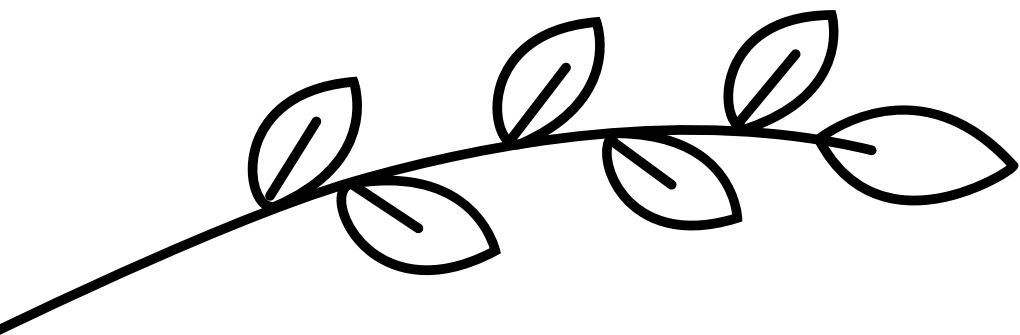


My  Personal

HEALTH RECORD

Book





Acknowledgement of Country




We wish to acknowledge the Ngunnawal people as traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.



Accessibility

(how to get this information in other ways)

To get this information:

-  • in large print
-  • to listen to
- in any other format
-  call (02) 5124 0000.



If you need the translating
and interpreting service

 call 131 450.

canberrahealthservices.act.gov.au/accessibility

© Australian Capital Territory, Canberra January 2024



Dear Parents/Caregivers,

Congratulations on your new baby!

Please fill in your information below.

Child's name

Home Address

Sex

Date of Birth

Parent/Caregiver name

Telephone

Email

Parent/Caregiver name

Telephone

Email

Main language(s) spoken at home

Is an interpreter required yes/no

Aboriginal yes/no

Torres Strait Islander yes/no

Other carers



Family health history

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

No Yes:

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

No Yes:

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

No Yes:

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

No Yes:

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

No Yes:

Was your baby born with any physical issues?

No Yes:

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

No Yes:

Was your baby breech?

No Yes:



Questions for parents about hearing

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

	Yes	No	Not sure
Have you completed the family health history questions on page 4?			
Did your baby have severe breathing problems at birth?			
Has your baby had meningitis?			
Did your baby have jaundice, requiring an exchange transfusion?			
Was your baby less than 1500 grams at birth?			
Was your baby in intensive care for more than 5 days after birth?			
Have you noticed anything unusual about your baby's head or neck, such as an unusually shaped face, or skin tags?			
Does your baby have Down Syndrome (Trisomy 21) or another condition associated with hearing loss?			
Was your baby given antibiotics, e.g. gentamicin?			

If the answer to any of these questions is yes, tell your GP or Maternal, Child and Family Health (MACH) nurse/midwife.

Outcome (to be completed by a health care professional)

Normal Refer

Name

Designation

Signature

Date





When you need an interpreter, phone 131 450



Arabic

عندما تحتاجون إلى مترجم، إتصلوا
على الرقم 131 450

Chinese

当您需要传译员时，请拨电话
131 450

Dari

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

Farsi (alt Persian)

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

Greek

Όταν χρειάζεστε διερμηνέα,
καλέστε το 131 450

Hazaragi

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

Italian

Quando hai bisogno di un
interprete, telefona al 131 450

Japanese

通訳が必要な場合は、
131 450 に電話して
ください

Karen

နမ့်လိၵ်တၢ်ပုၤဂၢ်တၢ်ဖိန့ၣ်,
ဆဲးဂၢ်တၢ်လိၵ်တၢ်ဖိန့ၣ် 131 450 တၢ်ဂ့ၢ်

Korean

통역사가 필요하시면 131
450 번으로 전화하세요

Nepali

दोभाषे चाहिँदा, 131 450 मा फो
न गर्नहोस्

Pashto

کوم وخت چی تاسو ژباړونکي ته اړتیا
لری، 131 450 شمیری ته زنگ ووهی

Russian

Когда вам потребуется
переводчик, позвоните по
номеру 131 450

Serbian

Када вам треба преводилац,
јавите се на 131 450

Somali

Markaad u baahato
turjumaan, ka wac 131 450

Spanish

Cuando necesite un
intérprete, llame al 131 450.

Tamil

உங்களுக்கு ஒரு உரைபெயர்ப்பாளர்
தேவைப்படும் போது, 131 450
என்ற இலக்கத்திற்கு அழையுங்கள்

Thai

เมื่อใดที่คุณต้องการล่าม
โปรดโทรไปที่ 131 450

Turkish

Bir tercümana ihtiyacınız olduğunda,
131 450 numaralı telefonu arayın

Vietnamese

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



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My healthcare rights

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

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

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



I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

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

Respect

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

Partnership

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

Information

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

Privacy

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

Give feedback

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



Child health services and information

About this book

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

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

- MACH nurse/midwife appointments
- GP or other health professional appointments
- Immunisations
- the Hospital, including emergencies
- the Dentist
- enrol your child in child care or school.

Health Checks

It is recommended that your child's growth and development is monitored throughout their life. The recommended age for child health checks can be found on the Contents page (page 7).

MyDHR Proxy Access



Patients who receive healthcare in the ACT public health system can view and manage their health information through MyDHR. Proxy access allows parents, legal guardians and caregivers to assist with the healthcare needs of others. Proxy Access can be requested by completing the MyDHR Proxy Access form in MyDHR.





Register the birth of your baby

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



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

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

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

Register your baby with Medicare

You need to enrol your newborn baby in Medicare as soon as possible and before their first birthday. You can enrol your new baby in a number of ways:

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

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

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



Useful Contacts



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

Organisation	Contact
Centre of Perinatal Excellence (COPE)	cope.org.au
Dental Health Program	5124 9977 (CHI) canberrahealthservices.act.gov.au/services-and-clinics/dental-services
Domestic Violence Crisis Service (DVCS)	6280 0900 dvcs.org.au
Early Family Support Service – Counselling	5124 9977 (CHI) canberrahealthservices.act.gov.au/services-and-clinics/services/early-parenting-counselling
Early Parenting Support (EPS) – to contact a MACH nurse/midwife	5124 1775 canberrahealthservices.act.gov.au/services-and-clinics/services/early-pregnancy-and-parenting-support-line-mach
Healthdirect Australia	1800 022 222 healthdirect.gov.au
Karitane Careline	1300 227 464 karitane.com.au
Kidsafe ACT	6290 2244 kidsafeact.com.au
Lifeline (24 hours)	13 11 14 lifeline.org.au
Legal Aid ACT	1300 654 314 legalaidact.org.au
Libraries ACT	library.act.gov.au
Maternal, Child and Family Health (MACH) Child health check appointments	5124 9977 (CHI) canberrahealthservices.act.gov.au/services-and-clinics/services/maternal-and-child-health-mach-booked-appointments-and-child-health-checks
Multicultural Centre Theo Notaras	6207 2588 communityservices.act.gov.au/multicultural/multicultural_centre



Organisation	Contact
Migrant and Refugee Settlement services (MARSS)	6248 8577 marss.org.au
National Home Doctor Service	13 7425 homedoctor.com.au
North Canberra Hospital	6201 6111 canberrahealthservices.act.gov.au/locations-and-directions/north-canberra-hospital
OneLink	1800 176 468 onelink.org.au
Parentline ACT	6287 3883 parentlineact.org.au
Perinatal Wellbeing Centre	6288 1936 perinatalwellbeingcentre.org.au
Playgroup Association ACT	1800 171 882 playgroupact.org.au
Pregnancy, Birth and Baby Helpline	1800 882 436 pregnancybirthbaby.org.au/pregnancy-birth-baby-helpline
QEII (Tresillian)	1300 272 736 tresillian.org.au
Raising Children Network	raisingchildren.net.au
Red Nose	1300 998 698 rednose.org.au
Relationships Australia	1300 364 277 relationships.org.au
Trauma and Grief Network	tgn.anu.edu.au
Tresillian Parent Helpline	1300 272 736 tresillian.org.au
Winnunga Nimmityjah Aboriginal Health Service	6284 6222 winnunga.org.au
Women's Legal Centre ACT and Region	6257 4377 wlc.org.au



First 1000 days

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



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

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



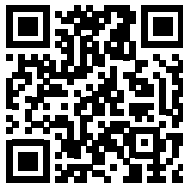
Breastfeeding fact sheet page

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



Child Development Service

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



**Supporting your mental and emotional
wellbeing during and beyond pregnancy**

<https://www.mumspace.com.au/>



Child Safety

There are a lot of things to consider when it comes to keeping your child safe in the car, home and in public spaces. Please look through the following links for information on reducing the risks of harm to your child.



For parenting safety tips and access to child safety resources go to www.kidsafeact.com.au.

Still smoking and/or vaping?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS).

A very small amount of the liquid nicotine used to refill e-cigarettes can kill a child. The liquid can also be poisonous within a matter of minutes if spilled on the skin.

<https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Liquid-Nicotine-Used-in-E-Cigarettes-Can-Kill-Children.aspx>

For more information visit:

<https://raisingchildren.net.au/babies/health-daily-care/health-concerns/second-hand-smoke>

Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help with stopping smoking and/or vaping.



For Kidsafe ACT home safety brochures and age based factsheets go to <https://www.kidsafeact.com.au/brochures-and-factsheets.html>.



For help with staying safe online, visit <https://playingitsafe.org.au/parents-and-carers/>



and

<https://www.thinkuknow.org.au/resources-tab/parents-and-carers>.



Notes



You and your health professionals can make notes in this section when your child is seen for any reason other than the recommended age-specific health checks.

