turjumaada (Translating and Interpreting Service - TIS National) 131 450. Fadlan qaado buugan markaad u tagayso adeeg caafimaad, dhakhtar, ama isbitaal. (Somali)

إذا كنت لا تجيد قراءة اللغة الإنجليزية، فيرجى الاتصال بخدمة الترجمة التحريرية والشفهية (TIS National) على الرقم 131450. يرجى أخذ هذا الكتاب معك عندما تذهب إلى أي خدمة صحية أو طبيب أو مستشفى. (Arabic)

اگر نمی توانید انگلیسی بخوانید، لطفاً به خدمات ترجمانی شفاهی و تحریری (TIS National) به نمره 131 450 تلفون کنید. هر باری که به کدام خدمات صحتی، داکتر، یا شفاخانه می روید، لطفاً این کتاب را با خودتان ببرید. (Dari)

영어를 읽지 못하는 경우, 131 450 번으로 전국 통번역 서비스 (TIS)에 전화하십시오.

모든 의료 서비스와 의사 진료 예약 및 병원 방문 시 이 책자를 지참하시기 바랍니다. (Korean)

Ikiwa husomi Kiingereza, tafadhali pigia simu Huduma ya Utafsiri na Ukalimani (TIS National) kwa nambari 131 450. Tafadhali chukua kitabu hiki unapohudhuria huduma yoyote ya afya, daktari, au hospitali. (Swahili)

اگه انگلیسی خوانده نمی تتید، لطف کیده به خدمات ترجمانی شفاهی و کتبی (TIS National) د شماره 131 450 زنگ دید. لطفاً هر دفه که د یگو خدمات صحی، پیش داکتر، یا شفاخانه مورید ای کتاب ره قد خود خو بوبرید. (Hazaragi)

အကယ်၍ သင် အင်္ဂလိပ်လို မဖတ်တတ်ပါက ကျေးဇူးပြု၍ ဘာသာပြန်နှင့် စကားပြန်ဝန်ဆောင်မှု (TIS National) 131 450 ကို ဖုန်းဆက်ပါ။

သင် ကျန်းမာရေး ဝန်ဆောင်မှု တစ်စုံတစ်ရာ၊ ဆရာဝန်၊ သို့မဟုတ် ဆေးရုံသို့ သွားသည့်အခါ ကျေးဇူးပြု၍ ဤစာအုပ်ကို သင်နှင့်အတူ ယူဆောင်သွားပါ။ (Burmese)

اگر قادر به خواندن انگلیسی نیستید، لطفاً با خدمات ترجمه کتبی و شفاهی (TIS National) به شماره 131450 تماس بگیرید. لطفاً به هنگام مراجعه به کلیه خدمات بهداشتی و درمانی، دکتر یا بیمارستان، این کتاب را به همراه داشته باشید. (Farsi)

Ger hûn Îngilîzî nexwendin, ji kerema xwe telefon bikin Servîsa Werger û Wergerandinê (TIS National) li 131 450. Ji kerema xwe vê pirtûkê bi xwe re bînin dema ku hûn diçin xizmeta tenduristiyê, doktor, an nexweşxaneyê. (Kurdish Kurmanji)

Niba udashobora gusoma icongereza, usabwa guhamagara serivisi ishinzwe Guhindura no Gusobanura Indimi (TIS National) kuri 131 450. Usabwa kuzanana iki gitabo mugihe ugiye kuri serivisi z'ijanyo no ubuzima, umuganga, canke ibitaro. (Kirundi)

Si no puede leer en inglés, por favor llame al Servicio de Traducción e Interpretación (TIS National) al 131 450. Por favor lleve este libro con usted cuando acuda a cualquier servicio de salud, al médico o al hospital. (Spanish)

英語の読解ができない方は、131 450 の翻訳通訳サービス(TIS National)までお電話ください。
医療サービス、医師、病院をご利用の際は、この本を持参してください。 (Japanese)

General practitioner/doctor role

Your family doctor or general practitioner (GP) plays an important role in your family's health care. Your doctor can provide healthcare and support for you and your children. Your doctor is usually the first health professional you see if you have any concerns about your child's health. Services include:

- immunisations
- health and development checks
- care for minor injuries and illnesses
- working with child health nurses and specialists to manage your child's care.

Child health nurse role

Child health nurses are registered nurses with specialist qualifications and experience in child and family health nursing. Child health nurses may also hold qualifications in midwifery or paediatrics or be International Board Certified Lactation Consultants (IBCLC). Child health nurses play an important role in supporting you and your family following the birth of your baby up until your child turns 5. Some of the services a child health nurse provides include:

- immunisations
- health and development checks.

They also provide health education and support on a range of early childhood concerns including:

- safe sleeping and settling
- baby's feeding
- nutrition and play
- oral health
- relationship with your baby and family health.

Parents' Evaluation of Developmental Status – Revised (PEDS-R®)

As a parent you know your child better than anyone else does. You may notice things about your child that concern or worry you – even things that no one else has noticed. It is important that you talk to your doctor or child health nurse about this. Talking with a doctor or child health nurse about your concerns can help everyone understand your child better. It may also help pick up any concerns with your child early. PEDS-R® is a set of 12 tested and reliable questions that your doctor or child health nurse will talk to you about at the following health checks:

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

Please take the time to answer these questions before you visit your child health nurse or doctor for your child's health checks.

Connecting2u

Connecting2u is a free text messaging service for new Queensland parents and carers with timely information, tips and health check reminders to help keep your child safe, happy and healthy. Scan the below QR code to sign up for regular text messages up until your baby turns 5 on topics including, breastfeeding, bonding with baby, settling and safe sleeping, self-care, brain development, health checks and immunisation reminders. Tailored messaging is also available for parents or carers who identify as Aboriginal and/or Torres Strait Islander.



Promoting your child's health

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

Tests which will be performed

NBS Newborn Bloodspot screening (NBS) is a free population health screening program for all newborn babies. This program screens for a number of conditions that can cause serious illness and/or affect a child's development. Screening early in life means that diagnosis and treatment can begin as soon as possible which leads to better health outcomes for your baby. A blood sample is taken from your baby's heel and applied to a special screening card. To ensure the best health outcomes, the test is best performed when your baby is between 48 and 72 hours of age (2-3 days). Your baby may need to have more than one screening card collected. Your health provider will contact you if repeat screening is needed.
If the test is not done in the hospital, it should be done before your baby is 5 days old.

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

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

Your child will receive a FREE vision screen by a Registered Nurse during their prep year of schooling (Government Funded). It is important to identify a visual problem which could impact your child's ability to learn and play at school.

| | |
|--------------------|---|
| Hearing | Hearing screening is now offered to all newborn babies in Queensland. It is important to identify a hearing loss as soon after birth as possible so that your child is given the best chance for developing normal speech and language. If this screen is not done in hospital you should arrange an outpatient appointment to have it done as soon as possible. |
| Growth | Measuring your child's height, weight and head circumference assists in assessing your child's growth. |
| Development | Observations help to identify problems of speech, language, movement and social skills. For extra ideas on how you can encourage your child's development go to: www.slq.qld.gov.au/first5forever www.playmatters.org.au/about/queensland |
| Hips | Developmental dysplasia of the hips (previously called congenital dislocation of the hips) is a condition which can lead to problems with standing and walking and to painful degeneration of the hips with time. Examination and assessment of your baby's hips may enable early detection of problems. |
| Heart | Your doctor will check your baby for heart problems, including congenital heart disease. This is done at birth, again within the first week and at six weeks. If you go home from hospital early, please ensure you have your baby checked by your doctor within the first week and at six weeks. This examination should be repeated between two and a half and three and a half years of age. |
| Testes | Boys are assessed to check the testes have descended well down into the scrotum. |

Significant health events/problems

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

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

| Date | Age | Problem | Management and/or health service attended |
|------|-----|---------|---|
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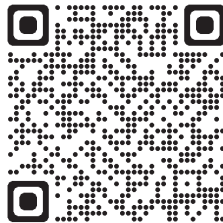


Neonatal examination

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

www.raisingchildren.net.au

or scan the QR Code



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

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

Place of birth _____ UR _____

Doctor/midwife _____

Date of birth _____ / _____ / _____ ☐ M ☐ F

Time of birth _____ Birth weight _____

Pregnancy information

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

Mother's blood group _____ Anti D given ☐ Yes ☐ No ☐ Antenatal visit attendance

Labour ☐ Spontaneous ☐ Induced Reason for induction _____

Labour complications _____ Type of delivery _____

Postpartum complications _____

Neonatal information

Gestation _____ Apgar: 1 minute _____ 5 minutes _____

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

Abnormalities at birth _____ Problems requiring treatment _____

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

OR Vitamin K oral ☐ Dose 1 _____ / _____ / _____ ☐ Dose 2 _____ / _____ / _____ ☐ Dose 3 _____ / _____ / _____

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

Respiratory syncytial virus (RSV) immunisation ☐ Yes ☐ No

Neonatal notes

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

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

Neonatal examination – prior to discharge

Date ____ / ____ / ____ Age ____ Weight ____

Head circ ____ Feeding ____

Child's name _____

Medical Record Number _____

Signature _____

Birthmarks _____

Additional information/Risk factors/concerns

Antenatally diagnosed fetal abnormality _____

Family history (including deafness) _____

Feeding concerns _____

Mother's medication/supplements _____

Baby's medication/supplements _____

SCN* or NICU** (duration and diagnosis) _____

Other issues _____

Examination

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

☐

spine

☐

respiratory

☐

fontanelle/sutures

☐

genitalia

☐

cardiac (auscultation and femorals)

☐

ears

☐

anus

☐

abdomen

☐

mouth/palate/tongue/frenulum

☐

meconium passed

☐

hips

☐

limbs

☐

urine passed

☐

neurological/reflexes

☐

eyes and red reflexes

Comments _____

Newborn Bloodspot screening

☐

Completed

☐

Not completed

Repeat Due Date ____ / ____ / ____

Reason for repeat _____

☐

Declined

Pulse Oximetry Screen

☐

Done

☐

Not done

Date ____ / ____ / ____

Highest oxygen saturation ____ %

Healthy Hearing screening

☐

Completed

☐

Not completed

Date ____ / ____ / ____

(see page 23)

Hepatitis B vaccination

☐

Yes

☐

No

Date ____ / ____ / ____

(record on page 83)

Respiratory syncytial virus (RSV) immunisation

☐

Yes

☐

No

Date ____ / ____ / ____

(record on page 83)

Health care professionals please note: if Newborn Bloodspot Screening is not filled in, please phone Pathology Queensland NBS laboratory (07) 3646 7051 to determine whether the test has been collected. * SCN = Special Care Nursery ** NICU = Neonatal Intensive Care Unit

