



My Health and Development Record

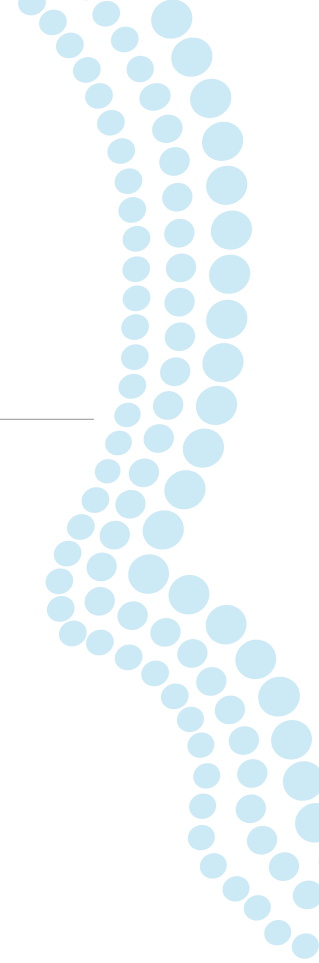


Government
of South Australia

This book belongs to:

Child's name: _____

put my photo here



Welcome to your child's health and development record

How to use this record

Use it to check and record your child's:

- > health and development
- > growth
- > vaccinations.

Use it for helpful tips to:

- > promote your child's growth and development
- > assist with common parenting concerns
- > find where to go for help.

Bring it with you:

- > when attending immunisation appointments
- > when you see your Child and Family Health Service nurse, your doctor or other health professional.



About the record

The first 5 years of a child's life are full of special times and important milestones. These years are also the most important for your child's brain development, which shapes their wellbeing for the rest of their life.

Your Child Health and Development Record has been designed to help you as a mother, father or carer celebrate your child's growth and development. It includes useful information on feeding, sleeping, settling, safety and how you can help your child grow and learn.

There are charts to help you track your child's growth over time and milestone checklists to help you follow their development. The information you record about their health and development is important if you need to see a health professional.

This record can also be a place for special memories, photos or other keepsakes.

Please keep this important record book in a safe place as it contains valuable health information that your child will need throughout their life. You can show this record to your childcare centre, preschool and Centrelink.

You can download a copy of the Blue Book at www.cyh.com/bluebook

About me





My birth details

My name _____ Date of birth ___ / ___ / ___
Name of place where I was born _____ Time of birth _____ Sex M / F

Maternal information

Mother's name _____ Father's name _____
Pregnancy complications _____ Blood group _____
Labour spontaneous / induced – reason _____
Type of birth: (please circle) Normal Caesarean Breech Forceps Ventouse Other _____
Post partum issues _____

Neonatal information

Gestation _____ Apgar 1 minute _____ 5 minutes _____ Birth weight (g) _____ Birth length (cm) _____ Birth head circ (cm) _____
Neonatal Screening Test (NNST) Card Number _____
Vitamin K given Injection / Oral 1st dose ___ / ___ / ___ 2nd dose ___ / ___ / ___ 3rd dose ___ / ___ / ___
Hepatitis B given Y / N Date given ___ / ___ / ___ HBIG given Y / N Blood Group (if required) _____ Pentavite (if required) Y / N
Neonatal issues _____

Going home

Only breastmilk Y / N Infant formula Y / N Breastmilk + infant formula Y / N
Additional feeding information _____
Discharge notes _____
Date of discharge ___ / ___ / ___ Discharge weight (g) _____ Discharge length (cm) _____ Head circ (cm) _____