Date and Age	Notes



Date and Age	Notes

Date and Age	Notes



Date and Age	Notes

Date and Age	Notes



Date and Age	Notes

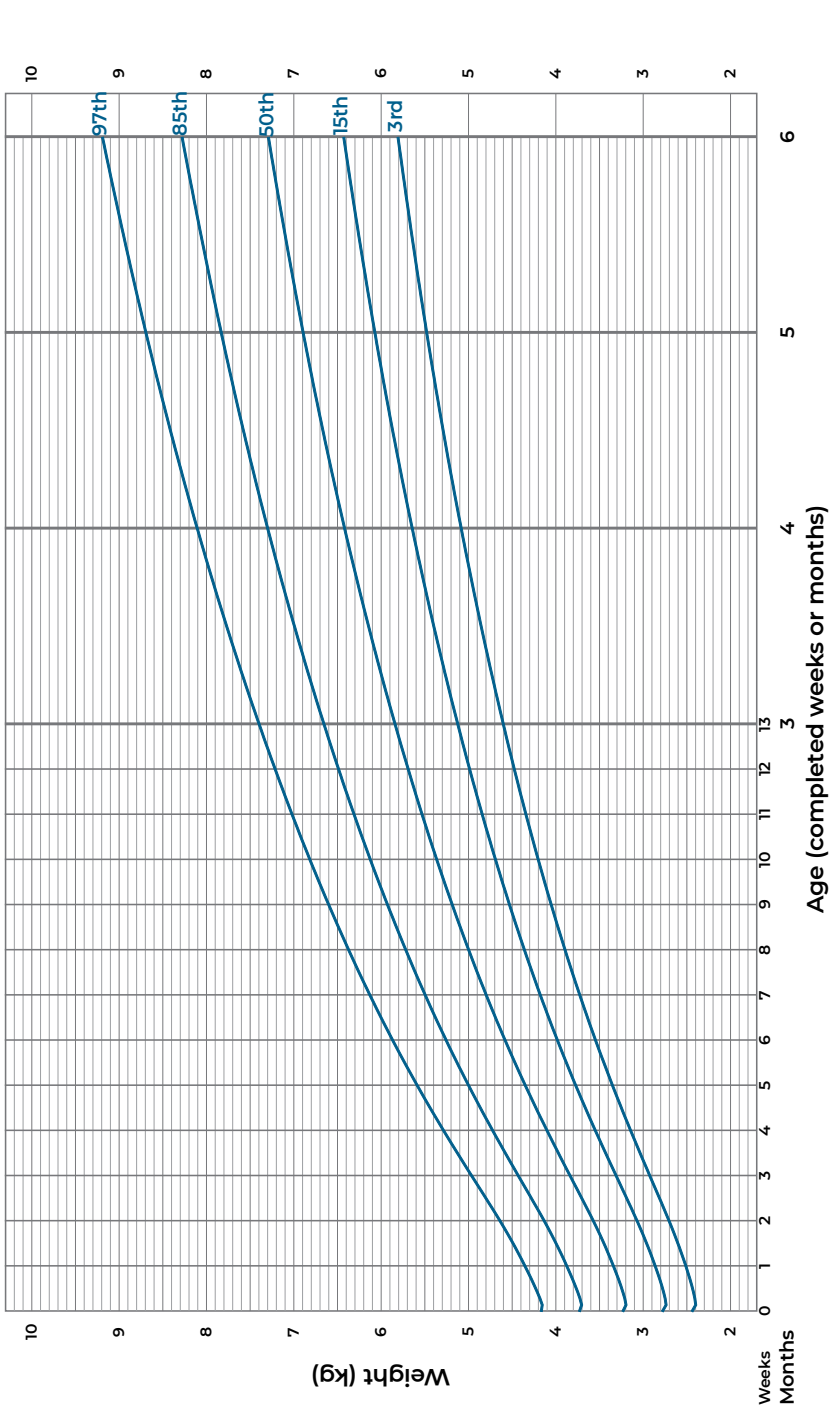


Growth Charts



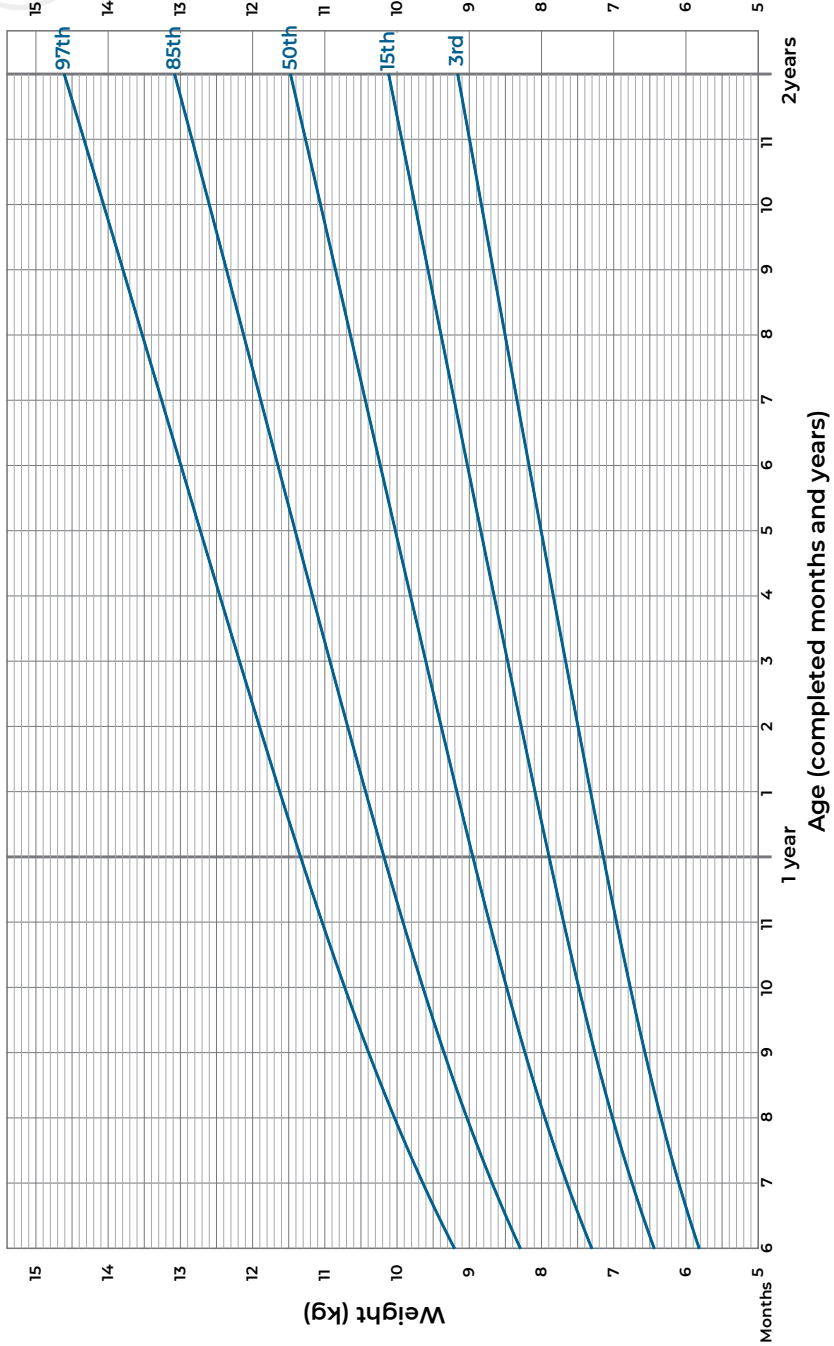
Weight-for-age GIRLS

Birth to 6 months (percentiles)



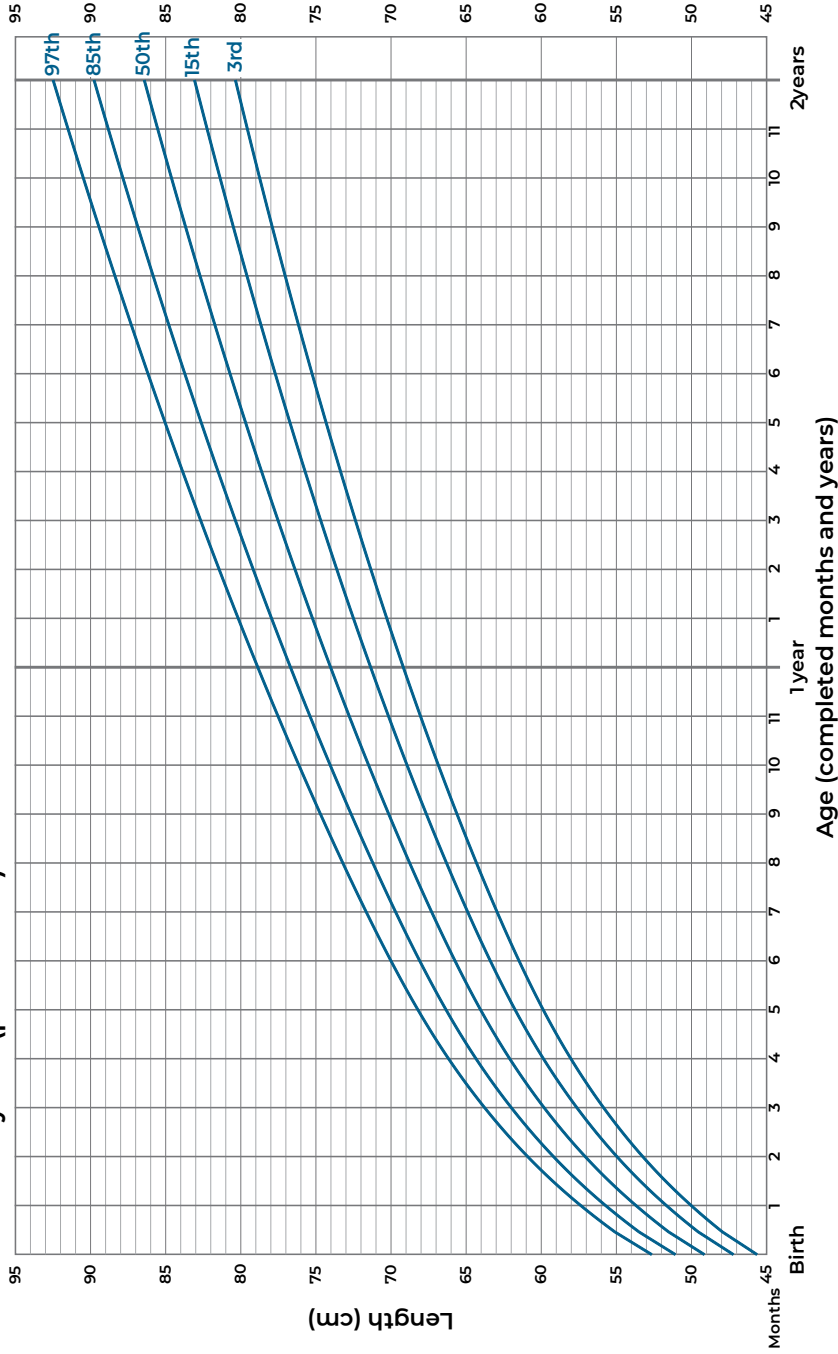
Weight-for-age GIRLS

6 months to 2 years (percentiles)