Neonatal examination – prior to discharge

Date ____ / ____ / ____ Age ____ Weight ____

Head circ ____ Feeding ____

Child's name _____

Medical Record Number _____

Signature _____

Birthmarks _____

Additional information/Risk factors/concerns

Antenatally diagnosed fetal abnormality _____

Family history (including deafness) _____

Feeding concerns _____

Mother's medication/supplements _____

Baby's medication/supplements _____

SCN* or NICU** (duration and diagnosis) _____

Other issues _____

Examination

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

☐

spine

☐

respiratory

☐

fontanelle/sutures

☐

genitalia

☐

cardiac (auscultation and femorals)

☐

ears

☐

anus

☐

abdomen

☐

mouth/palate/tongue/frenulum

☐

meconium passed

☐

hips

☐

limbs

☐

urine passed

☐

neurological/reflexes

☐

eyes and red reflexes

Comments _____

Newborn Bloodspot screening

☐

Completed

☐

Not completed

Repeat Due Date ____ / ____ / ____

Reason for repeat _____

☐

Declined

Pulse Oximetry Screen

☐

Done

☐

Not done

Date ____ / ____ / ____

Highest oxygen saturation ____ %

Healthy Hearing screening

☐

Completed

☐

Not completed

Date ____ / ____ / ____

(see page 23)

Hepatitis B vaccination

☐

Yes

☐

No

Date ____ / ____ / ____

(record on page 83)

Respiratory syncytial virus (RSV) immunisation

☐

Yes

☐

No

Date ____ / ____ / ____

(record on page 83)

Health care professionals please note: if Newborn Bloodspot Screening is not filled in, please phone Pathology Queensland NBS laboratory (07) 3646 7051 to determine whether the test has been collected. * SCN = Special Care Nursery ** NICU = Neonatal Intensive Care Unit

Child's name _____

Medical Record Number _____

Treatment required

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

Investigations

Health promotion topics discussed with parents or care giver

- | | |
|--|--|
| <input type="checkbox"/> Using this Personal Health Record including PEDS-R® | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Using the Child Health Information booklet | <input type="checkbox"/> Parent/carer pertussis vaccination (record on page 87) |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Smoking (incl passive smoking), vaping , alcohol, drug use |
| <input type="checkbox"/> Safe infant sleeping information | <input type="checkbox"/> Roles of GP/child health nurse/community midwife/health worker |
| <input type="checkbox"/> Injury prevention & reducing home hazards | <input type="checkbox"/> Adjustment to parenthood / parents' mental health & wellbeing |
| <input type="checkbox"/> Importance of regular growth checks | <input type="checkbox"/> Ear & hearing health and need for regular ear & hearing checks (Aboriginal and Torres Strait Islander) |

Recommendations, follow-ups, discharge medication

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

Signature of doctor or midwife _____ Name _____

Child's name _____

Medical Record Number _____

Treatment required

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

Investigations

Health promotion topics discussed with parents or care giver

- | | |
|--|--|
| <input type="checkbox"/> Using this Personal Health Record including PEDS-R® | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Using the Child Health Information booklet | <input type="checkbox"/> Parent/carer pertussis vaccination (record on page 87) |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Smoking (incl passive smoking), vaping , alcohol, drug use |
| <input type="checkbox"/> Safe infant sleeping information | <input type="checkbox"/> Roles of GP/child health nurse/community midwife/health worker |
| <input type="checkbox"/> Injury prevention & reducing home hazards | <input type="checkbox"/> Adjustment to parenthood / parents' mental health & wellbeing |
| <input type="checkbox"/> Importance of regular growth checks | <input type="checkbox"/> Ear & hearing health and need for regular ear & hearing checks (Aboriginal and Torres Strait Islander) |

Recommendations, follow-ups, discharge medication

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

Signature of doctor or midwife _____ Name _____

Healthy Hearing

If hearing screen was not undertaken, indicate reason: _____

Hearing screen results

Screen 1 Date ____/____/____

Right ear ☐ Pass ☐ Refer

Left ear ☐ Pass ☐ Refer

2nd screen required ☐ Yes ☐ No

Signature _____

Screen 2 Date ____/____/____

Right ear ☐ Pass ☐ Refer

Left ear ☐ Pass ☐ Refer

Signature _____

AABR 3 - If result reversed in screens 1 and 2 only

Screen 3 Date ____/____/____

Right ear ☐ Pass ☐ Refer

Left ear ☐ Pass ☐ Refer

Signature _____

Diagnostic audiology testing referral ☐ Yes ☐ No

Family support referral ☐ Yes ☐ No

Follow-up audiology required before first birthday? ☐ Yes ☐ No

Audiology follow up at _____

List risk factors _____

Audiology/ENT Comments _____



Health checks

Neonatal examination by day 7

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

Date ____/____/____ Age____ Weight____

Head Circ____ Feeding _____ Signature _____

Hearing screen (see page 23): ☐ Further assessment indicated ☐ No further assessment indicated ☐ Screen not done

Newborn Bloodspot screening (see page 19 and 20) ☐ Completed ☐ Repeat completed Date ____/____/____ ☐ N/A ☐ Declined

Family history (including deafness) _____

Mother's medication/supplements _____

Baby's medication/supplements _____

Feeding concerns _____

Birth marks _____

Examination

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

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

Comments _____

Recommendations, follow ups, medication _____

Health promotion issues discussed with parents or care giver

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

Doctor's signature _____ Name _____



Questions for parents

Circle your answers

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

| Hearing profile | | | |
|---|-----|----|--------|
| Has your baby had a hearing screen (see P23)? | Yes | No | Unsure |
| If yes, was your baby referred for a further hearing test by an audiologist? | Yes | No | Unsure |
| Did any of baby's parents, brothers or sisters have permanent hearing loss before they were three years old? | Yes | No | Unsure |
| Did any of baby's parents, brothers or sisters have middle ear infections, and/or associated hearing loss? | Yes | No | Unsure |
| Did your baby have severe problems with breathing (asphyxia) or convulsions when he/she was born? | Yes | No | Unsure |
| Did you have any infections, such as rubella, toxoplasmosis, CMV, herpes or syphilis during pregnancy? | Yes | No | Unsure |
| Has your baby had meningitis? | Yes | No | Unsure |
| Does your baby have a cleft palate or other problem of his/her face or head? | Yes | No | Unsure |
| Has your baby been diagnosed with a syndrome, e.g. Down Syndrome? | Yes | No | Unsure |
| Was your baby treated for severe jaundice while in hospital? | Yes | No | Unsure |
| Vision profile | | | |
| Have any of your baby's close relatives had a turned eye or lazy eye? | Yes | No | Unsure |
| Did anyone in your family have problems with vision when they were children? | Yes | No | Unsure |
| Was your baby born before 37 weeks? | Yes | No | Unsure |
| Did you have any infections during pregnancy? | Yes | No | Unsure |
| Other | | | |
| Has your baby had a newborn bloodspot screen? | Yes | No | Unsure |
| Does your baby require a repeat newborn bloodspot screen? | Yes | No | Unsure |
| Did baby's mother have a diabetic condition during pregnancy? (If yes – discuss regular screening for mother) | Yes | No | Unsure |
| Do you have any questions about your baby's immunisation? | Yes | No | Unsure |
| Do you feel you and your partner are coping with the adjustment to parenthood? | Yes | No | Unsure |
| If you circled any of the shaded answers, it is important to discuss these with your health professional. | | | |



Questions for parents

Circle your answers

Before your child's first health check

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

Suggested topics for discussion

| | | |
|-----------------|---|--|
| General | <ul style="list-style-type: none"> • Using this record • Services offered by your GP/child health nurse/health worker | <ul style="list-style-type: none"> • Using the Child Health Information booklet • The importance of the PEDS-R® questionnaire |
| Your baby | <ul style="list-style-type: none"> • Immunisation • Safe infant sleeping information • Passive smoking • Tummy time • Ear infections and hearing loss • Vision and eye health • Strategies for supine settling • Sleeping, comforting | <ul style="list-style-type: none"> • Talking, reading, singing and playing with your baby • Parent-child relationships (bonding/attachment) • Injury prevention (e.g. car capsules) & reducing home hazards • Sun protection • Feeding and growth • No screen time e.g. TV |
| Parents' health | <ul style="list-style-type: none"> • Support groups • Contraception • Mother's breast care, breastfeeding, (attachment positioning, comfort, supply, expressing) | <ul style="list-style-type: none"> • How you are coping with your baby • Nutrition and rest • Smoking (incl passive smoking), vaping, alcohol, drug use • General Health (including mother's EPDS* or KMMS**) • Family relationships |

*EPDS = Edinburgh Postnatal Depression Scale
 **KMMS - Kimberley Mum's Mood Scale

Health assessment

Approx 0–4 weeks

Child's age _____

To be completed by doctor or child health nurse.

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

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

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



Questions for parents

Circle your answers

Before your child's 2 month health check

| | | | |
|--|-----|----|--------|
| Did you circle any shaded answers on P29? | Yes | No | Unsure |
| Has baby's mother had a postnatal check six weeks after the birth? | Yes | No | Unsure |
| Was your baby checked then? | Yes | No | Unsure |
| Have you had the opportunity to complete the Edinburgh Postnatal Depression Scale? | Yes | No | Unsure |
| Does your baby turn towards light? | Yes | No | Unsure |
| Does your baby watch your face and follow with his/her eyes? | Yes | No | Unsure |
| Does your baby smile at you? | Yes | No | Unsure |
| Do you think your baby can hear you? | Yes | No | Unsure |
| Is your baby startled by loud sounds? | Yes | No | Unsure |
| When lying face down during supervised play-time, does your baby lift his/her head? | Yes | No | Unsure |
| Has your baby been given their vaccinations due at 6 weeks? | Yes | No | Unsure |
| Have you had any problems feeding your baby? | Yes | No | Unsure |
| If you have circled any of the shaded answers, it is important to discuss these with your health professional. | | | |
| What are you feeding your baby? | | | |

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- General Health (including mother's EPDS* or KMMS**)
- Injury prevention & reducing home hazards
- Feeding including patterns and growth
- Continuing breastfeeding – supply
- Introduction of solids at around 6 months
- Infant tooth decay
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Tummy time
- Safe sleeping
- Comforting, sleeping & settling
- Wrapping techniques
- What to expect from your baby
- Ear infections and hearing loss
- Sun protection
- Genital care and hygiene
- Parent-child relationships
- Screen time e.g. TV
- Bowel motion changes
- Contraception
- Vision and eye health
- Family relationships
- Talking, reading, singing & playing with your baby

*EPDS = Edinburgh Postnatal Depression Scale

**KMMS - Kimberley Mum's Mood Scale

Health assessment

Approx 2 months (6–8 weeks)

Child's age _____

To be completed by doctor or child health nurse.

| Health Assessment | Within Normal Limits | | Review | Refer | Comments |
|--|---|---|--------|-------|----------|
| | Yes | No | | | |
| Weight _____ kg | | | | | |
| Length _____ cm | | | | | |
| Head circumference _____ cm | | | | | |
| Head symmetry | | | | | |
| Mouth/palate/frenulum | | | | | |
| Vision/eye examination (refer to P12) | | | | | |
| Ear and hearing health | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Aboriginal and Torres Strait Islander ear check (otoscopy) | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Cardiovascular | | | | | |
| Femoral pulses | | | | | |
| Hips | | | | | |
| Genitalia | | | | | |
| Skin check | | | | | |
| Development | | | | | |
| Child's vaccinations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, comments: | | | | | |

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

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

See page 83 and speak to your vaccination provider.



