



Under 5s Program Child History

Midwife, Child Health Nurse, RAN, AHW to complete



| | | | | | | | | | | | | | | | | | | |
|--|--|------------------|--|--|--|-----------------------|--|---------------------------------|--|--|--|---------------------|--|-----|--|-----------------------------|--|----------------|
| First Name | | Surname | | Known as Other name | | Address | | Other communities visited often | | Ethnicity (circle) 1. AB 2. TSI 3. TSI/AB 4 not AB/TSI 5. Unknown | | DOB / / | | HRN | | Medicare Number | | Child details |
| Mother's name | | | | | | Father's name | | | | | | | | | | | | |
| Main carer: Mother Grandmother Aunty Other (Circle) (Specify) | | | | | | Carer's name | | | | | | | | | | | | Family details |
| Who supports carer at home? | | | | | | Language used at home | | | | | | | | | | | | |
| Key family members | | | | Brothers'/sisters' names | | | | Important family history | | | | | | | | Obstetric and birth history | | |
| Mother's HRN | | | | Place of birth - RDH DPH ASH KH TCH GDH Other (name) | | | | | | | | Date discharged / / | | | | | | |
| Mode of birth NVB Breech Caesarian Vacuum Forceps | | | | | | Gestation | | | | APGAR 1min 5min | | | | | | | | |
| Birth weight | | Discharge weight | | Birth length | | Head Circ | | Birth vaccines given Yes No | | | | | | | | | | |
| Newborn exam completed? Yes No | | | | List any birth/neonatal problems/abnormalities (add to recall as needed) N/A | | | | | | | | | | | | | | |
| Neonatal Screening? Yes No | | | | | | | | | | | | | | | | | | |
| Neonatal Hearing Screen? Yes No | | | | | | | | | | | | | | | | | | |
| Follow up Hearing screen needed? Yes No | | | | | | | | | | | | | | | | | | |
| Breast Feeding at hospital discharge? Yes No | | | | Breast Feeding Exclusively? Yes No | | | | Problems with Breast Feeding | | | | | | | | | | |
| Syphilis serology needed? Yes No | | | | Added to recall? Yes No | | | | List any maternal complications | | | | | | | | | | |
| Hep B serology needed? Yes No | | | | Added to recall? Yes No | | | | | | | | | | | | | | |
| FOLLOW UP APPOINTMENTS POST DISCHARGE | | | | | | | | | | | | | | | | | | |
| Problem | | | | Appointment with | | | | Place follow up | | | | Date follow up | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| General comments | | | | | | | | | | | | | | | | | | |
| Name of person completing history | | | | | | Signature | | | | | | AHW RN | | | | Date / / | | |



Under 5s Program Risk Assessment

Midwife, Child Health Nurse, RAN, AHW to complete



For all children tick boxes that match identified risk factors

To be completed by the **8 week** check or for any new child to community

The purpose of completing the Risk Assessment is to identify children and families who may require additional support

If any of these risk factors are present:

1. Discuss with the primary carer and develop a care plan if needed
2. Domestic or family violence contact other services for support
3. Mental health/substance misuse contact other services for support
4. Provide brief intervention for any identified problems

Children and families who need close support and follow up by the Primary Health Care Team at the health centre AND review by the visiting paediatrician (add to recall)

| | | | |
|--|--|--|--|
| Low birth weight (<2,500 gms) | | Known disability or illness | |
| Premature birth (<37 weeks) | | Siblings with malnutrition or FTT | |
| Difficult birth or neonatal problems/illness | | Siblings notified to NT Families and Children (FACS) | |
| Twins or triplets | | History of alcohol or drug use in pregnancy | |

General comments

Children and families who need close support and follow up by the Primary Health Care Team at the health centre

| | | | |
|---|---------|--|-----------------|
| First time or young mother | | Lack of social support/isolation | |
| Single mother | | Domestic and/or family violence | |
| Mother or care with disability | | Gambling | |
| Other children in family with disabilities | | Financial stress (can't meet basic family needs) | |
| Mental Health issues of parents/carer including PND | | Recent family stress (eg. deaths or serious illness in family) | |
| Substance use in immediate family | Alcohol | Marijuana | Other (specify) |

| | | | | | | |
|-----------------|-----|----|----------|------------------------------|-----|----|
| Action Required | Yes | No | Details: | Prompt for "Added to recall" | Yes | No |
|-----------------|-----|----|----------|------------------------------|-----|----|

General comments

| | | | |
|-----------------------------------|-----------|--------|----------|
| Name of person completing history | Signature | AHW RN | Date / / |
|-----------------------------------|-----------|--------|----------|