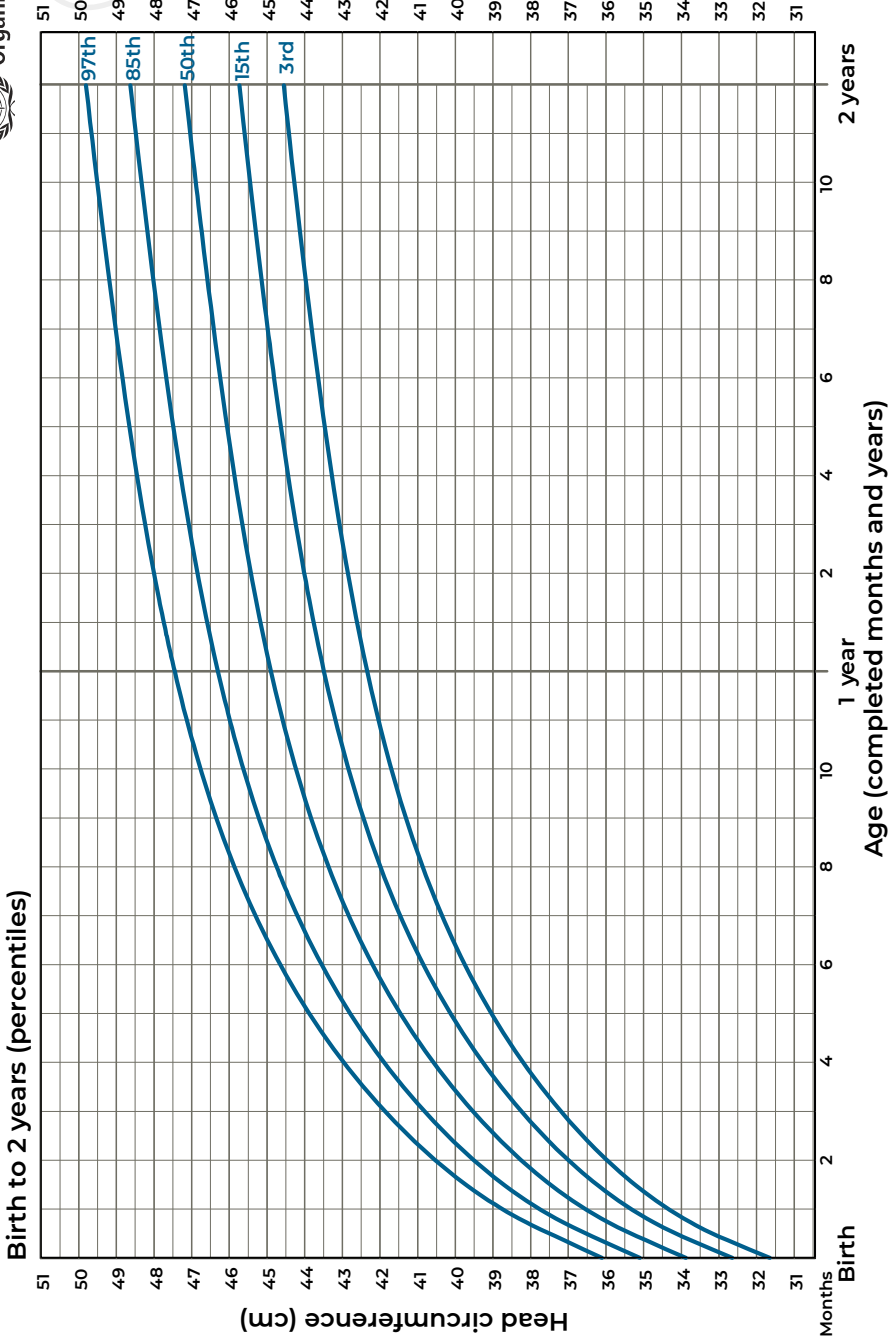


Length-for-age GIRLS

Birth to 2 years (percentiles)



