NSW GOVERNMENT Health

Facility:

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

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____ / ____ / _____	M.O.
ADDRESS	
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)

SMR060721

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606662A 190416

OUT OF HOME CARE PRIMARY HEALTH SCREEN: UNDER 1 YEAR

SMR060.721

NSW GOVERNMENT Health

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

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ___ / ___ / _____	M.O.
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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:** print and sign **Date:**

NO WRITING