Northwest Territories Health and Social Services

NWT Clinical Practice Information Notice

Upon receipt, please file this notice in
Section C, Clinical Practice Information Binder for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

	Hospitals	X	Community Health Centers		Homecare		LTCF		Pharmacists
X	Doctors' Offices		Social Services Offices	X	Public Health Units		Please list other(s):		

The information contained in this document is a Departmental:									
	Policy	X	Clinical Standard		Protocol		Procedure		Clinical Practice Guideline

Title: NWT Well Child Record

Effective Date: April 1, 2015

This replaces CPI #28 titled *Nipissing Development Screen* dated June 10, 2002.

Statement of approved Clinical Practice:

The NWT Well Child record is the standard tool to guide and record all well child assessments of children 0-5 years of age in the Northwest Territories. This series of forms now replaces any other well child assessment forms currently in use including the Nipissing Development screen, the Denver II and the Personal Health Record (green card).

Attachments: 9 NWT Well Child Record forms and User Guide

- Within 1 Week
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 12 Months
- 18 Months
- 3 Years
- 4-5 Years
- User Guide

An electronic copy of this notice is also available on the Department of Health and Social Services public website at: http://www.hss.gov.nt.ca/information-health-professionals/clinical-practice-information-cpi-notices.

This clinical practice is approved. Original Signed March 14/15
(signature) (date)

Minister ☐ **Deputy Minister** ☒ **Chief Public Health Officer** ☐

NWT Well Child Record Within 1 Week

Pregnancy/Birth Remarks/Apgar
Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

Gestational Age:_____ **Birth Length:** _____**cm** **Birth Wt:**_____**g** **Birth Head Circ:**_____**cm** **Discharge Wt:** _____**g**

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight**	**Head Circ.** (avg 35cm)

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]**: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns**

Feeding:
- ❍ **Breastfeeding (exclusively)**[1]
- ❍ Breast milk and other feeds
- ❍ *Iron-fortified Formula*[1] [150 mL(5 oz)/kg/day[1]]
- ❍ **Vitamin D 800IU/day**[1]
- ❍ Vitamin D total of 800IU/day
- ❍ Vitamin D 400IU/day

Other:
When did you discontinue breastfeeding? @_____
- ❍ Stool pattern and urine output

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention
- ❍ **Car seat (infant)**[1]
- ❍ Carbon monoxide/*smoke detectors*[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
- ❍ *Hot water <49°C/bath safety*[1]
- ❍ **Firearm safety**[1]
- ❍ Choking/safe toys[1]
- ❍ *Pacifier use*[1]
- ❍ Shaken baby

Behaviour & Family Issues
- ❍ Crying[2]
- ❍ **Night waking**[2]
- ❍ **Healthy sleep habits**[2]
- ❍ Parental fatigue/ postpartum depression[2]
- ❍ Parenting/bonding
- ❍ Soothability/ responsiveness
- ❍ Family conflict/stress

- ❍ **High risk infants/assess home visit need**[2]
- ❍ Siblings

Environmental Health
- ❍ **Second hand smoke**[1]
- ❍ Sun exposure[1]

Other
- ❍ **No OTC cough/cold medicine**[1]
- ❍ *Temperature control and overdressing*
- ❍ *Inquiry on complementary/ alternative medicine*[1]
- ❍ Fever advice/thermometers[1]

PHYSICAL EXAMINATION: N = Normal A = Abnormal Check ⊘ appropriate circle
An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

	N	A		N	A
Skin (jaundice, dry)	❍	❍	Femoral pulses	❍	❍
Fontanelles[1]	❍	❍	Hips[1]	❍	❍
Eyes (red reflex)[1]	❍	❍	Muscle tone[1]/reflexes	❍	❍
Ears (TMs) Hearing inquiry screening[1]	❍	❍	Testes/vagina	❍	❍
Tongue mobility[1]	❍	❍	Male urinary stream/foreskin care	❍	❍
Heart/Lungs	❍	❍	Patency of anus	❍	❍
Umbilicus	❍	❍			

PROBLEMS AND PLANS:

REFERRALS MADE: Check ⊘ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	❍ Newborn screening per Territory ❍ **Universal newborn hearing screening (UNHS)**[1] ❍ Inquire about risk factors for TB

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, this is meant to be used as a guide only.

