



## Under 5s Program 4 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 in medical history				General check			
Any current concerns (ask about general health)		Significant illnesses in last 6 months?					
Any concerns about hearing?	Yes	No					
Any concerns about language?	Yes	No					
Any concerns about general development?	Yes	No					
<b>Since this time yesterday has your child had</b>				Nutrition			
Milk	Tea	Water	Soft drink/Cordial/Fruit juice <i>(these can damage teeth)</i>		Other (specify)		
Other foods (list)							
<b>DEVELOPMENTAL POINTERS</b> <i>A 4 year old child should be able to listen to and understand simple stories. They should be able to tell stories and ask questions speaking clearly (in language) and be able to be understood. They should be able to dress themselves, walk along a log, play ball games, enjoy playing with other children and understand taking turns games.</i>				Development			
<b>If any of the following are observed OR the family is concerned TICK the box and refer to the doctor for review</b>							
<input type="checkbox"/>	Not using the toilet	<input type="checkbox"/>	Unable to convey messages				
<input type="checkbox"/>	Unable to dress self	<input type="checkbox"/>	Family concerns				
Comments about development							
Has the child started pre-school? Yes No NA <small>(Strongly encourage attendance if available in community)</small>							
<b>SOCIAL</b> Help prepare children for school by being involved with the school and letting children know that parents/carers think school is important. Parents reading to children regularly helps children to learn to read							
<b>PLAY</b> Vigorous outside play - restrict TV/electronic games to less than 2 hours per day							
<b>BOOKLET</b> Hand out and discuss the booklet: "Get Set 4 Life- Habits for Healthy Kids"							
<b>NUTRITION</b> 3 meals per day plus 2 snacks. See the booklet: "Get Set 4 Life- Habits for Healthy Kids" (pages 12-15)							
General comments							
<b>Domestic and family violence (DFV) assessment.</b> 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	Home
Use S&E Assessment form							



## Under 5s Program 4 Year Examination



<b>Weight</b>	<b>Height</b> (standing)	<b>Growth satisfactory?</b> Plot on growth chart	Yes	No	<b>Action plan?</b>	Yes	No	
<b>BMI</b>	<b>Is BMI in normal range?</b>	<b>Hb</b>	Yes	No	<b>Routine de-worm?</b>	Yes	No	NA
<b>Oral health</b>	<b>"lift the lip" note colour and check</b>	<b>Fluoride varnish applied?</b>	<b>4 year immunisation given?</b>					
<b>Gums</b> Healthy	Bleeding Abscess Not sure	<input type="checkbox"/> Yes Next due / / (Every 6 months)	<input type="checkbox"/> Yes					
<b>Teeth</b> Healthy	White spots Caries Not sure	<input type="checkbox"/> No <input type="checkbox"/> Not able <input type="checkbox"/> Already done	<input type="checkbox"/> Already <input type="checkbox"/> This visit (Record on immunisation sheet)					
If caries present	1-3 teeth 4 or more teeth		<input type="checkbox"/> Unable to give - place on recall					
Dental referral required?	Yes No		<input type="checkbox"/> Up to date					
Dental referral urgent?	Yes No							
<b>R ear</b>	<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)	<b>Hearing Screening</b> - Only if no ear disease present						
<b>L ear</b>	<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)	<b>R ear</b>	25dB	1000Hz	<input type="checkbox"/> P <input type="checkbox"/> F	4000Hz	<input type="checkbox"/> P <input type="checkbox"/> F	
<b>Treatment</b>		<b>L ear</b>	25dB	1000Hz	<input type="checkbox"/> P <input type="checkbox"/> F	4000Hz	<input type="checkbox"/> P <input type="checkbox"/> F	
<b>Tympanometry</b>	Normal Not normal Not done	<input type="checkbox"/> P = Pass <input type="checkbox"/> F = Fail (please tick)						
Recurrent otitis media? (3 or more episodes in 6 months)	Yes No	<b>Skin</b> Clear Scabies Sores Ringworm						
Persistent otitis media? (more than 3 months with perforation)	Yes No	Other (specify)						
<b>Hearing referral</b> required	Yes No (If yes record below)	<b>Treatment</b>						
<b>Visual acuity (Lea chart)</b>		<b>Trachoma</b>						
<b>R eye</b>		<b>R eye</b>	NAD	TF	TI	TS		
<b>L eye</b>		<b>L eye</b>	NAD	TF	TI	TS		
<b>General appearance and comments</b>		<b>Chest</b>						
		<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						
<b>CVS</b>	Heart Sounds	Normal	Abnormal					
<b>Action and follow up</b>								
Issue or problem		Referral or action made			Referred to			
					MO Paed Other (specify)			
					MO Paed Other (specify)			
					MO Paed Other (specify)			
<input type="checkbox"/> Medicare claim 708 completed		<input type="checkbox"/> Medicare claim 709 completed			<input type="checkbox"/> Medicare claim 711 (RAN/AHW) completed			
Name of person completing check		Signature			AHW RN DR		Date / /	

Examination

Medical Officer Examination