



Under 5s Program 3 Year Assessment

Child Health Nurse, RAN, AHW and MO to complete



Discussion points are in a black box. Tick as completed

First Name		HRN		Child details
Surname		Date Review / /		
DOB / / Age		Carer attending		
Problems Identified at previous check				
Any current concerns (ask about general health)			Significant illnesses in last 6 months?	
Any concerns about hearing? Yes No			General check	
Any concerns about vision? Yes No				
Any concerns about general development? Yes No				
DEVELOPMENTAL POINTERS				
A three year old child should be starting to use 3-word sentences and following simple 2-step instructions (eg "get shirt from room") and should be starting to ask a lot of questions. They should be able to put on a T-shirt/shorts. A 3 year old should be able to throw and kick a ball and should be starting to learn to walk up/down stairs without holding on. They should be able to copy a line and a circle and imitate simple tasks such as cleaning if they have been exposed to these skills.				
If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review				
Not putting words together in phrases		Not engaging in active play with peers		
Not understanding simple instructions		Unable to kick a ball		
Comments about development		Family Concerns		
Is the child attending playgroup/early childhood development activities on a regular basis? Yes No NA (Strongly encourage attendance if available in community)				
INJURY PREVENTION Car seats and seat belts protect kids in the car. Need to watch kids don't climb too high - falls from high places can cause injuries. Keep poisons and medicines up high and in their packets helps keep kids safe				
PLAY Vigorous outside play for as long as practicable teaching to climb safely, run, hop, jump, kick, throw and catch balls				
COMMUNICATE Encourage your child to talk and answer their questions. Teach your child stories, songs and games in English as well as community language				
Since this time yesterday has the baby had				
Milk	Water	Tea	Soft drink/Cordial/Fruit juice (these can damage teeth)	Other
Other foods (list)				
NUTRITION 3 meals per day plus 2 snacks.				
ORAL HEALTH Help your child to brush their teeth twice a day using a small soft toothbrush and a pea size amount of child's fluoride toothpaste. Decayed teeth are painful and need immediate treatment from a dentist or dental therapist				
HYGIENE Encourage your child to use the toilet. It's good to encourage your child to wash their hands and face with soap after using the toilet and before meals. Encourage your child to blow their nose. Nose blowing helps to keep ears clear and helps stop germs spreading to other babies and children in the family				
Number of people living in the house: Adults Children		Does anyone smoke in the house/car? Yes No If yes consider brief intervention (SNAPE)		
Domestic and family violence (DFV) assessment. Has a DFV screen been done in the last 6-12 months? If not offer to do a screen today with the mother or carer. Do not force people to participate in the screen if they do not want to. If the mother/carers agrees to the screen, ensure privacy and reassure them that all people are asked the same questions. Offer to follow up and support mother/carers with any problems identified.				
Was DFV screen done at this visit? Yes No		Referral made Yes No		Use S&E Assessment form



Healthy Kids

www.nt.gov.au/health
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Under 5s Program 3 Year Examination



Weight	Height (standing)	Growth satisfactory? Plot on growth chart	Yes	No	Immunisation <input type="checkbox"/> Given (record on immunisation sheet) <input type="checkbox"/> Up to date <input type="checkbox"/> Unable to give - placed on recall
Hb	Rx (low Hb)	Routine de-worm?	Yes	No	
Oral health "lift the lip" note colour and check					Fluoride varnish applied? <input type="checkbox"/> Yes Next due / / (Every 6 months) <input type="checkbox"/> No <input type="checkbox"/> Not able <input type="checkbox"/> Already done
Gums	Healthy	Bleeding	Abscess	Not sure	
Teeth	Healthy	White spots	Caries	Not sure	
If caries present		1-3 teeth	4 or more teeth		
Dental referral required?	Yes	No	Dental referral urgent?	Yes	No
R ear	<input type="checkbox"/> NAD <input type="checkbox"/> AOM <input type="checkbox"/> AOM w Perf. <input type="checkbox"/> CSOM <input type="checkbox"/> OME <input type="checkbox"/> Dry Perf. <input type="checkbox"/> Otitis Ext. <input type="checkbox"/> Other (specify)				Examination
L ear	<input type="checkbox"/> NAD <input type="checkbox"/> AOM <input type="checkbox"/> AOM w Perf. <input type="checkbox"/> CSOM <input type="checkbox"/> OME <input type="checkbox"/> Dry Perf. <input type="checkbox"/> Otitis Ext. <input type="checkbox"/> Other (specify)				
Treatment					
Tympanometry	Normal	Not normal	Not done		
Recurrent otitis media? (3 or more episodes in 6 months)			Yes	No	
Persistent otitis media? (more than 3 months with perforation)			Yes	No	
Hearing referral required	Yes	No	(If yes record below)		
General appearance and comments					Medical Officer Examination
Chest <input type="checkbox"/> Persistent cough > 4 weeks <input type="checkbox"/> Recurrent prolonged wet cough <input type="checkbox"/> 2 episodes hospitalisation - resp. illness in last 12 months <input type="checkbox"/> 3 episodes hospitalisation - resp. illness since birth If yes to any, refer for medical review and record					
CVS	Heart Sounds	Normal	Abnormal		
Action and follow up					
Make a note on the 4 year old form of any problems that need follow up					
Issue or problem		Referral or action made		Referred to	
				MO Paed Other (specify)	
				MO Paed Other (specify)	
				MO Paed Other (specify)	
General comments					
<input type="checkbox"/> Prompt for 4 year check <input type="checkbox"/> Medicare claim 708 completed <input type="checkbox"/> 6 Monthly GAA check due at 3½ years <input type="checkbox"/> Weekly recall if concerns and engage community supports (eg SWSBSC, community liaison, family workers)					
Name of person completing check		Signature		AHW RN DR	Date / /