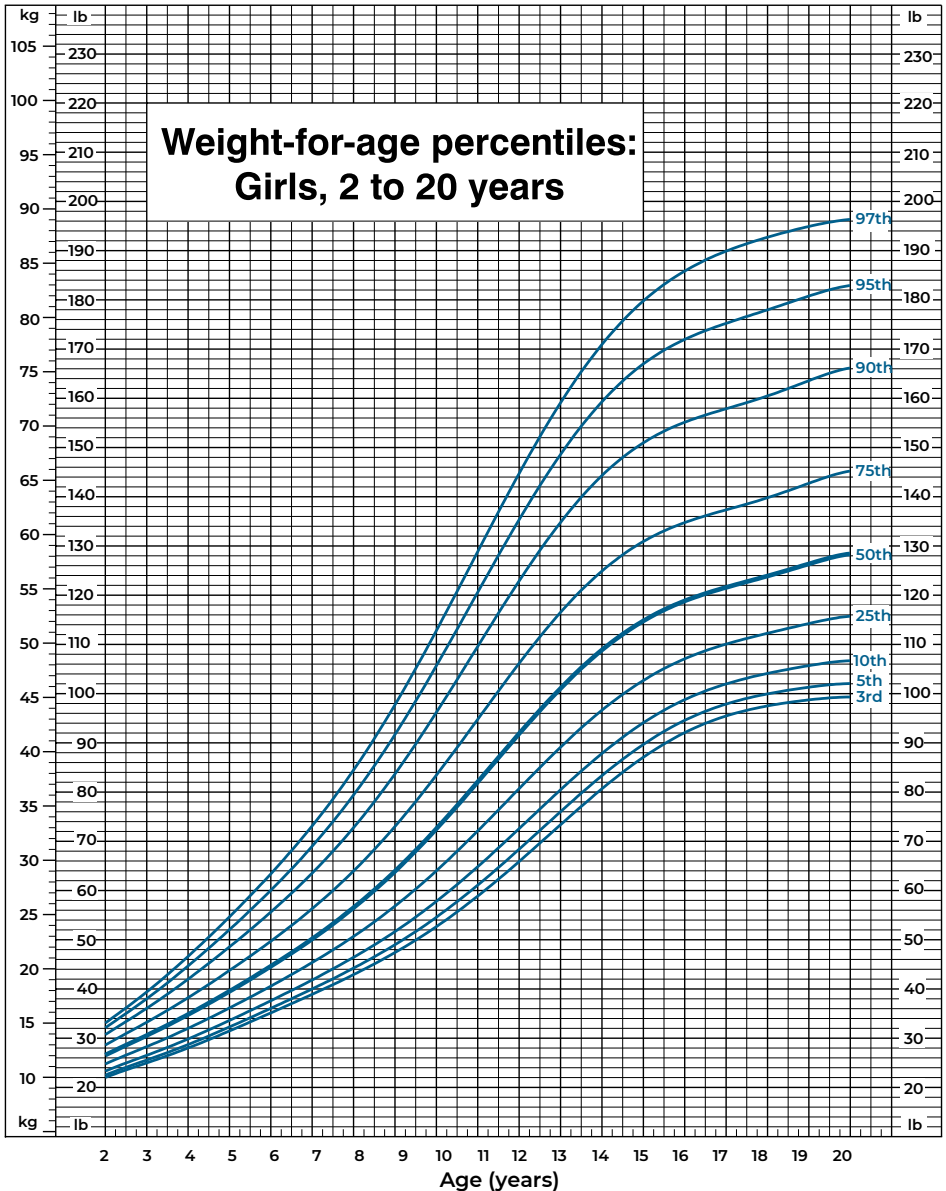
Head circumference-for-age GIRLS



WHO Child Growth Standards

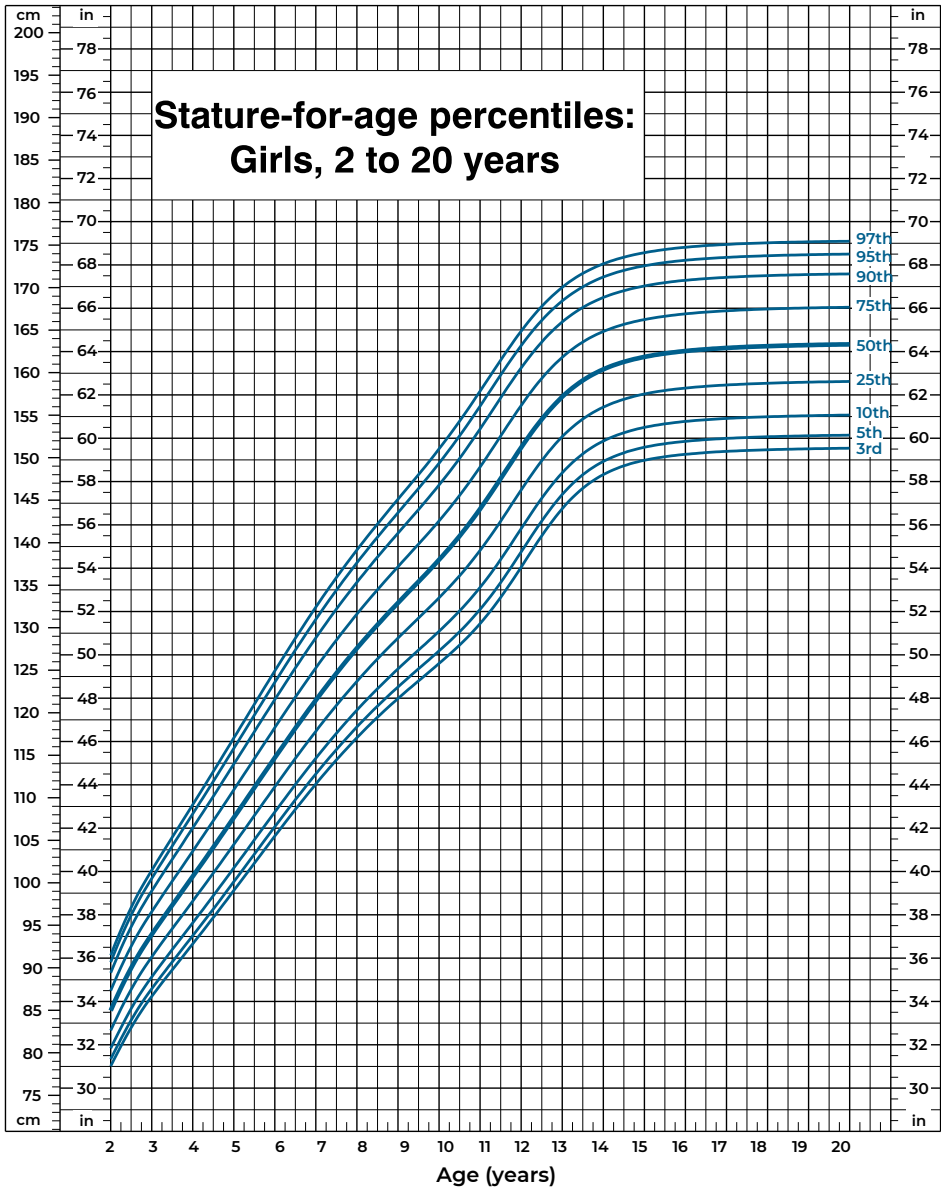


Weight-for-age percentiles – Girls 2 to 20 years



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

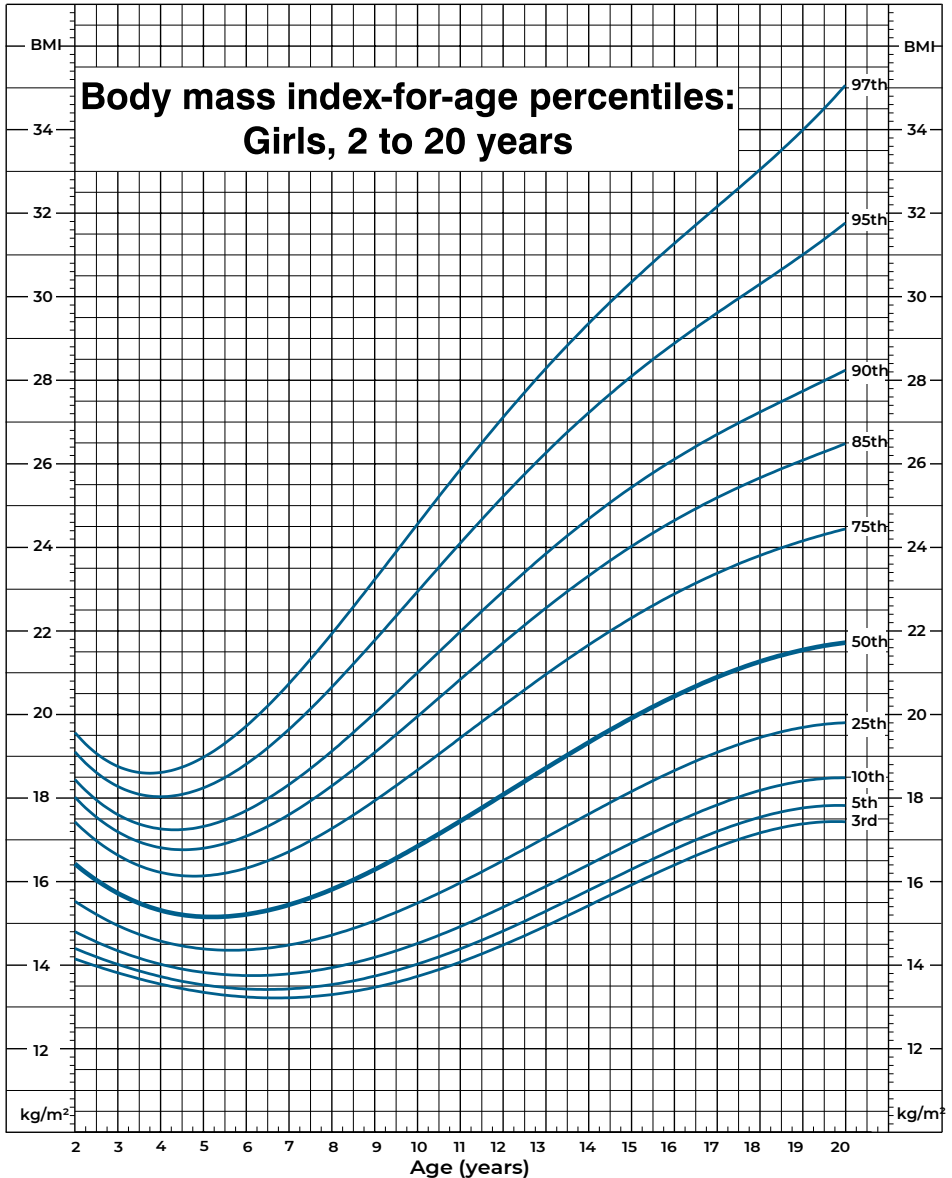
Height-for-age percentiles – Girls 2 to 20 years



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



BMI – Girls 2 to 20 years



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

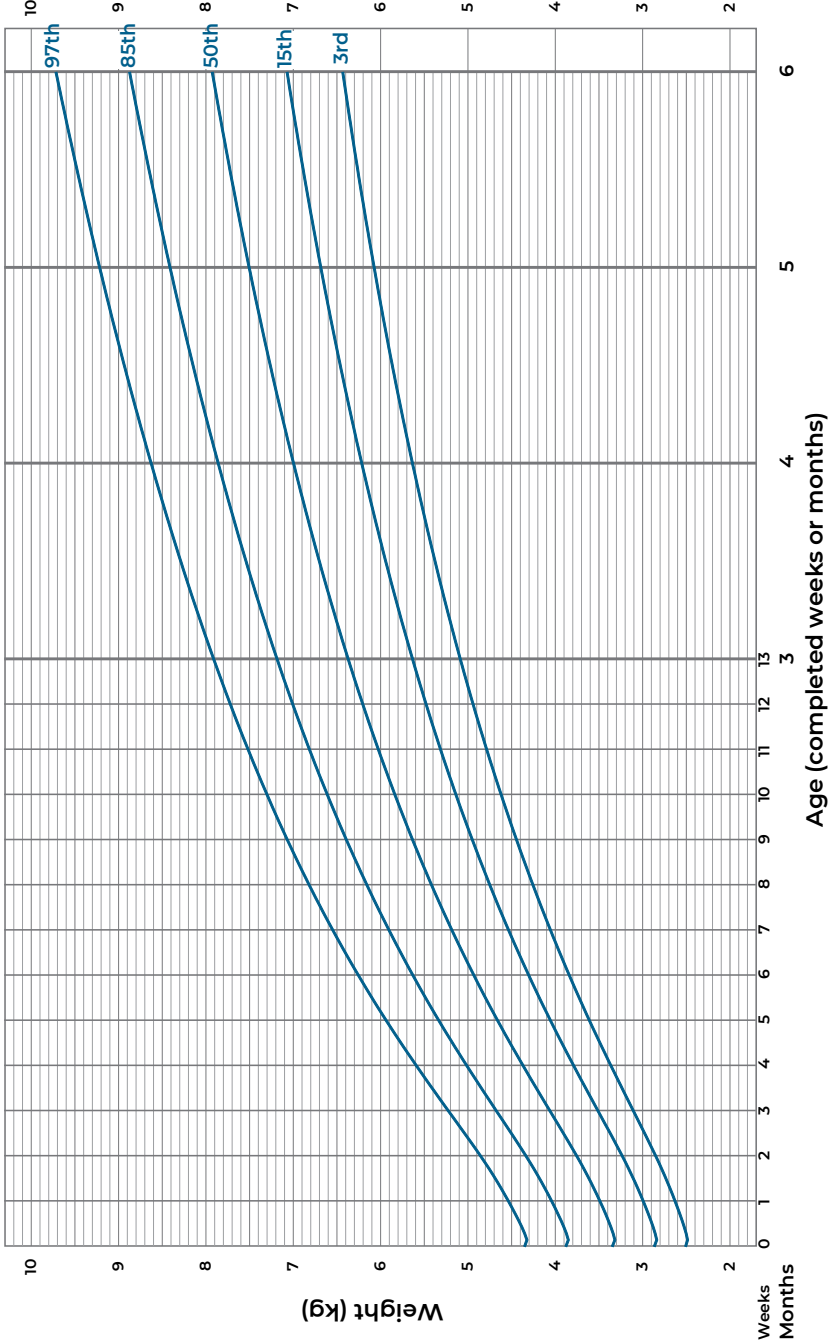


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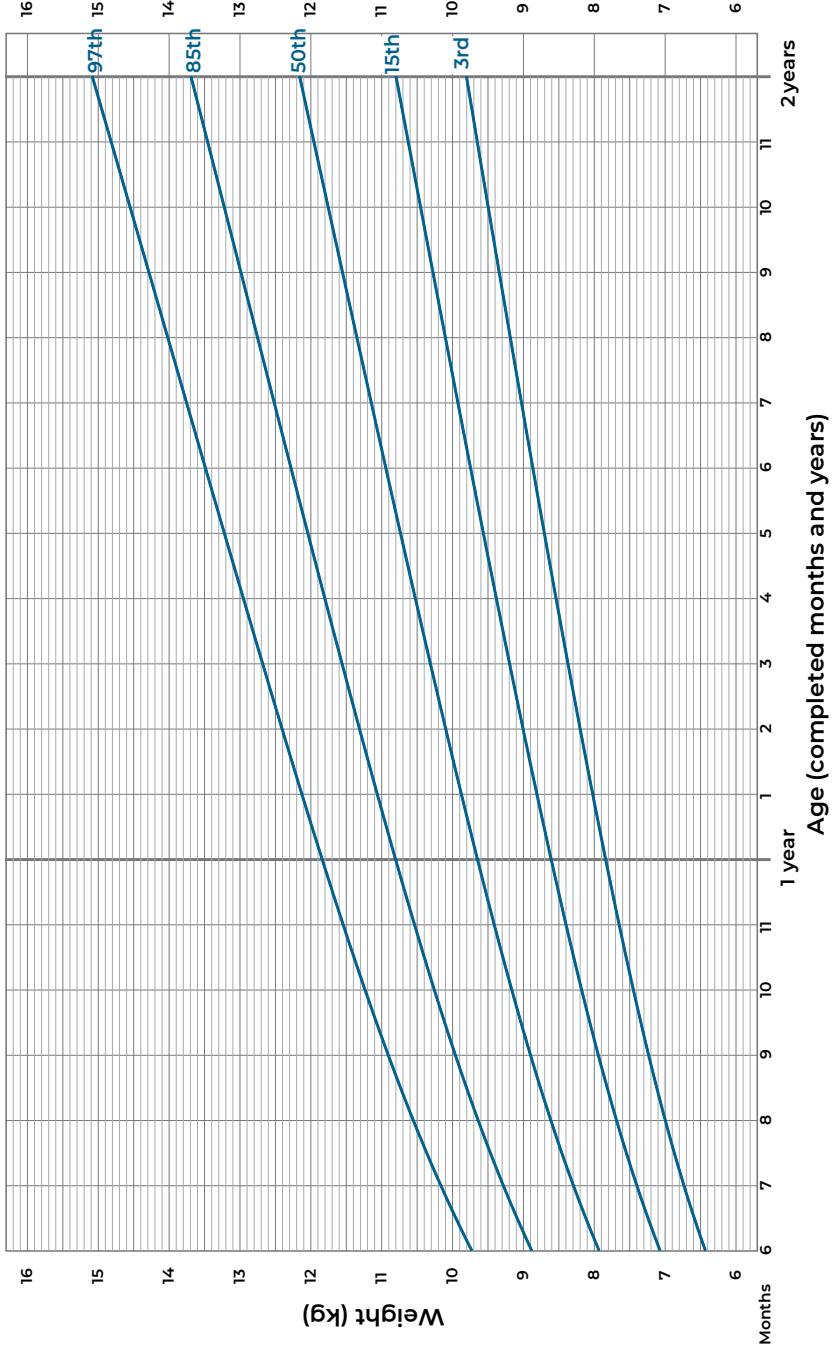
Weight-for-age BOYS

Birth to 6 months (percentiles)