Questions for parents

Circle your answers

Before your child's 4 month health check

| | | | |
|---|-----|----|--------|
| Are you concerned about any aspect of your baby's health? | Yes | No | Unsure |
| Are your baby's vaccinations up-to-date? | Yes | No | Unsure |
| Have you had any problems feeding your baby? | Yes | No | Unsure |
| Did you circle any shaded answers to questions on P29? | Yes | No | Unsure |

Hearing profile

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

Vision profile

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

Development and activity

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

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

What are you feeding your baby?

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- Parents' health and wellbeing
- Injury prevention & reducing home hazards
- Infant tooth decay
- Daily routine
- Sun protection
- Continuing breastfeeding – supply
- Feeding and growth
- Introduction of solids, around 6 months
- Family relationships
- Parent-child relationships
- Ear infections and hearing loss
- Vision and eye health
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Safe sleeping
- Wrapping techniques
- Comforting, sleeping & settling
- Tummy time
- Siblings
- Screen time e.g. TV
- Both parents' adjustment to parenthood
- Talking, reading, singing & playing with your baby

Health assessment

Approx 4 months

Child's age _____

To be completed by doctor or child health nurse.

| Health Assessment | Within Normal Limits | | Review | Refer | Comments |
|--|---|---|--------|-------|----------|
| | Yes | No | | | |
| Weight _____ kg | | | | | |
| Length _____ cm | | | | | |
| Head circumference _____ cm | | | | | |
| Head symmetry | | | | | |
| Hips | | | | | |
| Genitalia | | | | | |
| Skin check | | | | | |
| Mouth/palate/frenulum | | | | | |
| Vision/eye examination (refer to P12) | | | | | |
| Ear and hearing health | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Aboriginal and Torres Strait Islander ear check (otoscopy) | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Other _____ | | | | | |
| Child's vaccinations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, comments: | | | | | |

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

Your baby's 4 month vaccinations are due. See page 83 and speak to your vaccination provider.



Health check

Approx 6 months

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

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

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- Parents' health & wellbeing
- Feeding (introduction of solids; tracking growth)
- Continuing breastfeeding
- Oral health and infant tooth decay
- Siblings
- Active play activities
- Safe sleeping & tummy time
- Talking, reading, singing & playing with your baby
- Parent-child relationships (bonding/attachment)
- Sun protection
- Injury prevention (inc. water/pool & home safety)
- Comforting, sleeping & settling
- Ear infections and hearing loss
- Screen time e.g. TV
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Parents and caregivers adjustment to parenthood
- Family relationships

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

- _____
- _____
- _____
- _____



Parents' Evaluation of Developmental Status Revised® (PEDS-R®) Response Form

Child's name: _____ Carer's name: _____

Child's birthday: ____ / ____ / ____ Child's age: _____ Weeks premature? _____ Today's date ____ / ____ / ____

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

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

4. Do you have any concerns about how your child uses their hands and fingers to do things?

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

PEDS-R® response form continued over the page.

Parents’ Evaluation of Developmental Status Revised® (PEDS-R®) Response Form
(continued)

8. Do you have any concerns about how your child is learning to do things for themselves?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

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

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

10. Do you have any concerns that your child is behind others or can’t do what other children can?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

11. Do you have any concerns about your child’s health or how they see, hear, eat or sleep?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

12. Please list any other concerns.

Comments:

Health assessment

Approx 6 months

Child's age _____

To be completed by doctor or child health nurse.

| Health Assessment | | Within Normal Limits | | Review | Refer | Comments |
|--|--------------|---|---|--------|-------|----------|
| | | Yes | No | | | |
| Weight _____ kg | | | | | | |
| Length _____ cm | | | | | | |
| Head circumference _____ cm | | | | | | |
| Head symmetry | | | | | | |
| Mouth/teeth/palate/frenulum | | | | | | |
| Communication | | | | | | |
| Ear and hearing health | | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Aboriginal and Torres Strait Islander ear check | Otoscopy | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| | Tympanometry | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Vision/eye examination (refer to P12) | | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Corneal light reflex | | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Hips | | | | | | |
| Genitalia | | | | | | |
| Skin check | | | | | | |
| Development | | | | | | |
| Child's vaccinations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, comments: | | | | | | |

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

Your baby's 6 month vaccinations are due. See page 83 and speak to your vaccination provider.



Health check

Approx 12 months

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

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

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Sun protection
- Safe sleeping
- Comforting, sleeping & settling
- Parenting, child's behaviour
- Parent-child relationships (bonding/attachment)
- General Health (including mother's EPDS* or KMMS**)
- Ear infections and hearing loss
- Vision and eye health
- Continuing breastfeeding
- Healthy family eating and drinking
- Tracking growth (weight and length)
- Talking, reading, singing & playing with your baby
- Toys and active play
- Oral health, infant tooth decay and first dental assessment
- Recommendations for screen times for children e.g. TV, electronic devices
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Family relationships

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

- _____
- _____
- _____
- _____



Parents' Evaluation of Developmental Status Revised® (PEDS-R®) Response Form

Child's name: _____ Carer's name: _____

Child's birthday: ____ / ____ / ____ Child's age: _____ Weeks premature? _____ Today's date ____ / ____ / ____

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

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

4. Do you have any concerns about how your child uses their hands and fingers to do things?

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

PEDS-R® response form continued over the page.

Parents’ Evaluation of Developmental Status Revised® (PEDS-R®) Response Form
(continued)

8. Do you have any concerns about how your child is learning to do things for themselves?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

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

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

10. Do you have any concerns that your child is behind others or can’t do what other children can?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

11. Do you have any concerns about your child’s health or how they see, hear, eat or sleep?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

12. Please list any other concerns.

Comments:

Health assessment

Approx 12 months

Child's age _____

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

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

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

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

Your child's 12 month vaccinations are due. See page 84 and speak to your vaccination provider.



Health check

Approx 18 months

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

Suggested topics for discussion

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Siblings
- Sun protection
- Language/speech development
- Talking, reading, singing and playing with your child
- Healthy eating and drinking / fussy eating
- Healthy drinks
- Growth
- Gross and fine motor development
- Parenting, child's behaviour
- Parents' health and wellbeing
- Parent-child relationships (bonding/attachment)
- Oral health, infant tooth decay and first dental assessment
- Recommendations for screen times for children e.g. TV, electronic devices
- Toilet training
- Toys and active play
- Ear infections and hearing loss
- Vision and eye health
- Continuing breastfeeding
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Family relationships

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

- _____
- _____
- _____
- _____



Parents' Evaluation of Developmental Status Revised® (PEDS-R®) Response Form

Child's name: _____ Carer's name: _____

Child's birthday: ____ / ____ / ____ Child's age: _____ Weeks premature? _____ Today's date ____ / ____ / ____

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

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

4. Do you have any concerns about how your child uses their hands and fingers to do things?

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments: _____

PEDS-R® response form continued over the page.

Parents’ Evaluation of Developmental Status Revised® (PEDS-R®) Response Form
(continued)

8. Do you have any concerns about how your child is learning to do things for themselves?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

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

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

10. Do you have any concerns that your child is behind others or can’t do what other children can?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

11. Do you have any concerns about your child’s health or how they see, hear, eat or sleep?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

12. Please list any other concerns.

Comments:

Health assessment

Approx 18 months

Child's age _____

To be completed by doctor or child health nurse.

| Health Assessment | | Within Normal Limits | | Review | Refer | Comments |
|--|--------------|---|---|--------|-------|----------|
| | | Yes | No | | | |
| Weight | _____ kg | | | | | |
| Length | _____ cm | | | | | |
| Head circumference | _____ cm | | | | | |
| Genitalia | | | | | | |
| Skin check | | | | | | |
| Mouth/teeth/palate/frenulum | | | | | | |
| Communication | | | | | | |
| Ear and hearing health | | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Aboriginal and Torres Strait Islander ear check | Otoscopy | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| | Tympanometry | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Vision/eye examination (refer to P12) | | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Gait | | | | | | |
| Development | | | | | | |
| Other | _____ | | | | | |
| Child's vaccinations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, comments: | | | | | | |

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____/____/____

Your child's 18 month vaccinations and first dental assessment is also due soon.

Speak to your vaccination provider and to your dental professional.



Health check

Approx 2½ – 3½ years

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

Suggested topics for discussion

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

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

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

- _____
- _____
- _____
- _____



Parents' Evaluation of Developmental Status Revised® (PEDS-R®) Response Form

Child's name: _____ Carer's name: _____

Child's birthday: ____ / ____ / ____ Child's age: _____ Weeks premature? _____ Today's date ____ / ____ / ____

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

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

4. Do you have any concerns about how your child uses their hands and fingers to do things?

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

PEDS-R® response form continued over the page.

Parents’ Evaluation of Developmental Status Revised® (PEDS-R®) Response Form
(continued)

8. Do you have any concerns about how your child is learning to do things for themselves?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

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

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

10. Do you have any concerns that your child is behind others or can’t do what other children can?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

11. Do you have any concerns about your child’s health or how they see, hear, eat or sleep?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

12. Please list any other concerns.

Comments:

Health assessment

Approx 2 ½ – 3 ½ years

Child's age _____

To be completed by doctor or child health nurse.

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

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____

Date ____/____/____



Health check

Approx 4–5 years

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

Suggested topics for discussion

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

- The importance of the PEDS-R® questionnaire
- Immunisation
- Injury prevention (inc. water/pool & home safety)
- Growth
- Healthy weight
- BMI
- Healthy eating and drinks
- Ear infections and hearing loss
- Vision and eye health - Assessment is government funded in prep year
- Oral health
- Testes check
- Parenting, child's behaviour
- Parents' health and wellbeing
- Parent-child relationships (bonding/attachment)
- Talking, reading, singing & playing with your child
- Gross and fine motor development
- Starting school
- Language/speech development
- Physical activity
- Managing screen time and electronic devices
- Sun protection
- Smoking (incl passive smoking), vaping, alcohol, drug use
- Family relationships

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

- _____
- _____
- _____
- _____



Parents' Evaluation of Developmental Status Revised® (PEDS-R®) Response Form

Child's name: _____ Carer's name: _____

Child's birthday: ____ / ____ / ____ Child's age: _____ Weeks premature? _____ Today's date ____ / ____ / ____

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

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

4. Do you have any concerns about how your child uses their hands and fingers to do things?

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

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

Would you say you are: ☐ Not concerned? ☐ Concerned? ☐ A little concerned?