NWT Well Child Record 1 Month

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight (regains BW 1-3 weeks)**	**Head Circ.**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]**: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns**

Feeding:
- ❍ **Breastfeeding (exclusively)**[1]
- ❍ Breast milk and other feeds
- ❍ *Iron-fortified Formula*[1] [450-750 mL(15-25 oz)/day[1]]
- ❍ **Vitamin D 800IU/day**[1]
- ❍ Vitamin D total of 800IU/day
- ❍ Vitamin D 400IU/day

Other:
When did you discontinue breastfeeding? @_____
- ❍ Stool pattern and urine output

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention
- ❍ **Car seat (infant)**[1]
- ❍ Carbon monoxide/*smoke detectors*[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
- ❍ *Hot water <49°C/bath safety*[1]
- ❍ **Firearm safety**[1]
- ❍ Choking/safe toys[1]
- ❍ *Pacifier use*[1]
- ❍ Shaken baby

Behaviour & Family Issues
- ❍ Crying[2]
- ❍ **Night waking**[2]
- ❍ **Healthy sleep habits**[2]
- ❍ Parental fatigue/postpartum depression[2]
- ❍ Parenting/bonding
- ❍ Soothability/responsiveness
- ❍ Family conflict/stress

- ❍ **High risk infants/assess home visit need**[2]
- ❍ Siblings

Environmental Health
- ❍ **Second hand smoke**[1]
- ❍ Sun exposure[1]

Other
- ❍ **No OTC cough/cold medicine**[1]
- ❍ *Temperature control and overdressing*
- ❍ *Inquiry on complementary/ alternative medicine*[1]
- ❍ Fever advice/thermometers[1]

DEVELOPMENT[2]**:** (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns NO BLANKS

Tasks are set <u>after</u> the time of normal milestone acquisition.
<u>Absence of any item suggests consideration for further assessment of development.</u>
NB - correct for age if < 37 weeks gestation

- ❍ *Focuses gaze*
- ❍ *Startles to loud noise*
- ❍ *Calms when comforted*
- ❍ *Sucks well on nipple*
- ❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

	N	A		N	A
Skin (jaundice)	❍	❍	Tongue mobility[1]	❍	❍
Fontanelles[1]	❍	❍	Heart	❍	❍
Eyes (red reflex)[1]	❍	❍	Hips[1]	❍	❍
Corneal light reflex[1]	❍	❍	Muscle tone[1]/reflexes	❍	❍
Hearing inquiry[1]	❍	❍	Positional Plagiocephaly (flat head syndrome)	❍	❍

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ⊘ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ⊘ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record**

Northwest Territories Health and Social Services

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

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NWT Well Child Record 2 Months

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight**	**Head Circ.**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Feeding:
- ❍ **Breastfeeding (exclusively)[1]**
- ❍ Breast milk and other feeds
- ❍ *Iron-fortified Formula*[1] [600-900 mL(20-30 oz) /day[1]]
- ❍ **Vitamin D 800IU/day[1]**
- ❍ Vitamin D total of 800IU/day
- ❍ Vitamin D 400IU/day

Other:
When did you discontinue breastfeeding? @_____

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention
- ❍ **Car seat (infant)[1]**
- ❍ *Electric plugs/cords*
- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)[1]**
- ❍ **Poisons[1]; PCC#[1]**
- ❍ **Firearm safety[1]**
- ❍ Carbon monoxide/*smoke detectors*[1]
- ❍ *Hot water <49°C/bath safety*[1]
- ❍ Choking/safe toys[1]
- ❍ *Pacifier use*[1]
- ❍ Shaken baby

Behaviour & Family Issues
- ❍ Crying[2]
- ❍ **Healthy sleep habits[2]**
- ❍ **Night waking[2]**
- ❍ Parenting/bonding
- ❍ Parental fatigue/postpartum depression[2]
- ❍ Family conflict/stress
- ❍ Soothability/responsiveness
- ❍ **Family healthy active living/ sedentary behaviour[2]**
- ❍ Siblings
- ❍ *Child care*[2]/return to work
- ❍ **High risk infants/assess home visit need[2]**

Environmental Health
- ❍ **Second hand smoke[1]**
- ❍ Sun exposure/sunscreens/insect repellent[1]
- ❍ *Pesticide exposure*[1]

