**Legend:** Indicates a health risk that requires brief intervention, follow up or action.

<table>
<thead>
<tr>
<th>Patient's actual age:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous status:</td>
<td></td>
</tr>
<tr>
<td>Aboriginal but not Torres Strait Islander origin</td>
<td></td>
</tr>
<tr>
<td>Torres Strait Islander but not Aboriginal origin</td>
<td></td>
</tr>
<tr>
<td>Both Aboriginal and Torres Strait Islander origin</td>
<td></td>
</tr>
<tr>
<td>Neither Aboriginal or Torres Strait Islander origin</td>
<td></td>
</tr>
<tr>
<td>Not stated / unknown</td>
<td></td>
</tr>
<tr>
<td>Parent / carer's name:</td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td>Signature (consent for health check):</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Has the carer / parent been advised of the process and benefits of health check?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Medical history**

Current problems / concerns:

-  
-  
-  

**Examination** *(MO's note: examination requirements on following pages)*:

-  
-  
-  

**Medications:**

-  
-  
-  

**Immunisations status:**

- Current
- Not current

**Immunisations due:**

-  
-  
-  

**Measurements**

<table>
<thead>
<tr>
<th>Weight</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>kg</td>
<td>( ____________ %ile)</td>
</tr>
<tr>
<td>Length</td>
<td>cm</td>
</tr>
<tr>
<td></td>
<td>( ____________ %ile)</td>
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</tbody>
</table>

**Nutrition**

<table>
<thead>
<tr>
<th>Breast feeding only</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Formula feeding only</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Breast feeding and formula only</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Healthy food

- Cereal with iron
- Vegetables
- Meat
- Fruit
- Fish
- Water

Unhealthy food

- Coke / soft drink
- Junk food
- Juice
- Tea
- Cordial
- Cow's milk

If your child was hungry are you always able to provide food?  Yes | No
## Environment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child exposed to cigarette smoke?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How many people live in the house?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where does the baby sleep?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is the child placed on their back to sleep?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Topics for discussion / education

- Cross infection
- Injury prevention
- Breast feeding and maternal nutrition
- Sudden infant death syndrome

## Action plan for good health

<table>
<thead>
<tr>
<th>Risks identified</th>
<th>Referrals / actions</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Actions to be taken by patient / carer

- [ ]
- [ ]
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## Risks identified

- [ ]
- [ ]
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- [ ]

## Referrals / actions

- [ ]
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## Initial

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## Date

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## All risks, outcomes and results discussed and explained to carer / parent by MO?

- [ ] Yes
- [ ] No

## Medical Officer signature:

- [ ]

## Date:

- [ ]

## Written feedback report provided to carer / parent?

- [ ] Yes
- [ ] No

## Carer / parent signature:

- [ ]

## Date:

- [ ]

## Care plans / follow up assigned on PHCIS?

- [ ] Yes
- [ ] No