Comments:

PEDS-R® response form continued over the page.

Parents’ Evaluation of Developmental Status Revised® (PEDS-R®) Response Form
(continued)

8. Do you have any concerns about how your child is learning to do things for themselves?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

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

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

10. Do you have any concerns that your child is behind others or can’t do what other children can?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

11. Do you have any concerns about your child’s health or how they see, hear, eat or sleep?

Would you say you are:
 ☐ Not concerned?
 ☐ Concerned?
 ☐ A little concerned?

Comments:

12. Please list any other concerns.

Comments:

Health assessment

Approx 4–5 years

Child's age _____

To be completed by doctor or child health nurse.

| Health Assessment | Within Normal Limits | | Review | Refer | Comments |
|--|---|---|--------|-------|----------|
| | Yes | No | | | |
| Weight _____ kg | | | | | |
| Height _____ cm | | | | | |
| BMI Percentile | | | | | |
| Development | | | | | |
| Vision / eye examination (Refer to P12) | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Vision acuity | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Vision – cover test near | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Vision – cover test far | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Otoscopy | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Tympanometry | R <input type="checkbox"/> L <input type="checkbox"/> | R <input type="checkbox"/> L <input type="checkbox"/> | | | |
| Ears and Audiometry | Audiometry – right 4000 Hz at 25dB | | | | |
| | Audiometry – right 2000 Hz at 25dB | | | | |
| | Audiometry – right 1000 Hz at 25dB | | | | |
| | Audiometry – left 4000 Hz at 25dB | | | | |
| | Audiometry – left 2000 Hz at 25dB | | | | |
| | Audiometry – left 1000 Hz at 25dB | | | | |
| Oral health | | | | | |
| Speech | | | | | |
| Language | | | | | |
| Gait | | | | | |
| Child's vaccinations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, comments: | | | | | |

Rural & Remote practitioners please refer to the Primary Clinical Care Manual (PCCM) for additional checks

Comments _____

Name _____ ☐ Medical Practitioner ☐ Registered Nurse

Signature _____ Date ____ / ____ / ____

Your child's 4 year vaccinations are due soon. Ensure your child has had an annual dental assessment.

Speak to your vaccination provider and to your dental professional.

Health checks - additional notes

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

| Date | Age | Notes |
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Growth charts

Children's growth charts

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

Using the growth charts

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

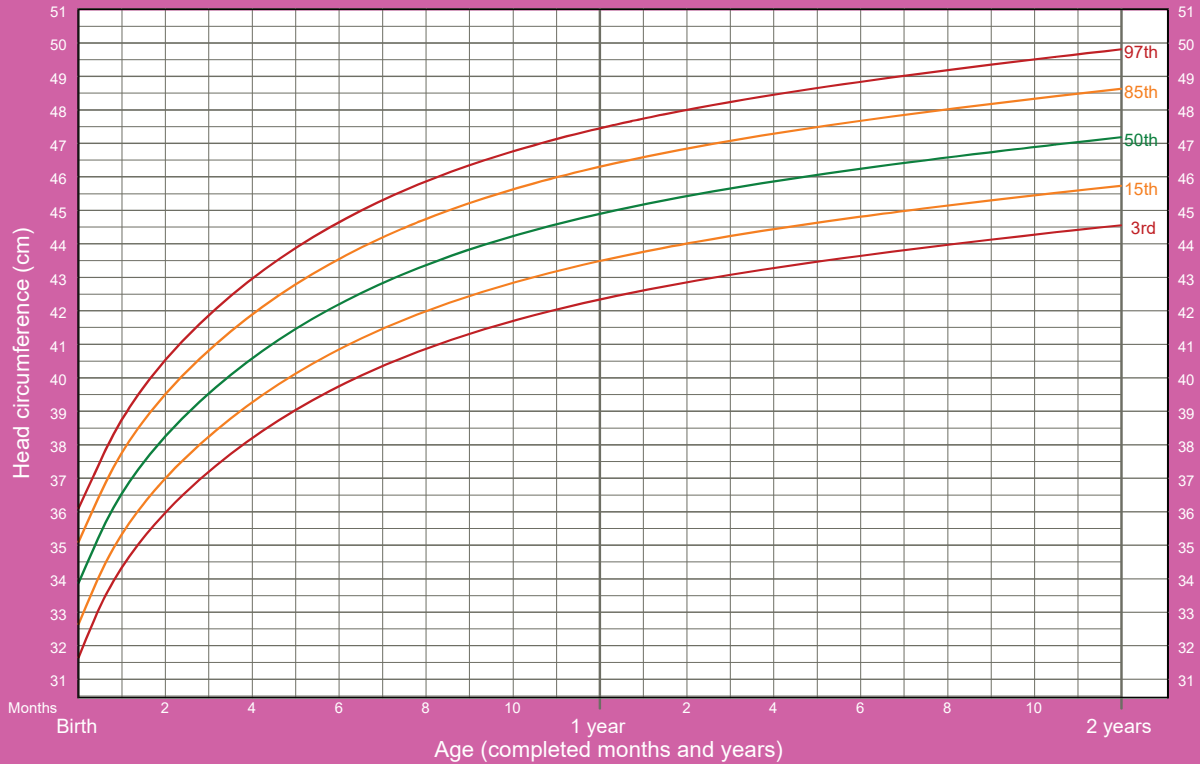
SOURCE:

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

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

Head circumference-for-age GIRLS

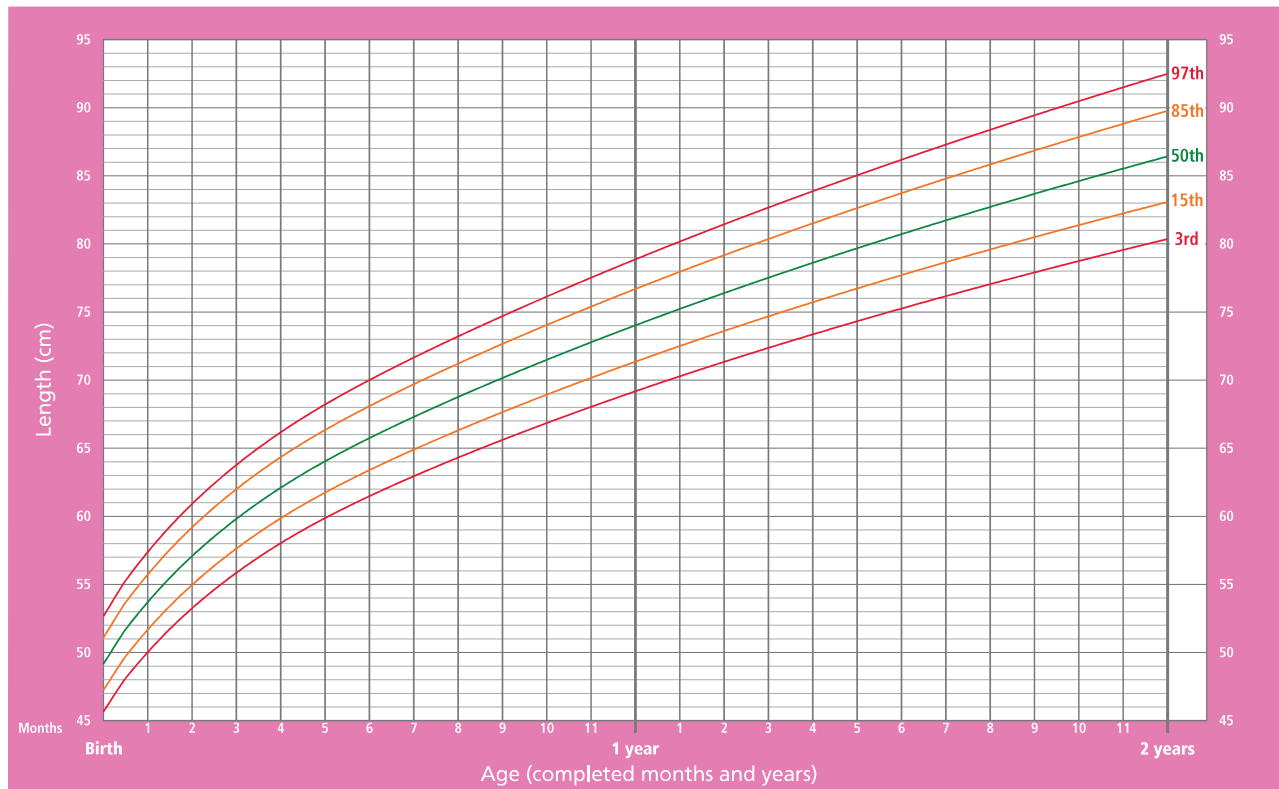
Birth to 2 years (percentiles)



WHO Child Growth Standards

Length-for-age GIRLS

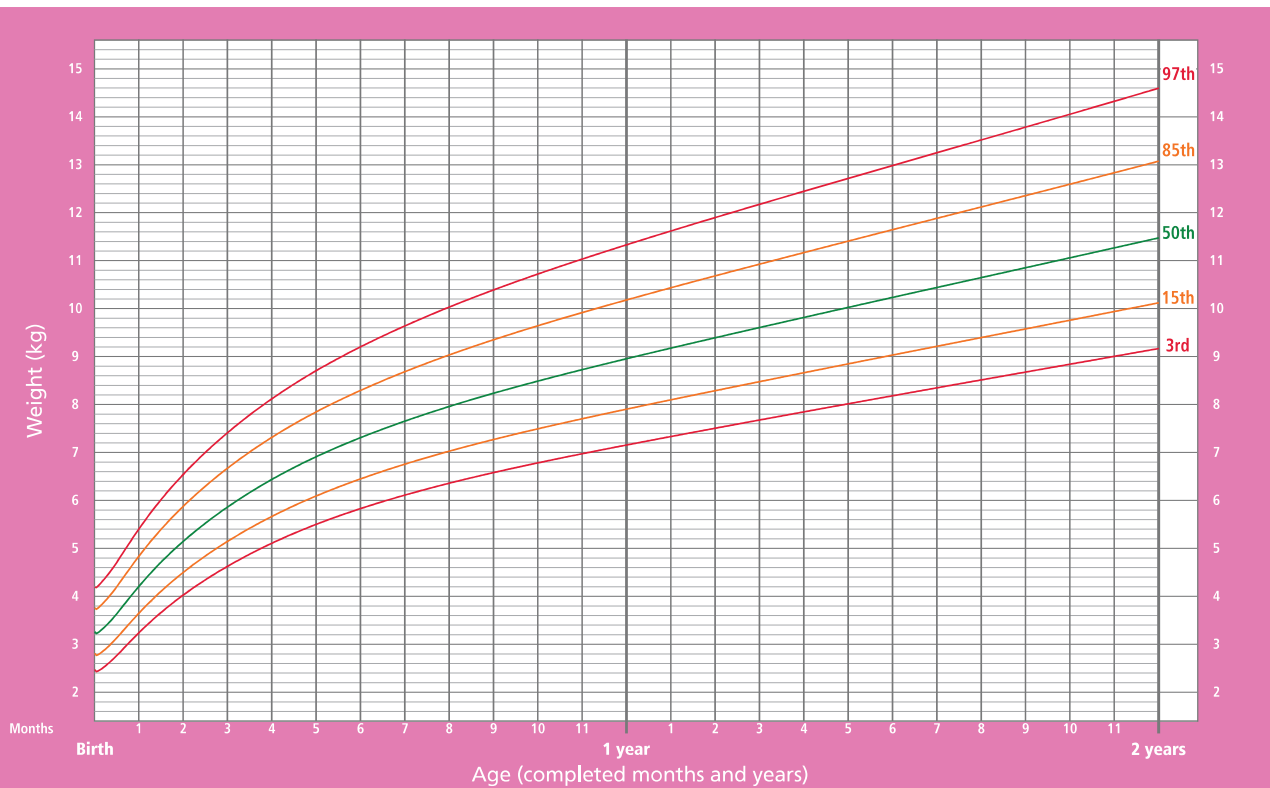
Birth to 2 years (percentiles)



