Expanded HEALTHY KIDS CHECK Image: Constraining Government Dependent Healthy Kids Check (the Check) provides an opportunity for parents to speak with their GP, practice nurse of Aboriginal health worker about their child's health and development. You should encourage parents its raise any concent or issues, prompted by targeted questions and reminders; and address these issues, as well as reviewing the child's health and development. You should encourage parents is raise any concent or issues, prompted by targeted questions and reminders; and address these issues, as well as reviewing the child's health and development. You should use or physical and cognitive development, together with behaviour and social-emotional wellbeing. Some of the items may lend themselves to completion by the parent(s) prior to the face to face consultation; you should with their child's health nowever that parents are able to speak about any relevant issue to do with their child. All parts of the Check need to be completed. Patient's Name:						
Aboriginal health worker about their child's health and development. You should encourage parents to raise any concerns or issues, prompted by targeted questions and reminders; and address these issues, as well as reviewing the child's health The content of the Check includes a physical examination, and a review of the child's physical and cognitive development, together with behaviour and social-emotional wellbeing. Some of the items may lend themselves to completion by the parent(s) prior to the face to face consultation; you should use your discretion in this matter. It is important however that parents are able to speak about any relevant issue to do with their child. All parts of the Check need to be completed. Patient's Name: 			KIDS CHEC	К		
together with behaviour and social-emotional wellbeing. Some of the items may lend themselves to completion by the parent(s) prior to the face to face consultation; you should use your discretion in this matter. It is important however that parents are able to speak about any relevant issue to do with their child. All parts of the Check need to be completed. Patient's Name:	Aboriginal health	worker about their	child's health and dev	elopment. You should	d encourage parents	to raise any concerns
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Male: X Female: X Date of Birth: / Age: Years Months Current Contact Details: Address: Phone: Parent/Guardian Name/s: Parent/Guardian Name/s: Parent/Guardian Name/s: Fealthy Kids Check Explanation of the Healthy Kids Check given: Yes Consent for the Check given: Yes Date consent given: / Signature of parent/guardian: Immunisation Record: Has an age appropriate immunisation been provided: Y N	Some of the item use your discretion	ns may lend themselv on in this matter. It is	ves to completion by t s important however t	hat parents are able		-
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	Immunisation Rec	ord:				
Details:	Has an age approp	priate immunisation	been provided:	Y N		
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Patient History amily and Environmental factors			
Family relationships/ family sup	ports—strengths	and challenges	
Care arrangements	porto strengtilo		
U			
Medical and social history			
	ere been previou	s presentations to the practice	for other medical or social issues?
			r by other services such as Disability
Services, Child Protection Servic	es, etc.?		
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		(A)	
		off- 2NM	
		BEEF INFORTH	
Physical Assessment	4		
ifestyle Factors	S	V O'L H	
 Eating habits 	A Hr	$\mathcal{O}_{\mathcal{U}}, \mathcal{O}$	
 Physical activity/inactivity 		1 N	
	Mr PV		
	ALL ALL		
5			
Measure height and weight			
Child's height:	cm	Percentile	
Child's weight:		Percentile	
BMI		Percentile	BMI is <u>height</u> (weight) ²
Oral health:			
 Inspect teeth (eg Lift the Lip). 			
	ne eyes – for squi	nt, etc.	
Eyesight: Conduct a visual inspection of tl	1e eyes – for squi	nt, etc.	
Eyesight:			ent.



Expanded

HEALTHY KIDS CHECK



Australian Government

Department of Health and Ageing

Development

The following is a reminder of approximate milestones that three and four year old children are likely to have achieved. This is not a screening test; if a child has not achieved one or more of these tasks, this is not necessarily a reason for concern. Any issues that arise from this review of development should be elaborated in discussion with parents, and then combined with observations of the child during the consultation, together with other contextual information.

Review the following with the parent/s:

Review the following with the parentys:				
For children aged 3 years 6 months or older and up to 4 years				
Falls down a lot or has trouble with stairs				
Speech difficult to understand				
Can't work simple toys (such as peg boards, simple puzzles, turning handle)				
Not using simple sentences				
Doesn't understand simple instructions				
No interest in pretend play or make-believe				
Doesn't want to play with other children or with toys				
Doesn't make eye contact				
For children aged 4 years or older and to up to 5 years				
Can't jump in place or pedal tricycle				
Has trouble scribbling/using a pencil or crayon				
Shows no interest in interactive games or make-believe				
Ignores other children or doesn't respond to people outside the family				
Difficulty with self-help skills (eg feeding and dressing)				
Has trouble retelling a favourite story				
Doesn't follow 3-part commands				
Doesn't understand "same" and "different"				
Doesn't use "me" and "you" correctly				
Speaks unclearly				
Not toilet trained by day				
Where review of these items raises concern about the child's development, consider need for formal developmental				

screening or referral for assessment.

Consider referral for further assessment at any age if :

Limited or no eye contact Poor interaction with adults or other children Loss of skills he or she once had Strong parental concern

Many parents are interested in additional information about their child's development. The Raising Children Network website is an excellent resource (<u>http://raisingchildren.net.au/</u>). If following this section you remain concerned about the child's development, consider referral for more detailed assessment.

Summary of any developmental issues:



Behaviour, Social and Emotional Wellbeing

These items are designed to elicit any concerns that parents might have about their child's behavior, social functioning and emotional wellbeing. This is not a screening test and any concern/s should be discussed and addressed. Take into account parents' responses, the nature and depth of the concerns, and your familiarity with the child and the family in deciding how best to respond. It may be that parents simply require reassurance; the child may need to be reviewed at a later date to see if concerns persist; parents may benefit from information (<u>http://raisingchildren.net.au/</u>); or the child should be refered for further assessment. It may be useful to obtain information from other people who know the child well, eg preschool teacher.

Item*	Never	Sometimes	Often
Fidgety, unable to sit still?			
Feels sad or unhappy?		- A-	
Daydreams too much?			
Refuses to share?			
Does not understand other people's feelings?			
Feel hopeless?	RECE		
Has trouble concentrating?	BEELMIN	Y	
Fights with other children?	HA M OF		
Is down on him or her self?			
Blames others for his or her troubles?			
Seems to have less fun?	R. P.		
Does not listen to rules?			
Acts as if driven by a motor?			
Teases others?			
Worries a lot?			
Takes things that do not belong to him or her?			
Distracted easily?			
Fhese items are derived from the Pediatric Symptom Checklist @	1988 M S Jellinek and I M Murphy I	Massachusetts General Hospital and	used with their permission

Summary of any behavioural, social or emotional issues:

Ask the parents if there are any other concerns or issues that they would like to raise about their child.