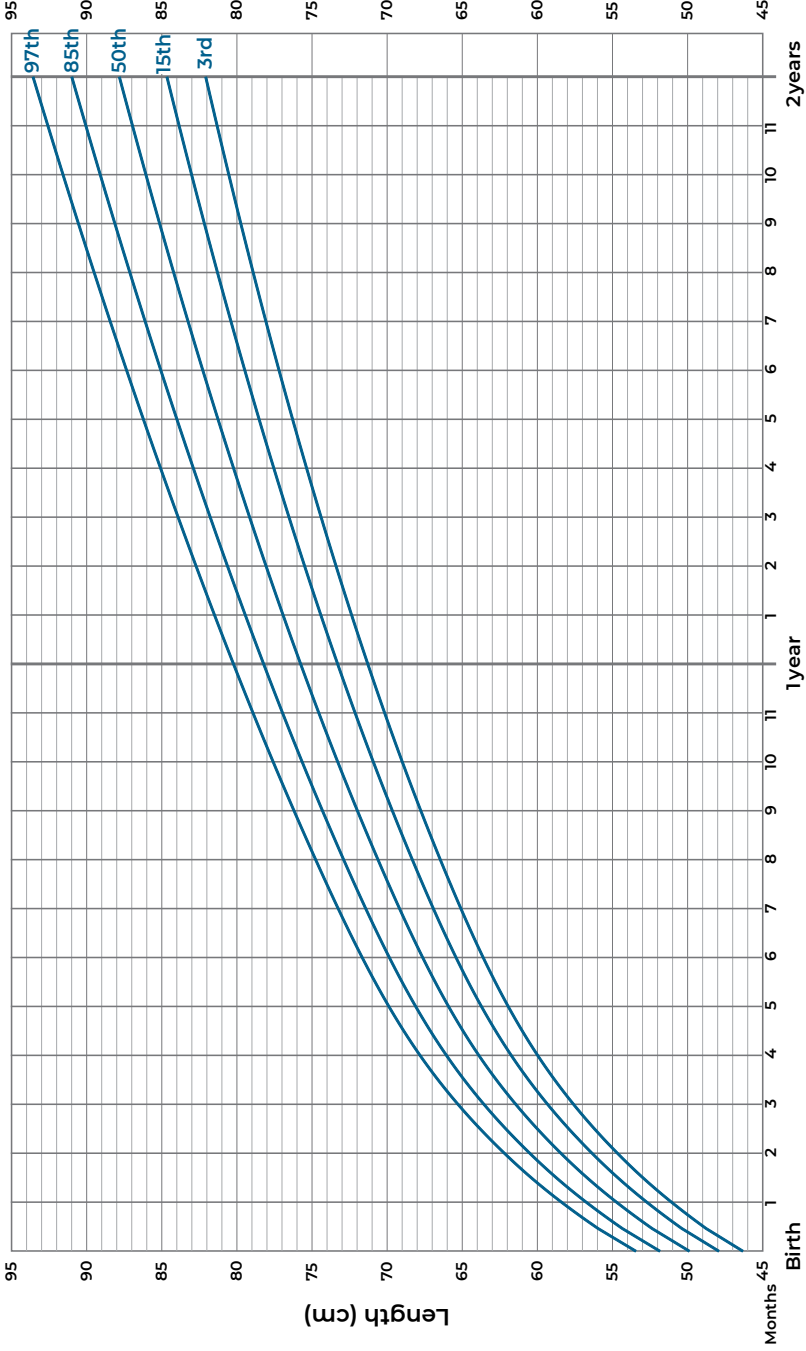
Weight-for-age BOYS

6 months to 2 years (percentiles)



Length-for-age BOYS

Birth to 2 years (percentiles)

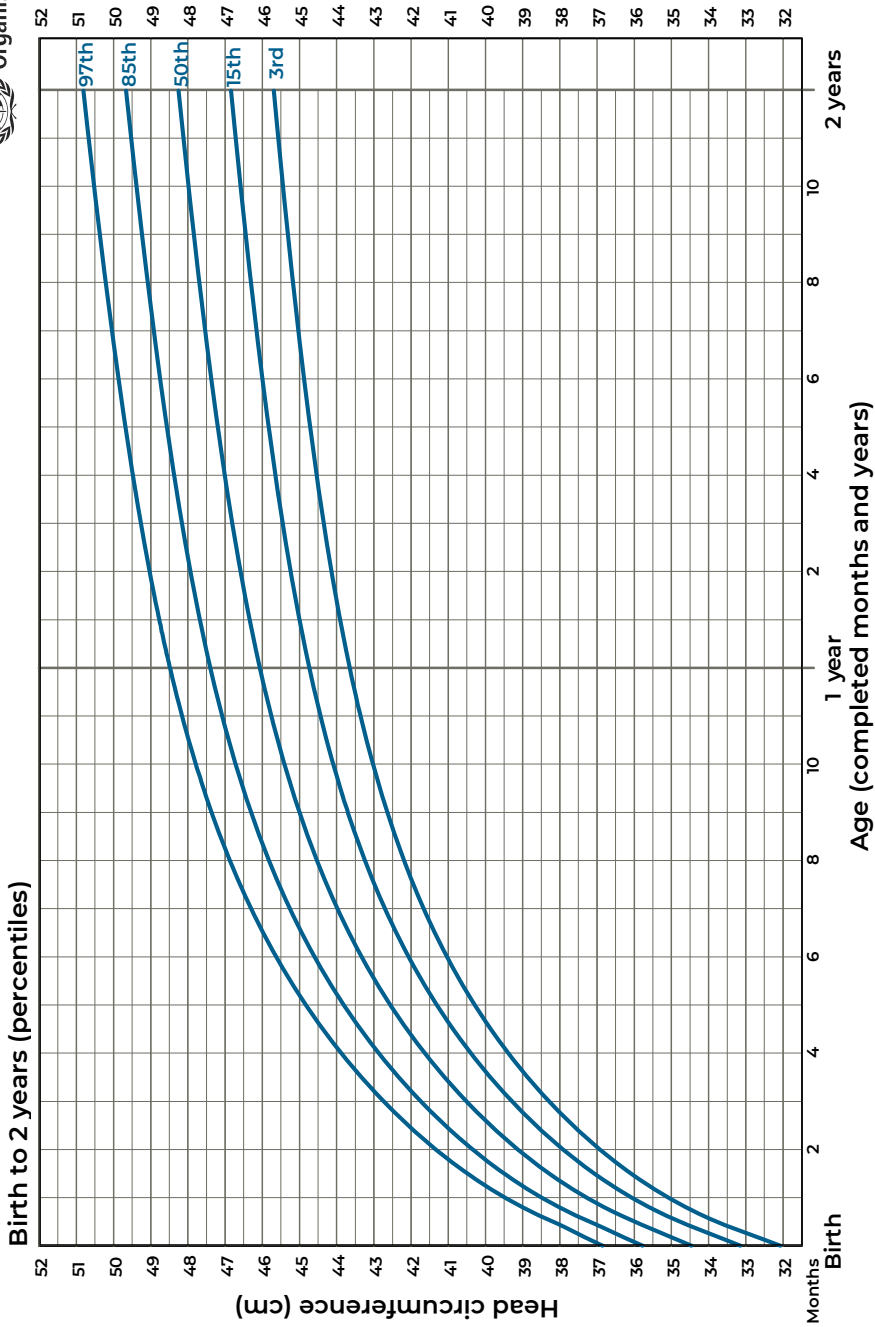


Age (completed months and years)