WHO Child Growth Standards

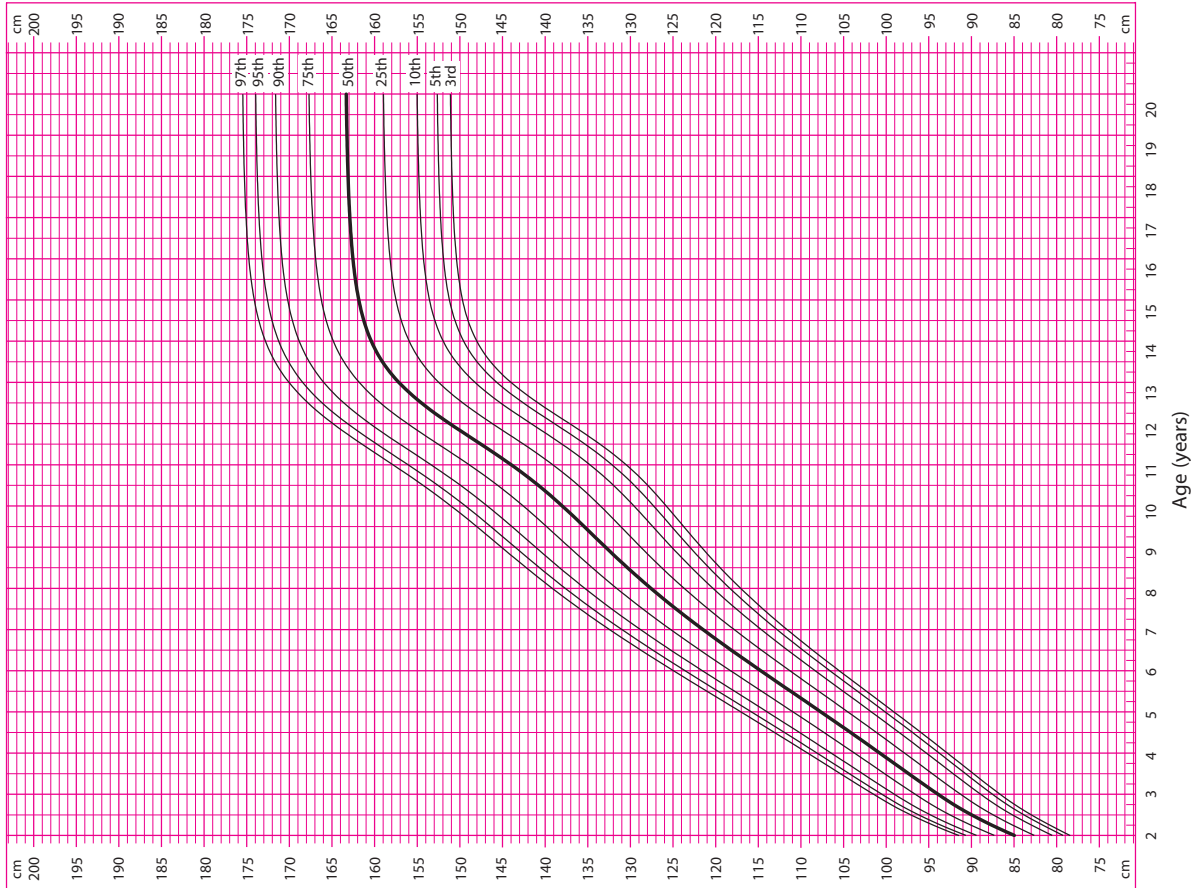
Weight-for-age GIRLS

Birth to 2 years (percentiles)



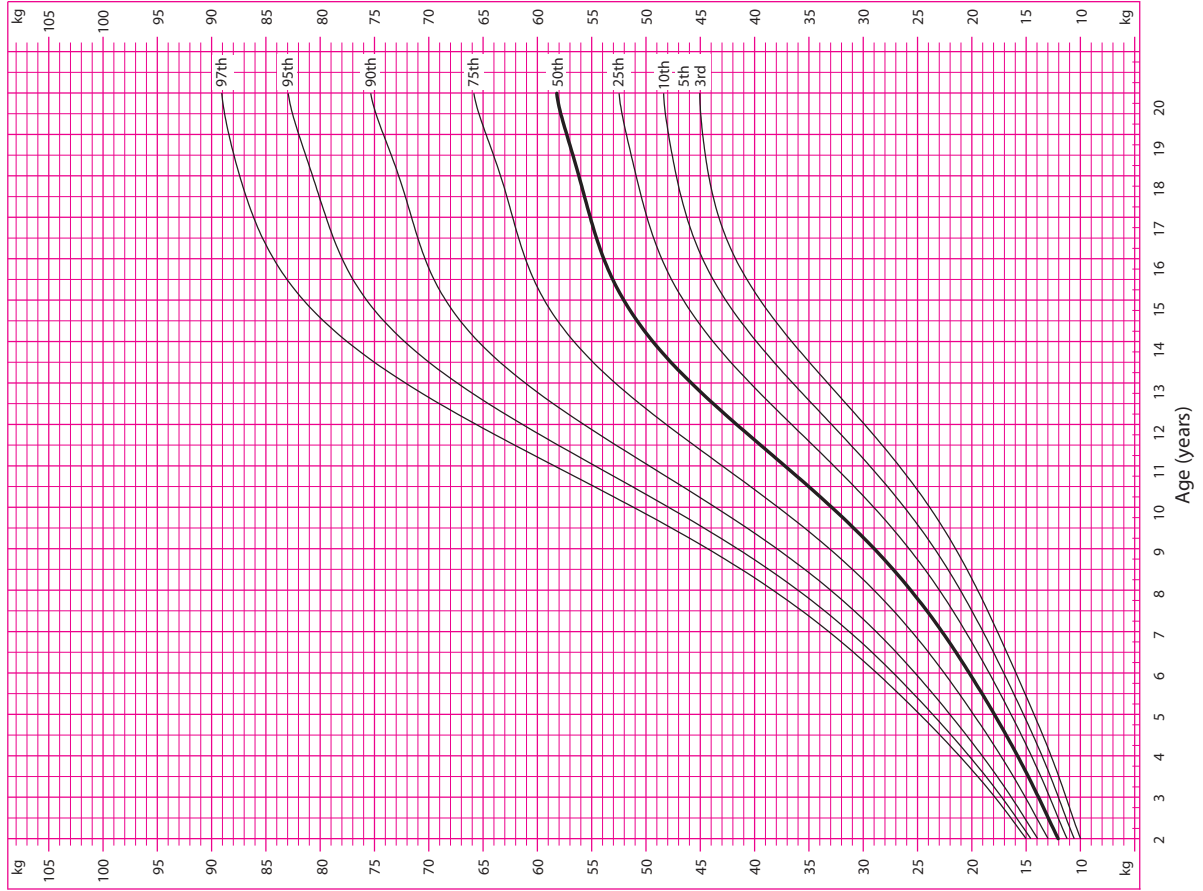
WHO Child Growth Standards

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



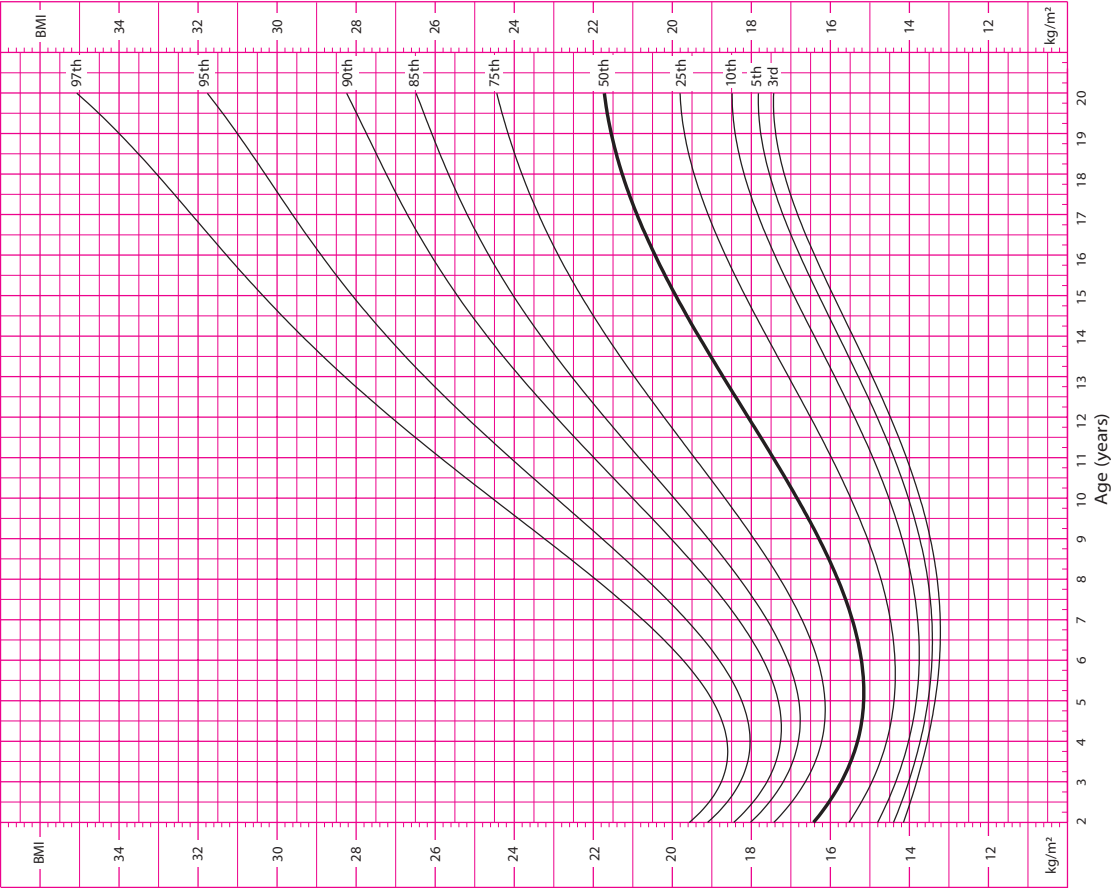
Published May 30, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000)