Other
- ❍ Teething/**Dental cleaning/Fluoride[1]**
- ❍ **No OTC cough/cold medicine[1]**
- ❍ Fever advice/thermometers[1]
- ❍ *Temperature control and overdressing*
- ❍ *OTC/complementary/alternative medicine*[1]
- ❍ *Encourage reading*[2]
- ❍ Discuss screen time

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes
Location of smoking? ❍ Inside ❍ Outside
Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes
How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs
Do you read with your child? ❍ No ❍ Yes
Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]: (Inquiry and observation of milestones)
For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns
NO BLANKS
Tasks are set after the time of normal milestone acquisition.
Absence of any item suggests consideration for further assessment of development.
NB - correct for age if < 37 weeks gestation

- ❍ *Follows movement with eyes*
- ❍ *Coos - throaty, gurgling sounds*
- ❍ *Lifts head up while lying on tummy*
- ❍ *Can be comforted & calmed by touching/ rocking*
- ❍ *Sequences 2 or more sucks before swallowing/breathing*
- ❍ Smiles responsively
- ❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

	N	A		N	A
Fontanelles[1]	❍	❍	Heart	❍	❍
Eyes (red reflex)[1]	❍	❍	Hips[1]	❍	❍
Corneal light reflex[1]	❍	❍	Muscle tone[1]/reflexes	❍	❍
Hearing inquiry[1]	❍	❍	Positional Plagiocephaly (flat head syndrome)	❍	❍

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ⊘ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ⊘ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record**

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

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NWT Well Child Record 4 Months

Past Problems/Risk Factors/Family Factors

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight**	**Head Circ.**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Feeding:

❍ **Breastfeeding (exclusively)**[1]
❍ Breast milk and other feeds
❍ *Iron-fortified Formula*[1] [750-1080 mL(25-36 oz) /day[1]]
❍ **Vitamin D 800IU/day**[1]
❍ Vitamin D total of 800IU/day
❍ Vitamin D 400IU/day

Other:

When did you discontinue breastfeeding? @_____
❍ Discuss future introduction of solids[1]

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention

❍ **Car seat (infant)**[1]
❍ *Electric plugs/cords*
❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
❍ **Poisons[1]; PCC#**[1]
❍ **Firearm safety**[1]
❍ Carbon monoxide/*smoke detectors*[1]
❍ *Hot water <49°C/bath safety*[1]
❍ Choking/safe toys[1]
❍ *Pacifier use*[1]
❍ Shaken baby

Behaviour & Family Issues

❍ Crying[2]
❍ **Healthy sleep habits**[2]
❍ **Night waking**[2]
❍ Parenting/bonding
❍ Parental fatigue/postpartum depression[2]
❍ Family conflict/stress
❍ Soothability/responsiveness
❍ **Family healthy active living/sedentary behaviour**[2]
❍ Siblings
❍ *Child care*[2]/return to work
❍ **High risk infants/assess home visit need**[2]

Environmental Health

❍ **Second hand smoke**[1]
❍ Sun exposure/sunscreens/insect repellent[1]
❍ *Pesticide exposure*[1]

Other

❍ Teething/**Dental cleaning/Fluoride**[1]
❍ **No OTC cough/cold medicine**[1]
❍ Fever advice/thermometers[1]
❍ *Temperature control and overdressing*
❍ *OTC/complementary/alternative medicine*[1]
❍ *Encourage reading*[2]
❍ Discuss screen time

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes
Location of smoking? ❍ Inside ❍ Outside
Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes
How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs
Do you read with your child? ❍ No ❍ Yes
Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]: (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns
NO BLANKS
Tasks are set <u>after</u> the time of normal milestone acquisition.
<u>Absence of any item suggests consideration for further assessment of development.</u>
NB - correct for age if < 37 weeks gestation

❍ *Follows a moving toy or person with eyes*
❍ *Responds to people with excitement (leg movement/ panting/vocalizing)*
❍ *Holds head steady when supported at the chest or waist in a sitting position*
❍ *Holds an object briefly when placed in hand*
❍ *Laughs/smiles responsively*
❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

	N	A		N	A
Anterior fontanelle[1]	❍	❍	Hips[1]	❍	❍
Eyes (red reflex)[1]	❍	❍	Muscle tone[1]/reflexes	❍	❍
Corneal light reflex[1]	❍	❍	Positional Plagiocephaly (flat head syndrome)	❍	❍
Hearing inquiry[1]	❍	❍			