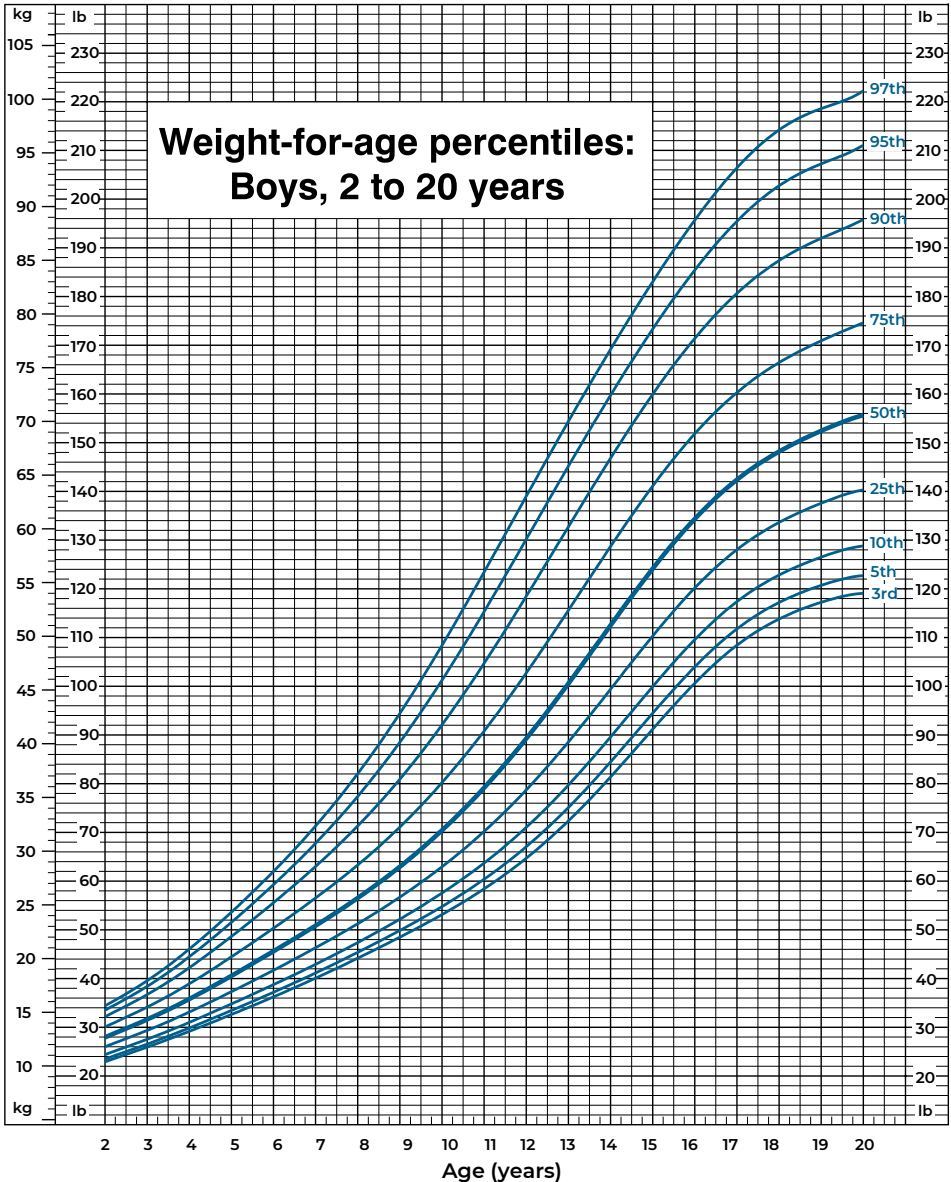
WHO Child Growth Standards



Head circumference-for-age BOYS

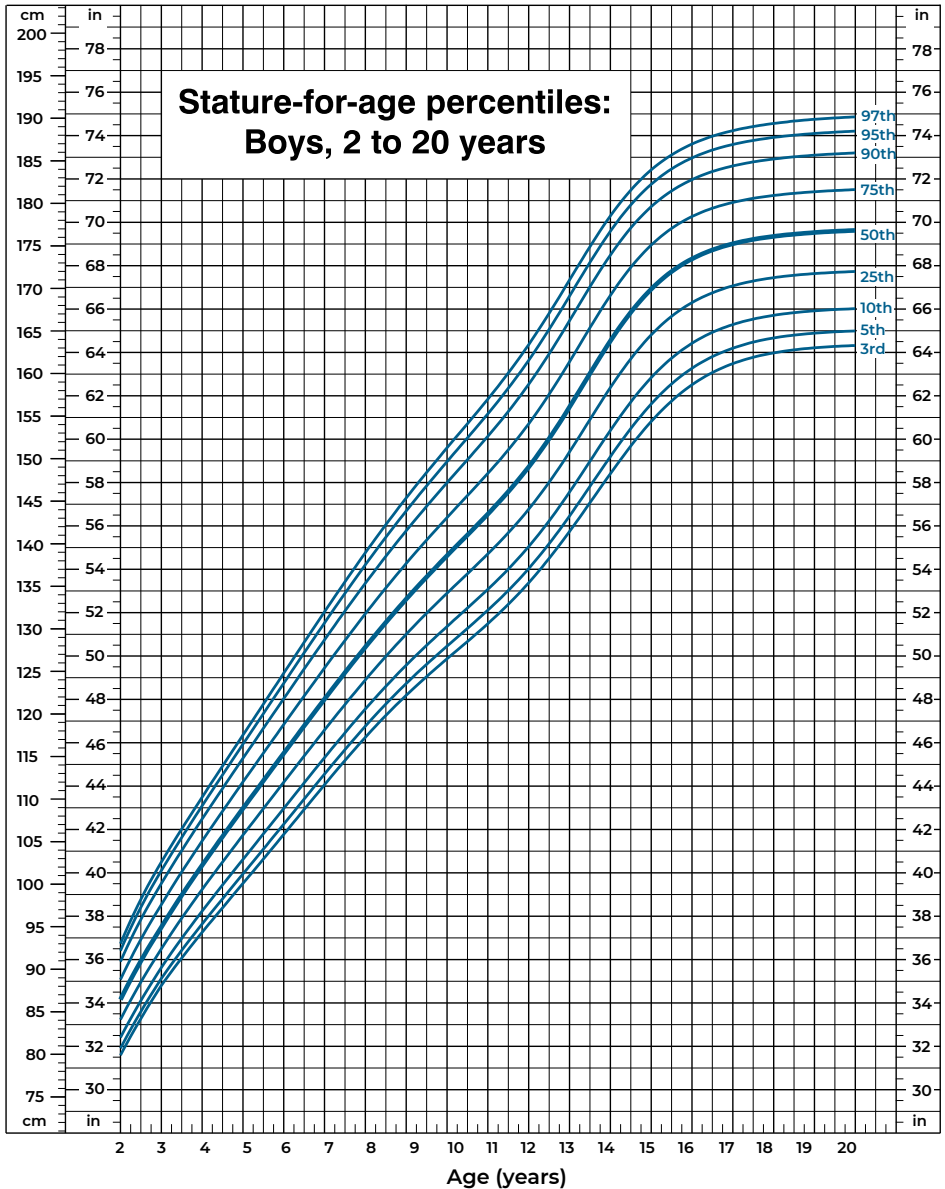


Weight-for-age percentiles – Boys 2 to 20 years



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

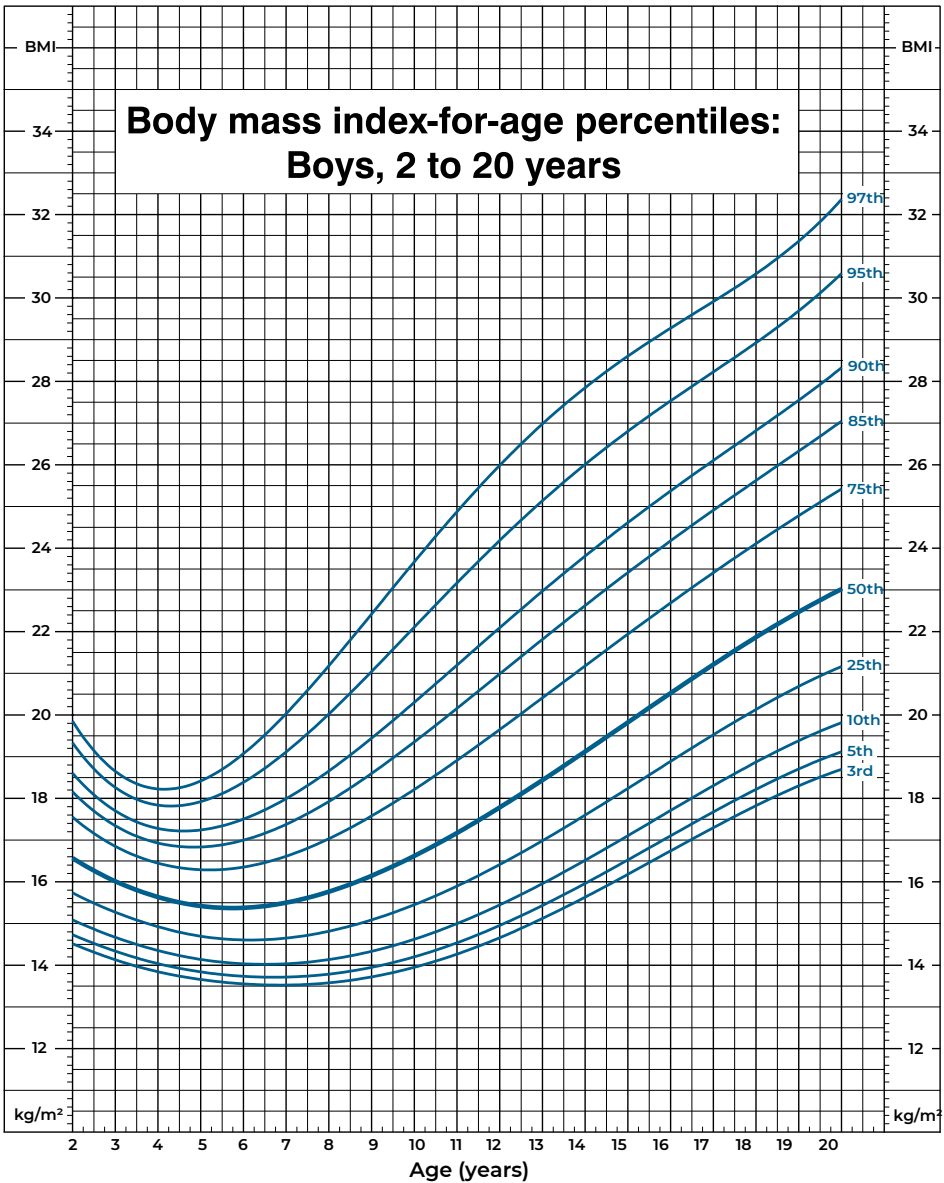
Height-for-age percentiles – Boys 2 to 20 years



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



BMI – Boys 2 to 20 years



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



Notes

Birth and Newborn Checks



BIRTH AND
NEWBORN

Birth details

Affix patient label here

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

Name of child

Name of birth facility

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

Mother/birthing parent information

Mother's/Birthing Parent's name

Date of birth / / Phone

Pregnancy complications

Parity Blood group Anti D given y | n

Labour: Spontaneous / No labour / Induced – reason:

Labour complications

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

Post-partum complications

Baby's information

Estimated gestation Apgar 1 minute 5 minutes

Abnormalities noted at birth

Additional treatment required

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

Newborn Hearing Screen completed

Newborn Bloodspot Screen Test Date / /

Other (specify) Date / /

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

Injection Oral 2nd dose / /

Hep B immunisation given Date given / /

Name Designation

Signature Date





Discharge information

Feeding: breast / bottle

Referred to MACH service y/n

Referred to GP y/n

Discharge date / / Weight (kg)

Head circ (cm)

Signature

Designation

Name

Date / /

Date	Midwife/ Hospital Notes



Newborn examination

Affix patient label here

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

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

Baby's name

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

Name

Designation

Signature

Date



ACT Newborn Hearing Screening Program

To be completed by a health professional.

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

The ACT Newborn Hearing Screening Program may not detect an existing hearing problem and/or that your child may develop a hearing problem later in life.

If you are concerned about your child's hearing see your health professional.

For further information go to www.health.act.gov.au/our-services/womenyouth-and-children/neonatology-department/newborn-hearingscreening

Hearing risk factor identified

Yes, please consult your health professional to arrange a hearing test at 10-12 months (corrected).

Coordinator telephone: _____



1-4 Weeks



1-4
WEEKS



I am 1 to 4 weeks old

A MACH nurse/midwife will contact you by telephone within the first two weeks after your discharge from hospital or Midcall to arrange a visit. This visit usually takes place in the family home. If you have not been contacted, please call the Early Parenting Support line on 5124 1775 to speak to a MACH nurse/midwife.

Some things I may be doing:

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

Some ideas for spending time with me:

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

Please talk to my MACH nurse/midwife or doctor if I am:

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



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

www.canberrahealthservices.act.gov.au/services-and-clinics/services/understanding-your-baby-information-session-mach



Breastfeeding fact sheet page

www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach





Questions for parents/ caregivers

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

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Have you completed the family health history questions on page 4?		
Does your baby have any healthcare needs?		
Was your baby born prematurely?		
Are you concerned about your baby's hearing?		
Is anyone else concerned about your baby's hearing?		
Are you concerned about your baby's vision?		
Is your baby placed on their back for sleeping?		
Is your baby exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your baby? _____



Breastmilk or formula meets your baby's nutritional needs for the first 6 months. From around 6 months of age, as your baby starts family foods, breastmilk or formula is still an important food source.

For more information visit:
www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach

Still smoking and/or vaping?

Smoking around your baby can damage their health and increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 1 to 4 weeks

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth / / Current age Sex m / f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Fontanelles					
Eyes (observation)					
Corneal reflexes					
Umbilicus					
Femoral pulses					
Hip assessment					
Testes fully descended R/L					
Genitalia					
Anal region					
Skin					
Reflexes					
Oral assessment (e.g. mouth, tongue-tie, palate)					





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

Appropriate health information discussed? Yes No

Comments

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Action taken

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Name of doctor or nurse/midwife

Signature Designation

Location Date of check / /

Notes

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Notes



6-8 Weeks



6-8
WEEKS



I am 6 to 8 weeks old

My development – Learn the Signs. Act Early. (what most babies do at this age)

Tick the boxes below of the things that your baby is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Calms down when spoken to or picked up<input type="checkbox"/> Looks at your face<input type="checkbox"/> Seems happy to see you when you walk up to them<input type="checkbox"/> Smiles when you talk to or smile at them	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> Watches you as you move<input type="checkbox"/> Looks at a toy for several seconds
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Makes sounds other than crying<input type="checkbox"/> Reacts to loud sounds	<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Holds head up when on tummy<input type="checkbox"/> Moves both arms and both legs<input type="checkbox"/> Opens hands briefly

You know your baby best

Don't wait. If your baby is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 6 to 8 week health check..