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



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)

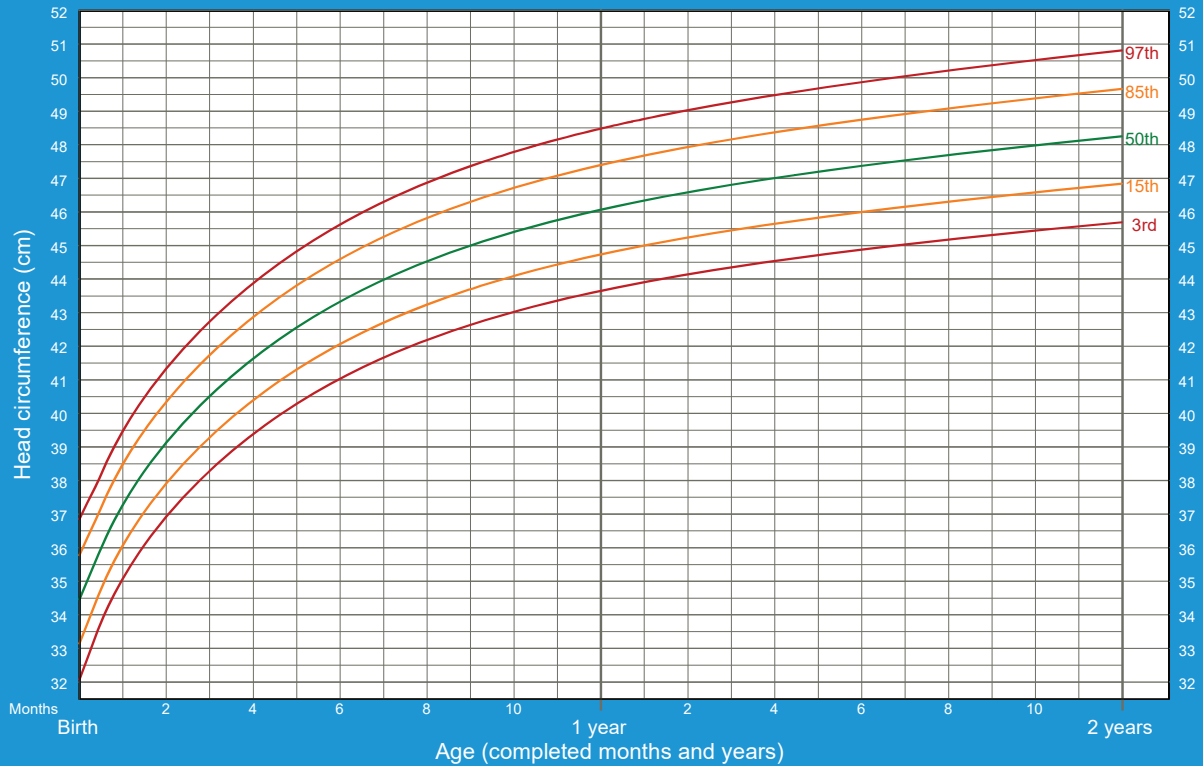
Body mass index-for-age percentiles: Girls, 2 to 20 years



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 BOYS

Birth to 2 years (percentiles)



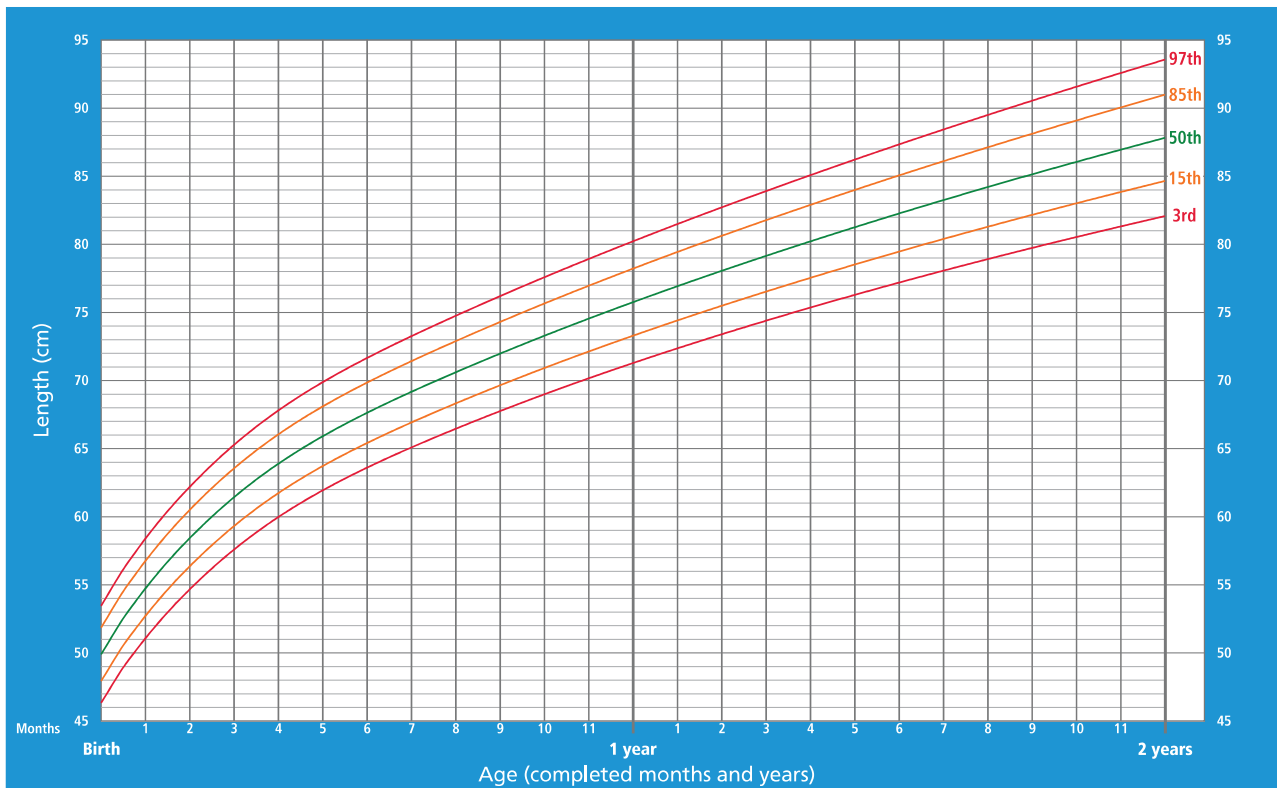
WHO Child Growth Standards

Length-for-age BOYS

Birth to 2 years (percentiles)