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

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PROBLEMS AND PLANS:	
Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record**

NWT Well Child Record 6 Months

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight** (approx. 2 x BW)	**Head Circ.**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Feeding:

- ❍ **Breastfeeding[1] - introduction of solids**
- ❍ *Iron-fortified Formula*[1] [750-1080 mL(25-36 oz) /day[1]]
- ❍ **Iron containing foods[1] (iron fortified infant cereals, meat, tofu, legumes, poultry, fish, whole eggs)**

Age solid foods introduced: _____

- ❍ **Vitamin D 800IU/day[1]**
- ❍ Vitamin D 400IU/day

Other:

When did you discontinue breastfeeding? @_____

- ❍ Fruits, vegetables and milk products (yogurt, cheese) to follow
- ❍ No honey[1]
- ❍ Choking/safe food[1]
- ❍ No bottles in bed
- ❍ Avoid sweetened juices/liquids

Frequency of sweetened beverage: ❍ < Once a wk ❍ > Once a wk ❍ Daily ❍ >Daily

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention

- ❍ **Car seat (infant)[1]**
- ❍ *Electric plugs/cords*
- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)[1]**
- ❍ **Poisons[1]; PCC#[1]**
- ❍ **Firearm safety[1]**
- ❍ Carbon monoxide/*smoke detectors*[1]
- ❍ *Hot water <49°C/bath safety*[1]
- ❍ Choking/safe toys[1]
- ❍ *Pacifier use*[1]
- ❍ Shaken baby

Behaviour & Family Issues

- ❍ Crying[2]
- ❍ **Healthy sleep habits[2]**
- ❍ **Night waking[2]**
- ❍ Parenting/bonding
- ❍ Parental fatigue/postpartum depression[2]
- ❍ Family conflict/stress
- ❍ Soothability responsiveness
- ❍ **Family healthy active living/ sedentary behaviour[2]**
- ❍ Siblings
- ❍ *Child care*[2]/return to work
- ❍ **High risk infants/assess home visit need[2]**

Environmental Health

- ❍ **Second hand smoke[1]**
- ❍ Sun exposure/sunscreens/insect repellent[1]
- ❍ *Pesticide exposure*[1]

Other

- ❍ Teething/**Dental cleaning/Fluoride[1]**
- ❍ **No OTC cough/cold medicine[1]**
- ❍ Fever advice/thermometers[1]
- ❍ *Temperature control and overdressing*
- ❍ *OTC/complementary/alternative medicine*[1]
- ❍ *Encourage reading*[2]
- ❍ Discuss screen time

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes

Location of smoking? ❍ Inside ❍ Outside

Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs

Do you read with your child? ❍ No ❍ Yes

Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]: (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns NO BLANKS

Tasks are set after the time of normal milestone acquisition.

Absence of any item suggests consideration for further assessment of development.

NB - correct for age if < 37 weeks gestation

- ❍ *Turns head toward sounds*
- ❍ *Makes sounds while you talk to him/her*
- ❍ *Vocalizes pleasure and displeasure*
- ❍ *Rolls from back to side*
- ❍ *Sits with support (e.g., pillows)*
- ❍ *Reaches/grasps objects*
- ❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.[1]

	N	A
Anterior fontanelle[1]	❍	❍
Hips[1]	❍	❍
Eyes (red reflex)[1]	❍	❍
Corneal light reflex/cover-uncover test & inquiry[1]	❍	❍

	N	A
Muscle tone[1]/reflexes	❍	❍
Hearing inquiry[1]	❍	❍

Evidence of ear infection ❍ No ❍ Yes

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

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DENTAL: Check ☑ appropriate circle

Is the baby drinking from a cup? ❍ No ❍ Yes

Is the baby drinking from a bottle? ❍ No ❍ Yes

How often is a bottle taken to bed, excluding water?
❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Cleaning/brushing frequency: ❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Oral assessment: ❍ Healthy ❍ Unhealthy

(*Recommended: tooth cleaning/brushing twice daily for 2 mins)*

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record** ❍ *Hemoglobin (if at risk)*[1]

NWT Well Child Record 12 Months

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight** (approx. 3 x BW)	**Head Circ.** (avg 47cm)

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Feeding:

