



Health

FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

Facility:

### OUT OF HOME CARE PRIMARY HEALTH SCREEN (2A): UNDER 1 YR

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Red flags indicate need for further assessment or Comprehensive Health Assessment (2B).

To assist with the assessment, carers have been requested to complete relevant pages in the NSW Personal Health Record ("blue book") and bring this to the appointment

#### DETAILS OF THE CHILD

Country of birth

Preferred language:

Interpreter Required: No  Yes  Type:

Refugee No  Yes

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander   
Neither Aboriginal or Torres Strait Islander

Biological Family Health History

Child's past and present health concerns (including pregnancy and birth information)

Medications (name, dose frequency, include medication prescribed for neonatal abstinence syndrome )

#### PHYSICAL HEALTH SCREEN

Immunisation status Up to date  Catch up required  (Include follow-up actions on Health Management Plan)

Allergies No  Yes  Specify:

Issues arising from physical health screen

#### PHYSICAL EXAMINATION

Length

cm  
centile

Weight

kg  
centile

Head circumference

cm  
centile

Growth concerns NO  YES

Oral Health 'Lift the lip' check

No Concerns  Concerns exist  (refer to oral health)

Hearing

No Concerns  Concerns exist  (refer to audiology)

Vision

No Concerns  Concerns exist  (refer to eye specialist)

Findings on physical examination

#### DEVELOPMENTAL HEALTH SCREEN

Developmental concerns (carer and/or clinician)

No Concerns  Concerns exist

Specify:

Ages and Stages Questionnaire

No concerns  Concerns exist

#### PSYCHOSOCIAL AND MENTAL HEALTH SCREEN

Ages and Stages: Social and Emotional Questionnaire

No concerns  Concerns exist

Relationship to carer:

No concerns  Concerns exist

Emotional development (sleep, routines, settling, crying, feeding, separation issues)

No concerns  Concerns exist

#### CARER CONCERNS REGARDING PLACEMENT

Carer wellbeing and capacity to meet the needs of the child/young person

No concerns  Concerns exist

COMPREHENSIVE ASSESSMENT REQUIRED YES  Referral made to:

NO  If no, please complete Health Management Plan (SMR060.720 (NH606661))

Assessment completed by:  
(Name and designation)

Signature:

Date:

NO WRITING

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OUT OF HOME CARE PRIMARY HEALTH SCREEN:  
UNDER 1 YEAR

SMR060.721



SMR060721

Notes Punched as per AS2828 1 2012

BINDING MARGIN - NO WRITING

NH606662 200813