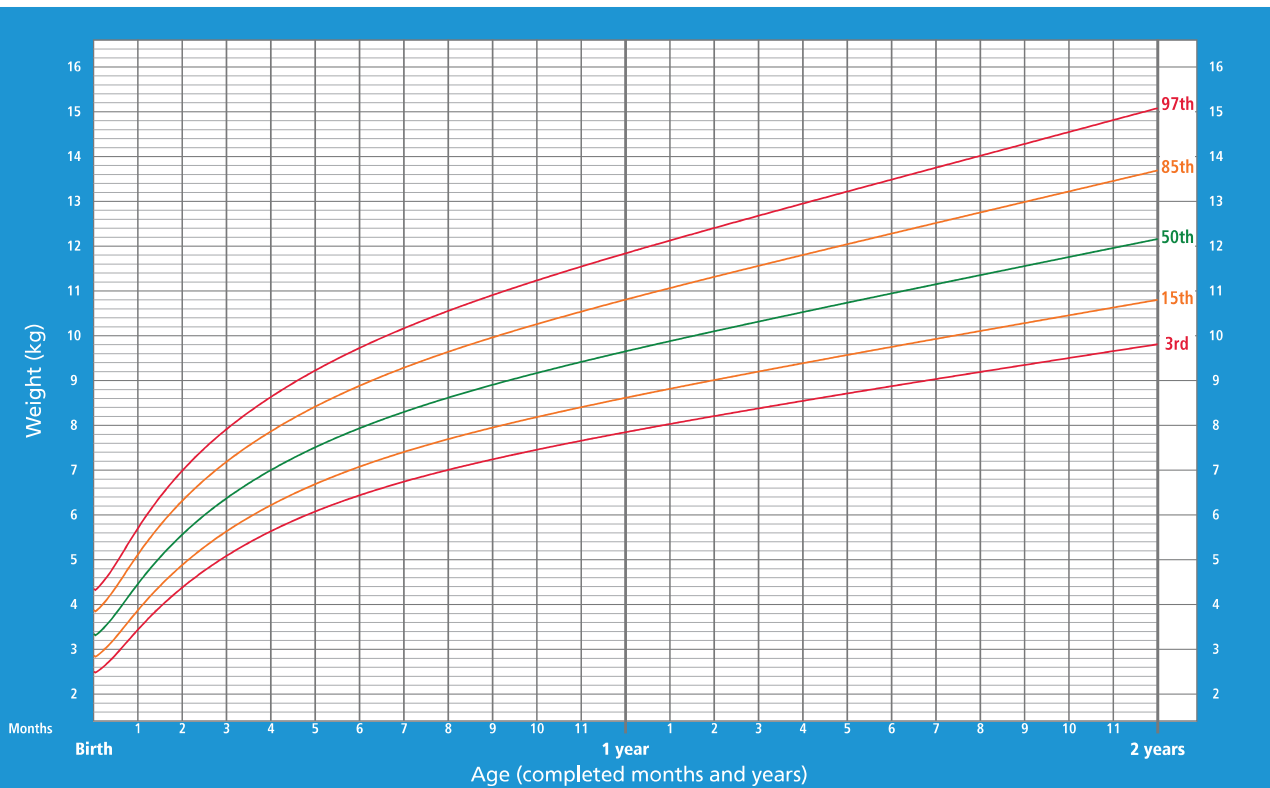
World Health Organization



WHO Child Growth Standards

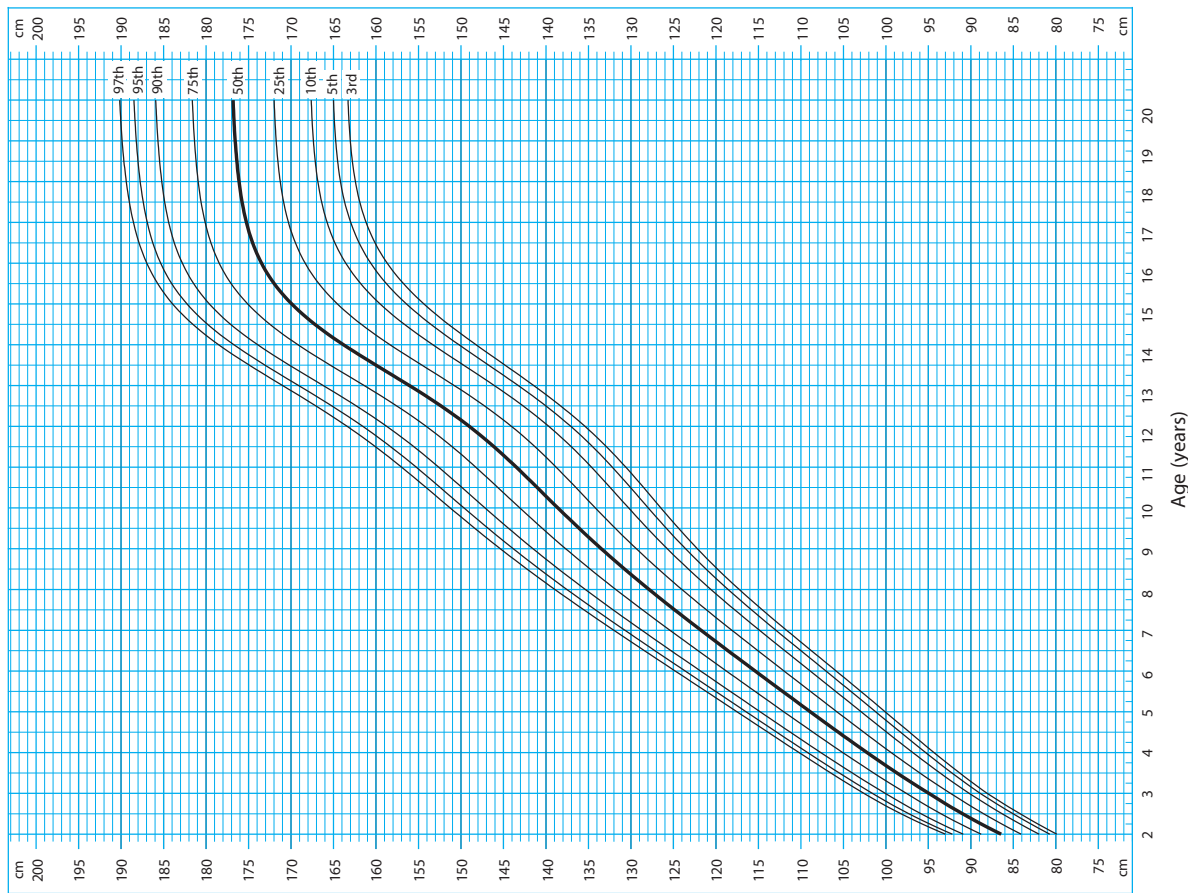
Weight-for-age BOYS

Birth to 2 years (percentiles)



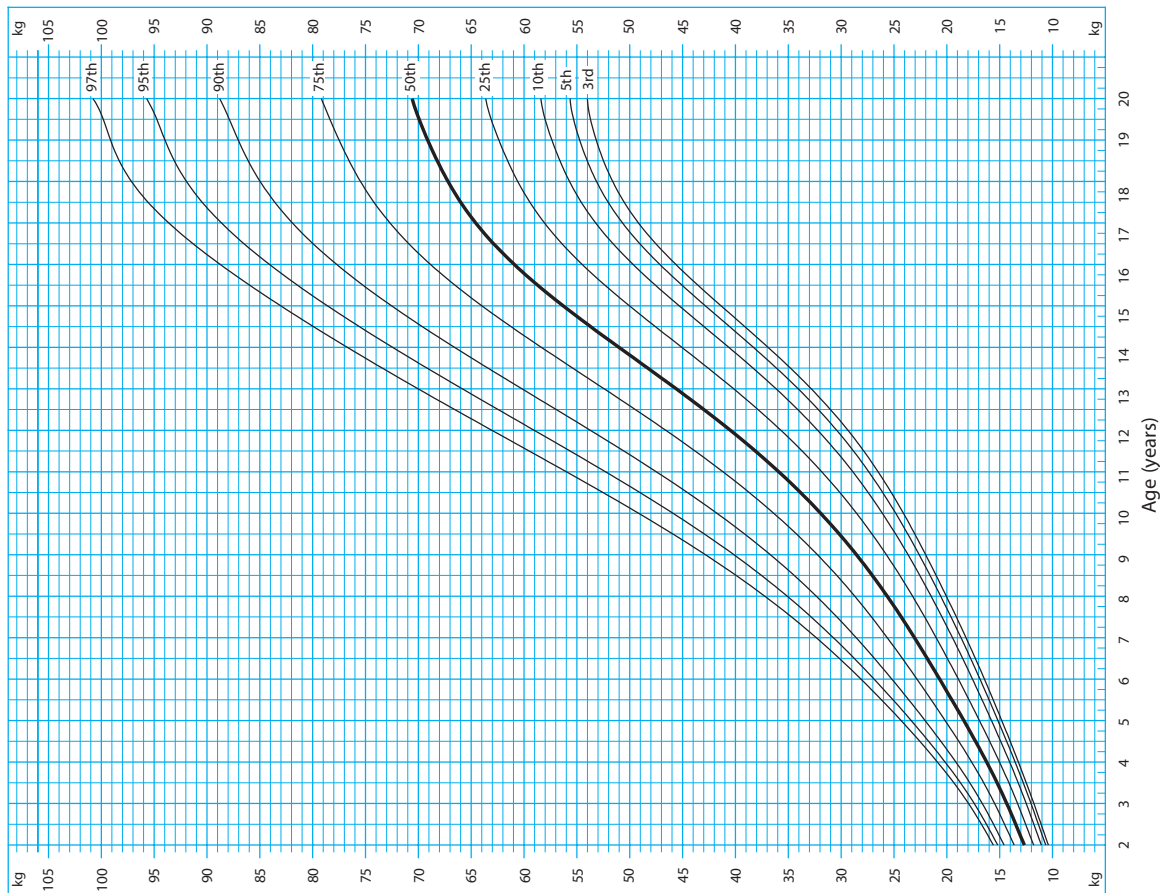
WHO Child Growth Standards

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

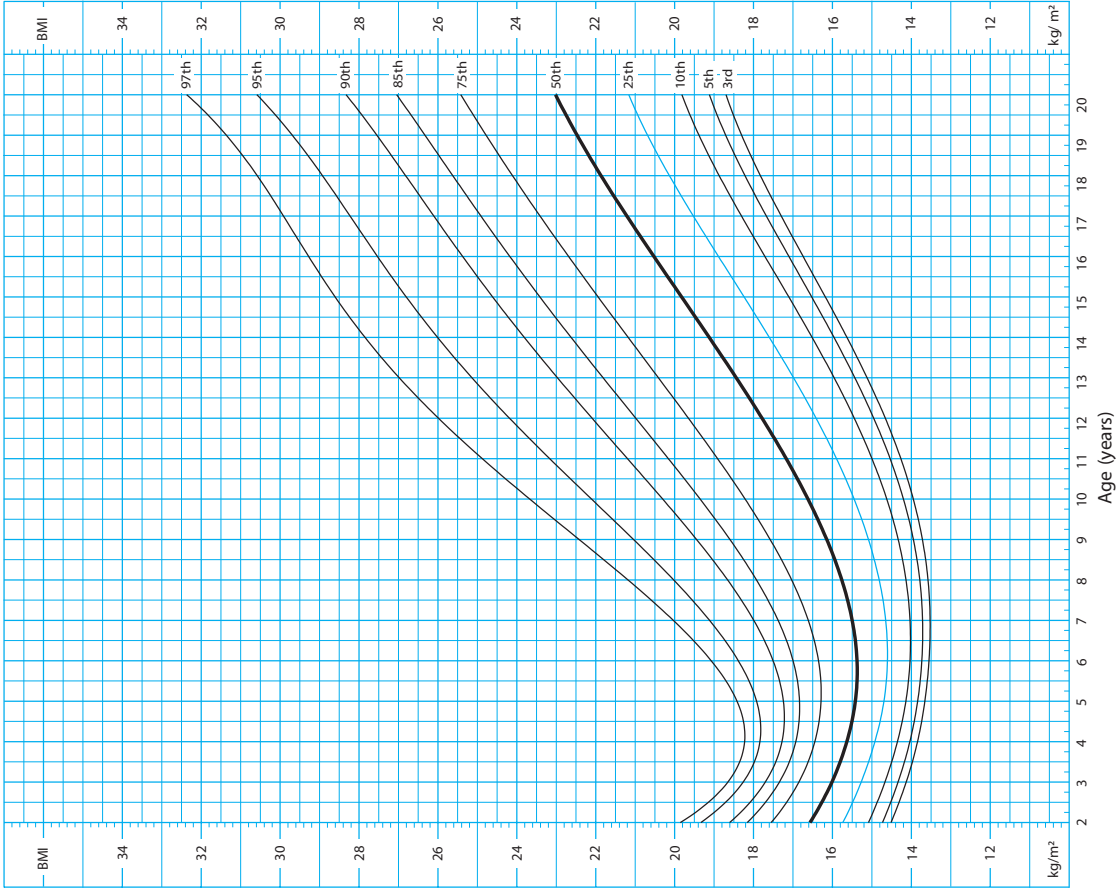


Published May 30, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000)

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



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



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)



Notes/Appointments



Notes and appointments

Use this section for questions or concerns you may have about your child’s health that you want to discuss with your health professional. You can also record any clinic visits you make apart from the suggested health checks listed in this book. Significant health events should be recorded on page 14.

| Date | Age | Questions, notes and appointments |
|------|-----|-----------------------------------|
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Notes and appointments

| Date | Age | Questions, notes and appointments |
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If you require more progress notes, please remove, photocopy and replace.



Immunisation



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

**Go to
www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule
or Scan QR code to download the Queensland Immunisation Schedule.**



Queensland Paediatric Respiratory Syncytial Virus Prevention Program. Scan QR code for more information.



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

You can find your child's immunisation history by linking to Medicare through *myGov* at www.my.gov.au.

Immunisation

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

Vaccines use your child's own immune system to make antibodies to fight against certain infections and protect them from the short and long term complications of those infections.

Immunisation is available from

- your family doctor

or may be available

- at your local council
- or community health centre.

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

Most vaccinations need to be given several times to build and maintain long lasting protection – this is why it is important children complete the full recommended schedule at the recommended times. Although sometimes it is possible to “catchup” delayed vaccines, some immunisations like rotavirus, cannot be commenced after a certain age. Aboriginal and Torres Strait Islander babies and children with medical risk factors may require additional vaccines.

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

Before any vaccinations take place the doctor or nurse will talk with you about the vaccinations being given that day. Talk to your doctor or nurse about other vaccines which may be available for your child but are not funded under the National immunisation Program. Other vaccines such as Covid-19 are available and are very important to keep your child healthy and safe.