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

How are you feeding your baby? _____



Breastmilk or formula meets your baby's nutritional needs for the first 6 months. From around 6 months of age, as your baby starts family foods, breastmilk or formula is still an important food source.

For more information visit www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach



Child health check - 6 to 8 weeks

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth

/ /

Current age

Sex m/f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Head lift when prone					
Skin					
Eyes					
Observation					
Corneal reflexes					
Pupil					
Presence of squint/strabismus					
Oral assessment (e.g. mouth, tongue-tie, palate)					
Cardiovascular (Doctor only)					
Hip assessment					
Testes fully descended R / L					





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

Comments

Action taken

Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /



Libraries ACT - Early literacy resources and services
<https://www.library.act.gov.au/services/family-literacy>

Notes



Notes

4 Months





I am 4 months old

My development – Learn the Signs. Act Early.
(what most babies do at this age)

Tick the boxes below of the things that your baby is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Smiles on their own to get your attention<input type="checkbox"/> Giggles (not yet a full laugh) when you try to make them laugh<input type="checkbox"/> Looks at you, moves, or makes sounds to get or keep your attention<input type="checkbox"/> Makes sounds like “oooo”, “aahh” (cooing)	<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Holds head steady without support when you are holding them<input type="checkbox"/> Holds a toy when you put it in their hand<input type="checkbox"/> Uses their arm to swing at toys<input type="checkbox"/> Brings hands to mouth<input type="checkbox"/> Pushes up onto elbows/forearms when on tummy
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Makes sounds back when you talk to them<input type="checkbox"/> Turns head towards the sound of your voice	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> If hungry, opens mouth when they see breast or bottle<input type="checkbox"/> Looks at their hands with interest

You know your baby best

Don't wait. If your baby is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 4 month health check.

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

How are you feeding your baby? _____



Breastmilk or formula meets your baby's nutritional needs for the first 6 months. From around 6 months of age, as your baby starts family foods, breastmilk or formula is still an important food source.

For more information visit www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach

Still smoking and/or vaping?

Smoking around your baby can damage their health and increases your baby's risk of Sudden Infant Death Syndrome (SIDS).

Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 4 months

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth / /

Current age

Sex m / f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Head lift when prone					
Skin					
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Hip assessment					
Oral assessment (e.g. mouth, tongue-tie, palate)					
Testes fully descended R / L					





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

Comments

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Action taken

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Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /



6 Months

6 MONTHS





I am 6 months old

My development – Learn the Signs. Act Early.
(what most babies do at this age)

Tick the boxes below of the things that your baby is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Knows familiar people<input type="checkbox"/> Likes to look at themselves in a mirror<input type="checkbox"/> Laughs	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> Puts things in their mouth to explore them<input type="checkbox"/> Reaches to grab a toy they want<input type="checkbox"/> Closes lips to show they don't want more food
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Takes turns making sounds with you<input type="checkbox"/> Blows "raspberries" (sticks tongue out and blows)<input type="checkbox"/> Makes squealing noises	<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Rolls from tummy to back<input type="checkbox"/> Pushes up with straight arms when on tummy<input type="checkbox"/> Leans on hands to support themselves when sitting

You know your baby best

Don't wait. If your baby is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).



Questions for parents/ caregivers

Answer these questions before the 6 month health check.

	Yes	No
Does your baby identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your baby?		
Are you concerned about your baby's hearing?		
Are you concerned about your baby's vision?		
Does your baby have a turned or lazy eye?		
Does your baby look at you and follow you with their eyes?		
Do you read, talk and sing with your baby?		
Does your baby hold toys and pass them from one hand to the other?		
Is your baby placed on their back for sleeping? Please do not swaddle your baby.		
Is your baby exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your baby? _____



Breastmilk or formula meets your baby's nutritional needs for the first 6 months. From around 6 months of age, as your baby starts family foods, breastmilk or formula is still an important food source.

For more information visit
www.canberrahealthservices.act.gov.au/services-and-clinics/services/breastfeeding-support-mach

Still smoking and/or vaping?

Smoking around your baby can damage their health and increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 6 months

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth / /

Current age

Sex m / f

Health Assessment	Normal	Review	Refer
Weight kg %			
Length cm %			
Head circumference cm %			
Head lift when prone			
Skin			
Eyes			
Observation			
Presence of squint/strabismus			
Corneal reflexes			
Pupil			
Ocular movements			
Cover uncover test			
Hip assessment			
Oral assessment (e.g. mouth, tongue-tie, palate)			
Oral health 'Lift the lip' check			
Testes fully descended R / L			



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

Comments

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Action taken

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Name of doctor or nurse/midwife

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Signature

Designation

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Location

Date of check / /

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From Milk to More

https://www.canberrahealthservices.act.gov.au/_data/assets/pdf_file/0009/1939509/From-Milk-to-More-A4_Accessible_FA.pdf



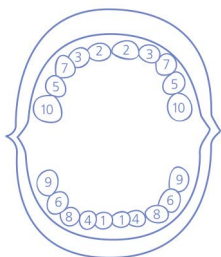
Your child's teeth - keeping them healthy

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

When do babies' teeth come through?

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

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



Dental check ups

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





Bottles and Dummies

Breastmilk is best for your baby. If your child is not breastfeeding:

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

Teething

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

Food and Drink for Dental Health

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

Toothbrushing Tips

- Germs from your mouth can pass over to your baby's mouth on dummies, bottles and spoons.
- As soon as your child's first teeth appear, clean them using a child sized soft toothbrush, without toothpaste.



- From 18 months of age use a child sized soft toothbrush to clean your child's teeth twice a day. Use a small pea-sized amount of low fluoride toothpaste; children should spit out, not swallow, and not rinse.
- You should continue to apply toothpaste for children under 6 years of age and store toothpaste out of the reach of children.
- Children still need your help to brush their teeth until they are around 7 to 8 years of age.
- Watch for early signs of tooth decay – white or brown spots that don't brush off. Seek professional advice as soon as possible.

Child Dental Benefits Schedule and private dental services



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



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

12 Months





I am 12 months old

My development – Learn the Signs. Act Early.
(what most children do at this age)

Tick the boxes below of the things that your child is doing.

<p>Social/Emotional Milestones</p> <p><input type="checkbox"/> Plays games with you, like pat-a-cake</p>	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <p><input type="checkbox"/> Puts something in a container, like a block in a cup</p> <p><input type="checkbox"/> Looks for things they see you hide, like a toy under a blanket</p>
<p>Language/Communication Milestones</p> <p><input type="checkbox"/> Waves “bye-bye”</p> <p><input type="checkbox"/> Calls a parent “muma” or “dada” or another special name</p> <p><input type="checkbox"/> Understands “no” (pauses briefly or stops when you say it)</p>	<p>Movement/Physical Development Milestones</p> <p><input type="checkbox"/> Pulls up to stand</p> <p><input type="checkbox"/> Walks holding on to furniture</p> <p><input type="checkbox"/> Drinks from a cup without a lid, as you hold it</p> <p><input type="checkbox"/> Picks things up between thumb and pointer finger, like small bits of food</p>

You know your child best

Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 12 month health check.

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

How are you feeding your child? _____

By 12 months, your child can have nutritious choices from the foods eaten by the rest of the family and should be consuming a wide variety of foods. The World Health Organisation (WHO) recommends continued breastfeeding up to 2 years of age or beyond.

Still smoking and/or vaping?

Smoking around your child can damage their health and increases your child's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 12 months

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth / / Current age Sex m/f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Cover uncover test					
Hip assessment					
Testes fully descended R / L					
Oral health 'Lift the lip' check					

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





Appropriate health information discussed?

Yes

No

Comments

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Action taken

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Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /





Notes



18 Months



18
MONTHS



I am 18 months old

My development – Learn the Signs. Act Early.
(what most children do at this age)

Tick the boxes below of the things that your child is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Moves away from you, but looks to make sure you are close by<input type="checkbox"/> Points to show you something interesting<input type="checkbox"/> Puts hands out for you to wash them<input type="checkbox"/> Looks at a few pages in a book with you<input type="checkbox"/> Helps you dress them by pushing arm through sleeve or lifting up foot	<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Walks without holding on to anyone or anything<input type="checkbox"/> Scribbles<input type="checkbox"/> Drinks from a cup without a lid and may spill sometimes<input type="checkbox"/> Feeds themselves with their fingers<input type="checkbox"/> Tries to use a spoon<input type="checkbox"/> Climbs on and off a couch or chair without help
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Tries to say three or more words besides “mama” or “dada”<input type="checkbox"/> Follows one-step directions without any gestures, like giving you the toy when you say, “Give it to me”	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> Copies you doing chores, like sweeping with a broom<input type="checkbox"/> Plays with toys in a simple way, like pushing a toy car

You know your child best

Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.





Questions for parents/ caregivers

Answer these questions before the 18 month health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Do you read, talk and sing with your child?		
Does your child say at least 20 words?		
Is your child learning new words and hearing new sounds?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____

Still smoking and/or vaping?

Smoking around your child can damage their health and increases your child's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 18 months

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth / / Current age Sex m / f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Head circumference	cm	%			
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Cover uncover test					
Evaluate gait					
Testes fully descended R / L					
Oral health 'Lift the lip' check					



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

Comments

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Action taken

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Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /

2 Years



2
YEARS



I am 2 years old

My development – Learn the Signs. Act Early.
(what most children do at this age)

Tick the boxes below of the things that your child is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Notices when others are hurt or upset, like pausing or looking sad when someone is crying<input type="checkbox"/> Looks at your face to see how to react in a new situation	<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Kicks a ball<input type="checkbox"/> Runs<input type="checkbox"/> Walks (not climbs) up a few stairs with or without help<input type="checkbox"/> Eats with a spoon
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Points to things in a book when you ask, like “Where is the bear?”<input type="checkbox"/> Says at least two words together, like “More milk”<input type="checkbox"/> Points to at least two body parts when you ask them to show you<input type="checkbox"/> Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> Holds something in one hand while using the other hand; for example, holding a container and taking the lid off<input type="checkbox"/> Tries to use switches, knobs, or buttons on a toy<input type="checkbox"/> Plays with more than one toy at the same time, like putting toy food on a toy plate

You know your child best

Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 2 year health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Do you read, talk and sing with your child?		
Is your child learning new words and hearing new sounds?		
Do you use lots of new words with your child?		
Does your child play games like dressing up and make believe?		
Does your child count their toys and/or fingers?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

How are you feeding your child? _____



Child health check - 2 years

Assessment by MACH nurse/midwife, GP, or Paediatrician.