❍ **Breastfeeding**[1] ❍ **Vitamin D 800IU/day**[1]

❍ Homogenized milk ❍ Vitamin D 400IU/day [500 - 750 mL(16-24 oz) /day[1]]

Age solid foods introduced: _____

Other:

When did you discontinue breastfeeding? @_____

❍ Choking/safe foods[1]

❍ Canada/Northern food guide

❍ Promote open cup instead of bottle

❍ Inquire re: vegetarian diets[1]

❍ Avoid sweetened juices/liquids

Frequency of sweetened beverage:
❍ < Once a wk ❍ > Once a wk ❍ Daily ❍ > Daily

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention

❍ **Car seat (infant)**[1]
❍ **Poisons**[1]**; PCC#**[1]
❍ **Firearm safety**[1]
❍ Carbon monoxide/*smoke detectors*[1]
❍ *Hot water <49°C/bath safety*[1]
❍ *Pacifier use*[1]
❍ *Electric plugs/cords*
❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
❍ Choking/safe toys[1]

Behaviour & Family Issues

❍ Crying[2]
❍ **Healthy sleep habits**[2]
❍ **Night waking**[2]
❍ *Parenting*[2]
❍ Parental fatigue/depression[2]
❍ Family conflict/stress
❍ Soothability/responsiveness
❍ **Family healthy active living/ sedentary behaviour**[2]

❍ Siblings
❍ *Child care*[2]/return to work
❍ **High risk children/assess home visit need**[2]

Environmental Health

❍ **Second hand smoke**[1]
❍ *Pesticide exposure*[1]
❍ Sun exposure/sunscreens/insect repellent[1]
❍ *Serum lead if at risk*[1]

Other

❍ Teething/**Dental cleaning/Fluoride**[1]
❍ *Complementary/alternative medicine*[1]
❍ **No OTC cough/cold medicine**[1]
❍ Fever advice/thermometers[1]
❍ *Encourage reading*[2]
❍ Footwear[1]
❍ Discuss screen time

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes

Location of smoking? ❍ Inside ❍ Outside

Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ >5 hrs

Does your child play video/electronic games? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ >5hrs

Do you read with your child? ❍ No ❍ Yes

Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]: (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns
NO BLANKS
Tasks are set after the time of normal milestone acquisition.
Absence of any item suggests consideration for further assessment of development.
NB - correct for age if < 37 weeks gestation

❍ *Responds to own name*
❍ *Understands simple requests, (e.g., Where is the ball?)*
❍ *Makes at least 1 consonant/vowel combination*
❍ *Says 3 or more words (do not have to be clear)*
❍ *Crawls or 'bum' shuffles*
❍ *Pulls to stand/walks holding on*
❍ Picks up small items using tips of thumb and first finger
❍ Takes things out of containers
❍ *Shows distress when separated from parent/caregiver*
❍ *Follows your gaze to jointly reference an object*
❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

	N	A		N	A
Anterior fontanelle[1]	❍	❍	Hips[1]	❍	❍
Eyes (red reflex)[1]	❍	❍	*Hearing inquiry*[1]	❍	❍
Tonsil size/sleep-disordered breathing[1]	❍	❍			
Corneal light reflex/cover-uncover test & inquiry[1]	❍	❍	Evidence of ear infection	❍ No	❍ Yes

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, this is meant to be used as a guide only.

DENTAL: Check ☑ appropriate circle

Is the baby drinking from a cup? ❍ No ❍ Yes

Is the baby drinking from a bottle? ❍ No ❍ Yes

How often is a bottle taken to bed, excluding water?
❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth brushing frequency: ❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth extractions: ❍ No ❍ Yes

Tooth decay (including white spots): ❍ No ❍ Yes

Oral assessment: ❍ Healthy ❍ Unhealthy

(*Recommended: tooth brushing twice daily for 2 mins)*

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record** ❍ *Hemoglobin (if at risk)*[1]

NWT Well Child Record 18 Months

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Length**	**Weight**	**Head Circ.**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Feeding:

❍ **Breastfeeding**[1] ❍ **Vitamin D 800IU/day**[1]

❍ Homogenized milk ❍ Vitamin D 400IU/day [500 - 750 mL(16-24 oz) /day[1]]

Other:

