

CHILD HEALTH CHECK 4 year



Practice name _____

First name _____ Surname _____

Date of Birth: _____

Name of parent or primary carer:	
Address:	
Suburb:	
State:	Postcode:
Phone: (H)	
Mobile:	
Medicare number:	

Indigenous status: Aboriginal Torres Strait Islander Both Neither Other

Has child had a Health Check (708) in the past 12 months. Yes No

The process and benefits of a health check have been explained and consent has been given to proceed. Yes No

Doctors name: _____ Practice address: _____

Phone: Business hours: _____

After Hours emergency: _____

BACKGROUND INFORMATION

Current Health: Parent says current health is _____

Personal Medical History:

(hospitalisations, serious illness, etc) _____

Family Medical History:

Diabetes Yes No **Heart disease** Yes No

Other family medical history: _____

Social History: _____

Immunisation status up to date?

Yes No

Comment:.....
.....

Ring ACIR 1800 653 809.
You will require parental consent, Medicare number and GP provider number.

Any known allergies? Yes No If yes, list: _____

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PHYSICAL EXAMINATION

Height: _____ cm Percentile for Height: _____

Weight: _____ kgs Percentile for Weight: _____

Comment: _____

Hearing

In the past 12 months has your child had ear infections? Yes No

Is the parent concerned about the child's hearing? Yes No

If yes, describe _____

Right Ear (otoscope) Normal Red Retracted Perforated Discharge

Left Ear (otoscope) Normal Red Retracted Perforated Discharge

Eyes

Visual acuity : Right eye /6 Left eye /6 Glasses? Yes No

Sclera, eyelids, eyelashes: Healthy Other: _____

Chest auscultation:

Pulse: _____ Regular Yes No

Does child take any medications regularly? Yes No

If yes, list: _____

Skin Integrity Healthy Sores / Bites Scars / Bruises Rash
 Itchy Other _____

Limbs Healthy Swollen joints Sore joint(s) Other: _____

Movement Healthy Abnormal gait: _____

Head and Face Healthy Facial Anomalies: _____

Anaemia? (check palms, conjunctiva of eyes, tongue): Healthy Pale
Comments _____

Developmental Milestones:

Jumps, hops, runs, climbs stairs? Yes No

Catches and throws a ball: Yes No

Drawing a person with 2 or more parts (eyes, arms): Yes No

Has good pencil grip: Yes No

Plays with other children: Yes No

Able to have a conversation: Yes No

Any parental concerns? Yes No If yes, describe _____

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LIFESTYLE

Oral Health

Access to toothbrush and toothpaste?

Yes No

Every person needs their own personal toothbrush. This should be regularly replaced.

Frequency of brushing?

1-2 x day
 Sometimes
 Never

Teeth should be brushed twice a day: once in the morning and before bed at night

Does a grown up brush the child's teeth?

Yes No

Young children need help from a grown up to make sure they brush all tooth surfaces.

Has child been to the dentist in past 12 months?

Yes No

Regular visits to dentist help keep teeth clean and decay free.

On examination -

Normal
 Erupting teeth
 Decay

Smoking and drinking

Does anyone smoke or drink in your house?

Yes No

Discussed importance of protecting children from smoke and alcohol.

Play and exercise

Does the child play outside and exercise up to one hour per day?

Yes No

Recommend age appropriate activities.

Sun protection

Does the child wear a hat and sunscreen when playing outside?

Yes No

Recommend SPF 30 sunscreen and a hat for outside activities.

Sleep

How many hours sleep does the child get in total each day?

11-13 hours is recommended at this age.

Nutrition

Does the child regularly eat breakfast, lunch and dinner?

Yes No

Recommend healthy diet including fruit, vegetables, dairy, protein from meat, chicken or fish and high fibre.

How often does the child eat take-away food?

Every day
 3 x week
 Not often

Take away food is high in fats and not very nutritious. Limit take-away food.

How often does the child drink juice, cordial or soft drink?

Every day
 Sometimes
 Not often

Recommend limiting sugar drinks to special occasions and provide water to drink instead.

Topics initiated by parent

Are there any topics the parent or carer would like to talk about? Yes No

If yes, describe _____

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CLIENT SUMMARY

Risks identified:

- 1.
- 2.
- 3.

STRATEGY FOR GOOD HEALTH

Visit GP every year for health check.

Follow dietary and exercise advice as discussed.

Brush teeth twice a day. Adults should help young children with brushing.

Keep child away from smoke and alcohol.

Make sure child wears sunscreen and a hat outside.

Attend appointments as arranged.

PERSONAL GOAL

_____ has identified the most important risk to work on

as: _____

and plans to _____

APPOINTMENTS / TESTS

List required appointments or tests here:

Arrangements made? Yes No

Arrangements made? Yes No

Dr _____ has discussed a strategy for improving my child's health based on the risk factors identified. Follow up appointments and any additional tests required have been explained to me.

Assisted by: _____ RN / AHW / _____

Completed by: Dr _____

Date completed: _____

Copy of the Health Strategy offered to the parent / carer? Yes No

Review date: _____ (minimum 12 months)

Medicare item 708