It is very important to read the pre-vaccination questionnaire on page 82 before your appointment.

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

About vaccines

Vaccines use a person's natural response to infection to stimulate the immune system so that if someone is exposed to that infection in the future, their immune system can 'remember it' and mount an effective response to either stop disease developing or reduce the severity of disease. Vaccines improve the effective response to that infection and have lower adverse effects than infection with that bacteria or virus. Vaccines strengthen your baby's immunity protecting them from diseases. This keeps them healthy at a time of their lives when they are vulnerable.

Immunisation also brings benefits to the population through herd immunity. If enough people in the community are immunised, the infection can no longer spread from person to person with lower rates of disease in the population and protects those who have not completed immunisation schedules.

Safety, research and testing are essential in vaccine development and manufacture, before they are made available clinical trials are required. Every vaccine given to Australian children must pass all phases of testing and be shown to be effective and safe before approval for use by the Therapeutic Goods Administration (TGA). Ongoing safety assessments occur once a vaccine is licenced for use.

Vaccines, like other medicines, can have side effects but the vaccines in current use in Australia provide benefits that greatly outweigh their risks. Most reactions after vaccinations are minor.¹

Alternative therapies can't replace vaccines, they do not undergo scientific and safety testing and are not regulated for use.

Care after vaccination

Vaccines may produce some side effects, such as short term pain, redness, swelling or fever, most reactions are mild and resolve quickly. Your child might also be 'grizzly' or unsettled. You should give your child extra fluids to drink, not overdress babies if they are hot, and consider using paracetamol (following the directions on the bottle according to your child's age and weight) to help ease fever and soreness. It is usually not possible to predict who may have a mild reaction and who may have a rarer, serious reaction to a vaccine. Serious side effects to immunisation, such as febrile seizures, can happen but they occur less frequently than if you had the disease itself.

Some symptoms can coincide with vaccination and are not caused by the vaccine. If your child experiences an 'adverse event following immunisation' i.e. any unwanted reaction whether expected or unexpected, it should be reported to your doctor or vaccine provider as soon as possible following vaccination. This report will enable further follow up and ensure the ongoing safety of vaccines.²

1. The Science of Immunisation, Questions and Answers. Australian Academy of Science. 2021.

2. Online Australian Immunisation Handbook, www.health.gov.au/resources/publications/the-australian-immunisation-handbook

Vaccinate on time

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

Delaying vaccination is not recommended. When vaccination is delayed or spaced out, children are unprotected for longer periods at an age when disease is most common or has more serious consequences. Skipping vaccinations puts your child at greater risk of contracting vaccine preventable diseases. It is important to vaccinate ontime for all vaccines.

Babies should be vaccinated at 2 months (can be given at 6 weeks), 4 months, 6 months, a booster at 18 months and 4 years of age.

For more information go to www.health.gov.au/topics/immunisation

Pre-vaccination questionnaire

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

Please advise if the person to be vaccinated:

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

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

- identifies as an Aboriginal or Torres Strait Islander
- was born preterm
- low birth weight <2000 gms
- is an oncology patient
- is suffering from an immunocompromised condition
- is a solid organ recipient or stem cell transplant recipient
- does not have a functioning spleen
- has an increased risk of complications from influenza infection
- lives with someone who has a disease which lower immunity or lives with someone who is having treatment which lowers immunity
- is planning overseas travel (see page 88).

If you have any questions about this information or vaccination, please ask the immunisation provider before the vaccine is given. It is important for you to receive a record of your or your child's vaccinations. Bring this Personal Health Record booklet with you every time your child is due for vaccination. Make sure your doctor/nurse records all vaccinations on the following pages. Your child's immunisation history is recorded on the Australian Immunisation Register (AIR), see page 86 for details.

Vaccination record

Only to be completed by doctor/nurse giving vaccinations

Child's name _____ / _____ / _____

Date of birth _____ / _____ / _____

Immunisation providers: the National Immunisation Program Queensland Schedule is subject to change. Before commencing vaccination always check you are administering vaccines according to the most current schedule at www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule. **All children should be offered vaccination according to the most current Queensland schedule.** Aboriginal and Torres Strait Islander babies, premature babies and children with medical risk factors may require additional vaccines.

| Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No AND/OR | | Medical risk factors | | Preterm/low birth weight | |
|---|---|--|------|--|--|
| Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No Gestation _____ | |
| Age | Disease | Batch No. | Date | Organisation | |
| Birth | Hepatitis B <i>(should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours and must be given within 7 days).</i> | | | | |
| | *Respiratory syncytial virus (RSV) <i>(weight based dose)</i> | | | | |
| | Tuberculosis <i>(Aboriginal and Torres Strait Islander)</i> | | | | |
| | Diphtheria-tetanus-pertussis <i>(whooping cough)-polio-Haemophilus influenza type b, hepatitis B</i> | | | | |
| | Pneumococcal | | | | |
| 2 months (can be given from 6 weeks) Date due: __/__/__ | **Rotavirus | | | | |
| | Meningococcal B | | | | |
| | Diphtheria-tetanus-pertussis <i>(whooping cough)-polio-Haemophilus influenza type b, hepatitis B</i> | | | | |
| 4 months Date due: __/__/__ | Pneumococcal | | | | |
| | **Rotavirus | | | | |
| | Meningococcal B | | | | |
| 6 months Date due: __/__/__ | Diphtheria-tetanus-pertussis <i>(whooping cough)-polio-Haemophilus influenza type b, hepatitis B</i> | | | | |
| | Influenza | | | | |
| | Meningococcal B <i>(Medical Risk factors)</i> | | | | |
| | Pneumococcal <i>(Aboriginal and Torres Strait Islander)</i> | | | | |
| | Pneumococcal <i>(Medical Risk factors)</i> | | | | |

Influenza vaccination is funded for ALL children from 6 months of age in 2024

*Infants who are not immunised in hospital can access this dose for a limited time, from their routine immunisation provider. For more information visit: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/paediatric-rsv-prevention-program

** The first dose of rotavirus must be given by 14 weeks of age. The second dose must be given by 24 weeks and 6 days.

Vaccination record cont.

Child's name

Only to be completed by doctor/nurse giving vaccinations

Date of birth

/

/

Immunisation providers: the National Immunisation Program Queensland Schedule is subject to change. Before commencing vaccination always check you are administering vaccines according to the most current schedule at www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule. **All children should be offered vaccination according to the most current Queensland schedule.** Aboriginal and Torres Strait Islander babies, premature babies and children with medical risk factors may require additional vaccines.

| | | | | | | | | |
|--------------------------------------|--|--------|--|----------------------|--|--|-----------|--|
| Aboriginal Torres Strait Islander | <input type="checkbox"/> Yes <input type="checkbox"/> No | AND/OR | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical risk factors | <input type="checkbox"/> Yes <input type="checkbox"/> No | Preterm/low birth weight <input type="checkbox"/> Yes <input type="checkbox"/> No | Gestation | |
| Age | Disease | | Batch No. | | Date | Organisation | | |

| Influenza vaccination is funded for ALL children from 6 months of age in 2024 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 12 months | Measles-mumps-rubella | | | | | | | |
| | Meningococcal ACWY | | | | | | | |
| | Pneumococcal | | | | | | | |
| | Meningococcal B | | | | | | | |
| | ***Hepatitis B (preterm/low birth weight) | | | | | | | |
| 18 months | Measles-mumps-rubella-varicella | | | | | | | |
| | Diphtheria-tetanus-pertussis (whooping cough) | | | | | | | |
| | Haemophilus Influenza type b | | | | | | | |
| | Hepatitis A (Aboriginal and Torres Strait Islander) | | | | | | | |
| | Diphtheria-tetanus-pertussis (whooping cough)-polio | | | | | | | |
| 4 years | Hepatitis A (Aboriginal and Torres Strait Islander) | | | | | | | |
| | Pneumococcal (Aboriginal and Torres Strait Islander) | | | | | | | |
| | Date due: _/_/_ | | | | | | | |
| | Pneumococcal (Medical Risk factors) | | | | | | | |

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

Vaccination record – continued

Only to be completed by doctor/nurse giving vaccinations

Child's name _____

Date of birth ____ / ____ / ____

Additional childhood vaccinations your child may receive such as influenza, COVID-19 and Respiratory syncytial virus (RSV) immunisation

| Vaccine | Batch No. | Date | Vaccine provider name and address |
|---------|-----------|------|-----------------------------------|
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School Adolescent Vaccination

| Year level | Disease | Batch No. | Date | Vaccine provider name and address |
|------------------|------------------------------------|-----------|------|-----------------------------------|
| Year 7 students | Human Papillomavirus (HPV) | | | |
| | Diphtheria, tetanus, and pertussis | | | |
| Year 10 students | Meningococcal ACWY | | | |
| | Meningococcal B (dose 1) | | | |
| | Meningococcal B (dose 2) | | | |

Accessing your child's vaccination records

You can get your own or your child's immunisation history statement from the Australian

Immunisation Register (AIR). There are several ways to access a statement:

1. **www.servicesaustralia.gov.au/medicare-online-account**
Set up myGov account – link your Medicare account to view or download the immunisation history statement
2. Download the Express Plus mobile app to access Medicare online
www.servicesaustralia.gov.au/express-plus-mobile-apps
3. Call Australian Immunisation Register (AIR) 1800 653 809 (allow 14 days for a statement to be posted).

Immunisation history statements may be required when enrolling your child at an early childhood education and care service.

If you can't access your immunisation history statement, are unsure of what vaccinations you may have had when living in another country or prior to it being recorded on the AIR then please speak to your doctor or other health provider.

Adverse events following immunisation (AEFI)

Any adverse event considered serious or unexpected and occurring after administration of vaccine should be notified to Queensland Health by using the National Adverse Events Following Immunisation reporting form (AEFI). Please talk to a health care professional to complete this form. Consumers can also report an AEFI

www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/adverse-event

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

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

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

Only to be completed by doctor/nurse giving vaccinations

| Name | Antigen | Batch No. | Date | Organisation stamp or address |
|------|---------|-----------|------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Travel vaccinations for your child

Before you travel overseas make sure your child is up to date with their National Immunisation program vaccinations.

Whether you are travelling overseas from Australia or returning from another country, immunisation plays an important role in protecting you against serious diseases that are common in some countries.

The health risks for international travel change constantly. Discuss your travel itinerary and immunisation requirements with your doctor or travel medical centre at least twelve weeks before you travel.

For further information go to **www.healthdirect.gov.au/travel-vaccinations** or

www.qld.gov.au/health/conditions/immunisation/overseas

What about homeopathic ‘immunisation’?

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

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

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

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

The Australian Homoeopathic Association recommend conventional vaccination with standard vaccines.

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

For more information go to: **www.healthdirect.gov.au/homeopathy**

Reference: **www.health.gov.au/resources/publications/questions-about-vaccination**