❍ When did you discontinue breastfeeding? @_____

❍ Avoid sweetened juices/liquids

Frequency of sweetened beverage:
❍ < Once a wk ❍ > Once a wk ❍ Daily ❍ > Daily

❍ No bottles

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention

❍ **Car seat (child)**[1]

❍ *Bath safety*[1]

❍ Choking/safe toys[1]

❍ *Falls (stairs, change table, unstable furniture/TV)*[1]

❍ *Wean from pacifier*[1]

Behaviour

❍ Parent/child interaction

❍ *Discipline/parenting skills programs*[2]

❍ **Healthy sleep habits**[2]

Family

❍ Parental fatigue/stress/depression[2]

❍ **High-risk children**[2]

❍ **Family healthy active living/ sedentary behaviour**[1]

❍ *Encourage reading*[2]

❍ Socializing/peer play opportunities

❍ Discuss screen time

Environmental Health:

❍ **Second hand smoke**[1]

❍ *Pesticide exposure*[1]

❍ *Serum lead if at risk*[1]

❍ Sun exposure/sunscreens insect repellent[1]

Other

❍ **Dental care/Dentist**[1]

❍ Toilet learning[2]

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes

Location of smoking? ❍ Inside ❍ Outside

Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5 hrs

Does your child play video/electronic games? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs

Do you read with your child? ❍ No ❍ Yes

Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]: (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns
NO BLANKS

Tasks are set after the time of normal milestone acquisition.

Absence of any item suggests consideration for further assessment of development.

NB - correct for age if < 37 weeks gestation

Social/Emotional

❍ *Child's behaviour is usually manageable*

❍ *Interested in other children*

❍ *Usually easy to soothe*

❍ *Comes for comfort when distressed*

Communication Skills

❍ *Points to several different body parts*

❍ *Tries to get your attention to show something*

❍ *Turns/responds when name is called*

❍ *Points to what he/she wants*

❍ *Looks for toy when asked or pointed in direction*

❍ *Imitates speech sounds and gestures*

❍ *Says 20 or more words (words do not have to be clear)*

❍ *Produces 4 consonants, (e.g., B D G H N W)*

Motor Skills

❍ *Walks alone*

❍ *Feeds self with spoon with little spilling*

❍ Stacks three or more blocks

Adaptive Skills

❍ *Removes hat/socks without help*

❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

Is child cooperative? ❍ No ❍ Yes

	N	**A**
Anterior fontanelle closed[1]	❍	❍
Eyes (red reflex)[1]	❍	❍
Corneal light reflex/cover-uncover test & inquiry[1]	❍	❍
Tonsil size/sleep-disordered breathing[1]	❍	❍
Hearing inquiry[1]	❍	❍

Evidence of ear infection ❍ No ❍ Yes

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, this is meant to be used as a guide only.

DENTAL: Check ☑ appropriate circle

Is the baby drinking from a cup? ❍ No ❍ Yes

Is the baby drinking from a bottle? ❍ No ❍ Yes

How often is a bottle taken to bed, excluding water?
❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth brushing frequency: ❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth extractions: ❍ No ❍ Yes

Tooth decay (including white spots): ❍ No ❍ Yes

Oral assessment: ❍ Healthy ❍ Unhealthy

(*Recommended: tooth brushing twice daily for 2 mins)*

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record**

NWT Well Child Record 3 Years

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation	**Height**	**Weight**	**BMI**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]**: Record how child is being fed. For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns**

Feeding:

❍ **Breastfeeding**[1] ❍ **Vitamin D 800IU/day**[1]

❍ Skim, 1% or 2% milk [~500 mL(16oz)/day[1]] ❍ Vitamin D 400IU/day

Other:

❍ When did you discontinue breastfeeding? @_____

❍ Avoid sweetened juices/liquids

Frequency of sweetened beverage:
❍ < Once a wk ❍ > Once a wk ❍ Daily ❍ > Daily

❍ *Gradual transition to lower fat diet*[1]

❍ Inquire re: vegetarian diets[1]

❍ Canada/Northern food guide

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention

❍ **Car seat** (child/booster)[1]

❍ **Bike helmets**[1]

❍ **Firearm safety**[1]

❍ Carbon monoxide/*smoke detectors*[1]

❍ Matches

❍ *Water safety*[1]

❍ *Falls (stairs, unstable furniture/TV, trampolines)*[1]