Name

Date of birth / / Current age Sex m / f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Body mass index (BMI)					
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Cover uncover test					
Evaluate gait					
Oral health 'Lift the lip' check					

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





Appropriate health information discussed?

Yes

No

Comments

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.....

.....

Action taken

.....

.....

.....

.....

Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /

Still smoking and/or vaping?

Smoking around your child can damage their health and increases your child's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Notes

3 Years



3
YEARS



I am 3 years old

My development – Learn the Signs. Act Early.
(what most children do at this age)

Tick the boxes below of the things that your child is doing.

<p>Social/Emotional Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Calms down within 10 minutes after you leave them, like at a childcare drop off<input type="checkbox"/> Notices other children and joins them to play	<p>Cognitive Milestones (learning, thinking, problem-solving)</p> <ul style="list-style-type: none"><input type="checkbox"/> Draws a circle when you show them how<input type="checkbox"/> Avoids touching hot objects, like a stove, when you warn them
<p>Language/Communication Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Talks with you in conversation using at least two back-and-forth exchanges<input type="checkbox"/> Says what action is happening in a picture or book when asked, like “running,” “eating,” or “playing”<input type="checkbox"/> Asks “who,” “what,” “where,” or “why” questions, like “Where is mummy/daddy?”<input type="checkbox"/> Says first name, when asked<input type="checkbox"/> Talks well enough for others to understand, most of the time	
<p>Movement/Physical Development Milestones</p> <ul style="list-style-type: none"><input type="checkbox"/> Strings items together, like large beads or macaroni<input type="checkbox"/> Uses a fork<input type="checkbox"/> Puts on some clothes by themselves, like loose pants or a jacket	

You know your child best

Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 3 year health check.

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

What does your child eat and drink? _____

Still smoking and/or vaping?

Smoking around your child can damage their health.

Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Child health check - 3 years

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth

/ /

Current age

Sex m/f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Body mass index (BMI)					
Eyes					
Observation					
Presence of squint/strabismus					
Corneal reflexes					
Pupil					
Ocular movements					
Cover uncover test					
Oral health 'Lift the lip' check					

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



Appropriate health information discussed?

Yes

No

Comments

Action taken

Name of doctor or nurse/midwife

Signature

Designation

Location

Date of check / /



Three-year-old preschool

- if your child is three on or before 30 April, they may be able to attend free three-year-old preschool
- in a preschool program, there will be a play-based learning program
- more information on how to access this program is at: <https://www.education.act.gov.au/early-childhood/coming-soon-free-three-year-old-preschool>



Notes



Notes

4 Years



4
YEARS



I am 4 years old

My development – Learn the Signs. Act Early.
(what most children do at this age)

Tick the boxes below of the things that your child is doing.

Social/Emotional Milestones	
<input type="checkbox"/> Pretends to be something else during play (teacher, superhero, dog)	<input type="checkbox"/> Avoids danger, like not jumping from tall heights at the playground
<input type="checkbox"/> Asks to go play with children if none are around, like “Can I play with Alex?”	<input type="checkbox"/> Likes to be a “helper”
<input type="checkbox"/> Comforts others who are hurt or sad, like hugging a crying friend	<input type="checkbox"/> Changes behaviour based on where they are (place of worship, library, playground)
Movement/Physical Development Milestones	
<input type="checkbox"/> Catches a large ball most of the time	<input type="checkbox"/> Unbuttons some buttons
<input type="checkbox"/> Serves themselves food or pours water, with adult supervision	<input type="checkbox"/> Holds crayons or pencils between fingers and thumb, not a fist
Cognitive Milestones (learning, thinking, problem-solving)	Language/Communication Milestones
<input type="checkbox"/> Names a few colours of items	<input type="checkbox"/> Says sentences with four or more words
<input type="checkbox"/> Tells what comes next in a well-known story	<input type="checkbox"/> Says some words from a song, story, or nursery rhyme
<input type="checkbox"/> Draws a person with three or more body parts	

You know your child best

Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your MACH nurse/midwife or GP, share your concerns, and ask about developmental screening.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's Learn the Signs. Act Early. Program (www.cdc.gov/ActEarly; February 2022).





Questions for parents/ caregivers

Answer these questions before the 4 year health check.

	Yes	No
Does your child identify as Aboriginal and/or Torres Strait Islander?		
Do you have concerns about your child?		
Are you concerned about your child's hearing?		
Are you concerned about your child's vision?		
Can your child see small objects?		
Can your child see objects and people from a distance?		
Does your child use a bottle to go to sleep? Or walk around with a bottle between mealtimes?		
Are you brushing your child's teeth twice a day?		
Do you read, talk and sing with your child?		
Can your child count to 10?		
Does your child recognise any letters?		
Does your child use letters in puzzles, games and craft activities?		
Is your child exposed to smoking or vaping in the car or home? *Please note it is illegal in the ACT to smoke in a vehicle when there is an infant present		

What does your child eat and drink? _____

Still smoking and/or vaping?

Smoking around your child can damage their health.

Call Quitline 13 QUIT (13 7848) or go to <http://www.icanquit.com.au> for help to stop smoking and vaping.



Before school health assessment

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

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

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

Preparing for School


Your child may start preschool this year. It may help if you:

- give your child lots of love and support. Be excited and enthusiastic about starting school.
- take your child to preschool orientation day/s so they are familiar with the grounds.
- explain that teachers at the school will support them to feel safe and know what to do.
- try on the uniform and shoes before the first day, to make sure everything fits.
- visit the school when other children are there so your child can get used to the noise of the playground and the size of the 'big' students.
- show your child where the after school care facilities are, if needed.

Preschool Pathways Program

If your child turns four-years-old on or before 30 April, they are eligible to attend free four-year-old preschool at an ACT public school. The Preschool Pathways program is designed to assist parents to support their child in their transition to four-year-old preschool.





The Preschool Pathways Map and supporting resources can be found on the Education Directorate website.

On My First Day

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



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



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



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



More information about the Preschool Pathways program can be found on the Education Directorate website <https://www.education.act.gov.au/early-childhood/set-up-for-success-an-early-childhood-strategy-for-the-act/preschool-pathways>



Child health check - 4 years

Assessment by MACH nurse/midwife, GP, or Paediatrician.

Name

Date of birth

/ /

Current age

Sex m/f

Health Assessment			Normal	Review	Refer
Weight	kg	%			
Length	cm	%			
Body mass index (BMI)					
Oral health 'Lift the lip' check					

Vision Assessment		Normal	Review	Refer	Under Treatment
Vision tested monocularly	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Outcome					
Corneal reflexes					
Ocular movements					
Cover uncover test					
Convergence and presence of squint/strabismus					
Results	SGLC* 3m	Right eye 3/	Left eye 3/		





Health protective factors	Yes	No	Concerns	No concerns
Parent/caregiver questions completed?				
Age appropriate immunisation completed as per schedule?				
Are there any risk factors?				
Hearing				
Vision				

Outcome Normal Review Refer

Appropriate health information discussed? Yes No

Comments

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Action taken

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Name of doctor or nurse/midwife

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Signature

Designation

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Location

Date of check / /

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Notes



Notes



Immunisations



Immunisation Information

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

The National Health and Medical Research Council (NHMRC) recommend a National Vaccination Schedule for all children. The current schedule is online:



<https://www.health.act.gov.au/services-and-programs/immunisation/babies-and-children/what-vaccines-does-my-child-need-and-when>

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

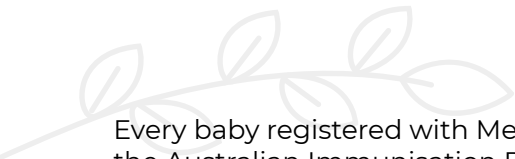
- General practices may charge a consultation fee, however the vaccines are free for eligible children under the NIP. Please call your general practice if you wish to make an appointment.
- CHS Early Childhood Immunisation clinics are free of charge but are only available for children before their 6th birthday. The clinics also offer free influenza (flu) vaccinations for children from 6 months until their 5th birthday. To make an appointment at your nearest clinic, please call Central Health Intake (CHI) on 5124 9977.

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



After your child has been immunised
<https://health.act.gov.au/sites/default/files/2018-09/After%20your%20child%20has%20been%20immunised%202018.pdf>





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

Vaccinations for children who are not eligible for Medicare

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



myGov

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



IHI

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

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

Important information for parents/guardians

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

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

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

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

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

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

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

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





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

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

For more information on immunisations, visit:



Canberra Health Services

<https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/early-childhood-immunisation>



myGov

<https://www.servicesaustralia.gov.au/about-mygov?context=64107>



SKAI

<https://skai.org.au/>



ACT Health Immunisation Schedule

<https://health.act.gov.au/sites/default/files/2020-06/Immunisation%20-%20schedule.pdf>

Immunisation record card

This card can be used for child care and school enrolment.

Please keep with other important records.

Name		
Date of birth	/ /	Sex m / f
Medicare number		
Number on card		
Aboriginal: yes / no	Torres Strait Islander: yes / no	
Address		
		Post code
Phone	(h)	
	(w)	(m)
Email		
Comments (e.g. allergies, adverse reactions)		
.....		
.....		
.....		
.....		

Child under 18 years of age

I request that the person named above be immunised.

I understand the:

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

Name: _____

Signature: _____ Date: / /



Immunisation record

Name

Date of Birth / /

Requires additional vaccines yes / no

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



Name**Date of Birth** / /

Age	Date given	Batch No.	Provider's signature	Informed consent (Client initials)	Next dose due
4 months					
Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
6 months (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b (Hib) and hepatitis B					
12 months (Check additional vaccines required for children at risk)					
Meningococcal ACWY					
Measles, mumps and rubella (MMR)					
Pneumococcal					





Name

Date of Birth / /

Age	Date given	Batch No.	Provider's signature	Informed consent (Client initials)	Next dose due
18 months					
Measles, mumps, rubella and varicella (MMRV)					
Haemophilus influenzae type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					
4 years (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis and poliomyelitis					

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

For more information, please call the ACT Health Immunisation Unit on 5124 9800 or refer to the Canberra Health Services website at: www.canberrahealthservices.act.gov.au/services-and-clinics/services/high-school-immunisation-program.



Other immunisations

To be completed by the doctor/nurse giving the immunisation.
The influenza (flu) vaccine is recommended and free for children aged 6 months until they turn 5 years old. Two doses are required in the first year and then one dose each year after.

Name

Date of Birth / /

Vaccine given	Date given	Batch No.	Provider's signature	Parent/guardian signature



Other immunisations continued

Name

Date of Birth / /

Vaccine given	Date given	Batch No.	Provider's signature	Parent/ guardian signature



Notes



Notes