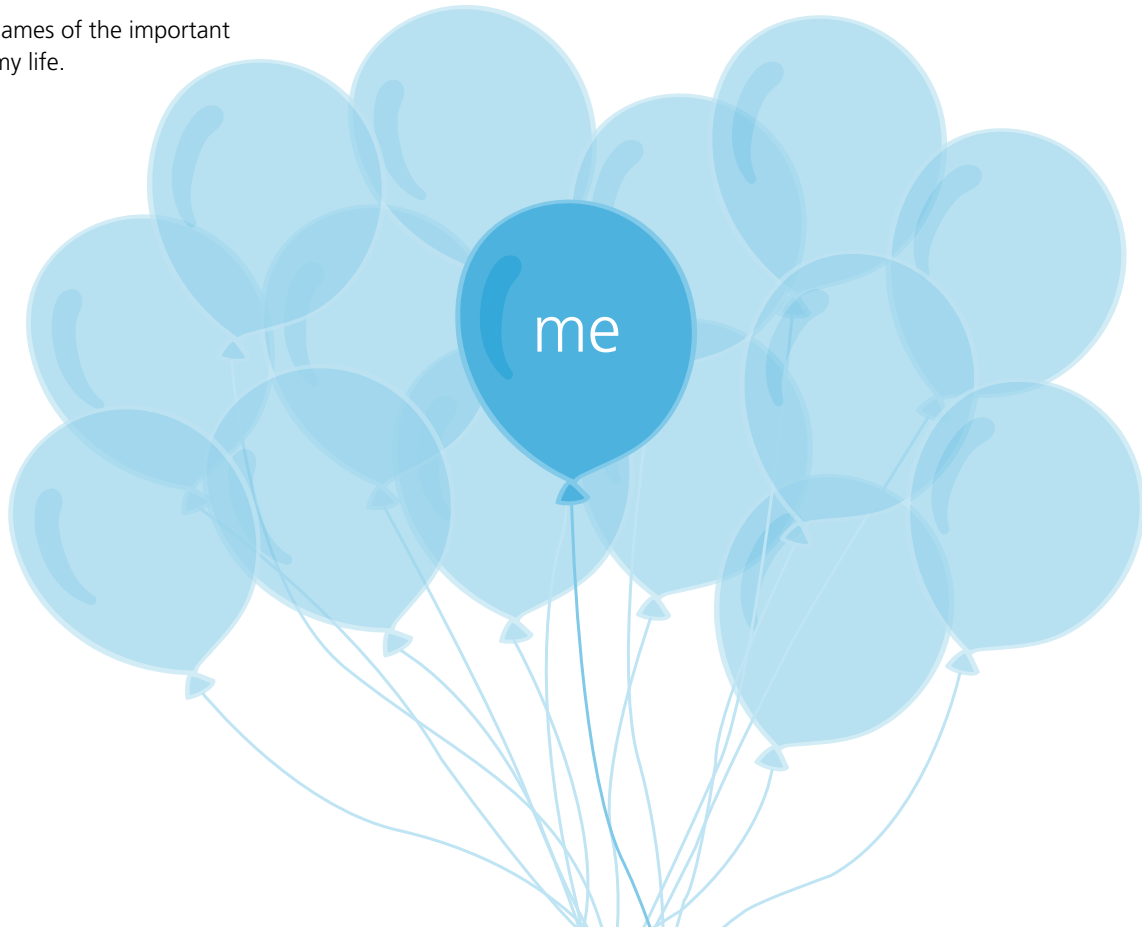
Newborn examination

My name _____ Date of birth ____ / ____ / ____ Postnatal day _____ Date of examination ____ / ____ / ____

Check	Comment
Head shape	
Neck	
Eyes (red reflex)	
Ears	
Mouth and palate	
Cardiovascular	
Central colour	
Femoral pulses R/L	
Respiratory	
Abdomen and umbilicus	
Anus	
Genitalia	
Testes fully descended R/L	
Limbs and spine	
Hips	
Skin	
Neurological, including reflexes, responsiveness/tone	
Healthy term infant Serum Bilirubin >350 (jaundice)	AABR required Y / N
Pre-term or sick infant Serum Bilirubin >250 (jaundice)	AABR required Y / N

My family

Fill in the names of the important people in my life.



My family health

Use this page to record information on the health of your child's family.

	Mother	Father	Brothers	Sisters
Hearing				
Vision				
Dental				
Allergies				
Asthma				
Other				

Record of my child's health

Use this page to record any illnesses, injuries, surgery.

Date	Health issue	Treatment