Behaviour

❍ Parent/child interaction

❍ *Discipline/parenting skills programs*[2]

❍ Family conflict/stress

❍ Parental fatigue/depression[2]

❍ **High-risk children**[2]

❍ Siblings

Family

❍ **Healthy sleep habits**[2]

❍ *Encourage reading*[2]

❍ **Family healthy active living/ sedentary behaviour**[2]

❍ Socializing opportunities

❍ **Assess child care**/*preschool needs*/ school readiness[2]

❍ Discuss screen time

Environment Health

❍ **Second hand smoke**[1]

❍ *Pesticide exposure*[1]

❍ *Serum lead if at risk*[1]

❍ Sun exposure/suncreens/insect repellent[1]

Other

❍ **Dental cleaning/Fluoride/Dentist**[1]

❍ **No OTC cough/cold medicine**[1]

❍ *Complementary/alternative medicine*[1]

❍ Toilet learning[2]

❍ *No pacifiers*[1]

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes

Location of smoking? ❍ Inside ❍ Outside

Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5 hrs

Does your child play video/electronic games? ❍ No ❍ Yes

How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs

Do you read with your child? ❍ No ❍ Yes

Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]**:** (Inquiry and observation of milestones)

For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns NO BLANKS

Tasks are set after the time of normal milestone acquisition.

Absence of any item suggests consideration for further assessment of development.

NB - correct for age if < 37 weeks gestation

❍ *Understands 2 and 3 step directions (e.g., "Pick up your hat and shoes and put them in the closet.")*

❍ *Uses sentences with 5 or more words*

❍ *Walks up stairs using handrail*

❍ *Twists lids off jars or turns knobs*

❍ *Shares some of the time*

❍ *Plays make believe games with actions and words (e.g., pretending to cook a meal, fix a car)*

❍ Turns pages one at a time

❍ Listens to music or stories for 5-10 minutes

❍ Speaks clearly enough to be understood all of the time by family

❍ Jumps off the floor with both feet

❍ Imitates drawing horizontal and vertical lines

❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

Is child cooperative? ❍ No ❍ Yes

	N	**A**
Eyes (red reflex)[1]	❍	❍
Corneal light reflex/cover-uncover test & inquiry[1]	❍	❍
Tonsil size/sleep-disordered breathing[1]	❍	❍
Hearing inquiry[1]	❍	❍

Evidence of ear infection ❍ No ❍ Yes

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

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DENTAL: Check ☑ appropriate circle

Tooth brushing frequency: ❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth extractions: ❍ No ❍ Yes

Tooth decay (including white spots): ❍ No ❍ Yes

Oral assessment: ❍ Healthy ❍ Unhealthy

(*Recommended: tooth brushing twice daily for 2 mins)*

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record**

NWT Well Child Record 4-5 Years (Preschool)

Past Problems/Risk Factors/Family History

Affix Patient Label Here

Date of visit (DD/MMM/YYYY):_____/_____/_____ **Signature:** _____

GROWTH[1] use WHO growth charts.	**Height**	**Weight**	**BMI**

PARENT/CAREGIVER CONCERNS:

NUTRITION[1]**: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns**

❍ Skim, 1% or 2% milk [~500 mL(16oz)/day[1]]
❍ Inquire re: vegetarian diets[1]
❍ Canada/Northern food guide
❍ Avoid sweetened juices/liquids
Frequency of sweetened beverage: ❍ < Once a wk ❍ > Once a wk ❍ Daily ❍ > Daily

EDUCATION AND ADVICE: For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns

Injury Prevention
❍ **Car seat** (child/booster)[1]
❍ **Bike helmets**[1]
❍ **Firearm safety**[1]
❍ Carbon monoxide/*smoke detectors*[1]
❍ Matches
❍ *Water safety*[1]
❍ *Falls (stairs, unstable furniture/TV, trampolines)*[1]

Behaviour
❍ Parent/child interaction
❍ *Discipline/parenting skills programs*[2]
❍ Family conflict/stress
❍ Parental fatigue/depression[2]
❍ **High-risk children**[2]
❍ Siblings

Family
❍ **Healthy sleep habits**[2]

❍ *Encourage reading*[2]
❍ **Family healthy active living/ sedentary behaviour**[2]
❍ Socializing opportunities
❍ **Assess child care**/*preschool needs*/ school readiness[2]
❍ Discuss screen time

Environmental Health
❍ **Second-hand smoke**[1]
❍ *Pesticide exposure*[1]

❍ *Serum lead if at risk*[1]
❍ Sun exposure/sunscreens/insect repellent[1]

Other
❍ **Dental cleaning/Fluoride/ Dentist**[1]
❍ **No OTC cough/cold medicine**[1]
❍ *Complementary/alternative medicine*[1]
❍ Toilet learning[2]

ENVIRONMENT: Check ⊘ appropriate circle

Smokers in the house? ❍ No ❍ Yes
Location of smoking? ❍ Inside ❍ Outside
Do you have any concerns regarding your child's safety? ❍ No ❍ Yes

Does your child watch entertainment on TV/electronic devices? ❍ No ❍ Yes
How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5 hrs
Does your child play video/electronic games? ❍ No ❍ Yes
How much time per day? ❍ < 1hr ❍ 1-3hrs ❍ 3-5hrs ❍ > 5hrs
Do you read with your child? ❍ No ❍ Yes
Attends daycare/child development program? ❍ No ❍ Yes

DEVELOPMENT[2]**:** (Inquiry and observation of milestones)
For each ❍ item discussed indicate "✓" for no concerns, or "X" if concerns
NO BLANKS
Tasks are set after the time of normal milestone acquisition.
Absence of any item suggests consideration for further assessment of development.
NB - correct for age if < 37 weeks gestation

4 years
❍ *Understands 3-part directions*
❍ *Asks and answers lots of questions (e.g., "What are you doing?")*
❍ *Walks up/down stairs alternating feet*
❍ *Undoes buttons and zippers*
❍ *Tries to comfort someone who is upset*
❍ Holds a crayon or pencil correctly
❍ Draws a person with three or more body parts
❍ *No parent/caregiver concerns*

5 years
❍ *Counts out loud or on fingers to answer "how many are there?*
❍ *Speaks clearly in adult-like sentences most of the time*
❍ *Throws and catches a ball*
❍ *Hops on one foot several times*
❍ *Dresses and undresses with little help*
❍ *Cooperates with adult requests most of the time*
❍ *Retells the sequence of a story*
❍ *Separates easily from parent/caregiver*
❍ Holds a crayon or pencil correctly
❍ Draws lines, simple shapes and a few letters
❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION: N = Normal A = Abnormal
Check ⊘ appropriate circle

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

		N	**A**
Is child cooperative?	❍ No ❍ Yes		
*Blood Pressure:*_____/_____(SBP/DBP)		❍	❍
Eyes (red reflex)		❍	❍
Visual acuity[1] L:20/ _____ R:20/ _____		❍	❍
Corneal light reflex/cover-uncover test & inquiry[1]		❍	❍
Tonsil size/sleep-disordered breathing[1]		❍	❍
Hearing/Audiometry (Abnormal is child fails any one frequency in any ear)		❍	❍
Evidence of ear infection	❍ No ❍ Yes		

Strength of recommendation based on literature review using the classification **Good (bold type)**; *Fair (italic type)*; Inconclusive Evidence/Consensus (plain type).
[1]see Rourke Baby Record Resources 1: General [2]see Rourke Baby Record Resources 2: Healthy Child Development

Northwest Territories Health and Social Services

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, this is meant to be used as a guide only.

DENTAL: Check ☑ appropriate circle

Tooth brushing frequency: ❍ Never ❍ < Daily ❍ Daily ❍ > Daily

Tooth extractions: ❍ No ❍ Yes

Tooth decay (including white spots): ❍ No ❍ Yes

Oral assessment: ❍ Healthy ❍ Unhealthy

(*Recommended: tooth brushing twice daily for 2 mins)*

PROBLEMS AND PLANS:

Is child currently being seen by one of these services? Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
REFERRALS MADE: Check ☑ appropriate services	❍ Speech ❍ OT ❍ PT ❍ Nutrition ❍ Audiology ❍ Ophthalmology ❍ Pediatrics ❍ Dental ❍ Other: _____
INVESTIGATIONS/IMMUNIZATION: Discuss immunization and pain reduction strategies[3]	Fit to Immunize? ❍ No ❍ Yes ❍ **Record on NWT Immunization Record** Has child ever been diagnosed with a congenital anomaly? ❍ No ❍ Yes ❍ Unknown