



# Well Child Record

GUIDE I: 0–1 mo

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:	NAME: _____ Birth Day (d/m/yr): _____ M     F     G.A.: _____ wks Birth Length: _____ cm Birth Head Circ.: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g
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DATE OF VISIT	within 1 week DD/MM/YYYY	2 weeks DD/MM/YYYY	1 month DD/MM/YYYY																		
<b>GROWTH</b> use <u>WHO growth charts</u> . Correct age until 24–36 months if < 37 weeks gestation	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight _____ kg</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight _____ kg	Head Circ. _____ cm	_____ %	_____ %	_____ %	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight (regains BW 1–3 weeks) _____ kg _____ %</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight (regains BW 1–3 weeks) _____ kg _____ %	Head Circ. _____ cm	_____ %	_____ %	_____ %	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight _____ kg</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight _____ kg	Head Circ. _____ cm	_____ %	_____ %	_____ %
Length _____ cm	Weight _____ kg	Head Circ. _____ cm																			
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Length _____ cm	Weight (regains BW 1–3 weeks) _____ kg _____ %	Head Circ. _____ cm																			
_____ %	_____ %	_____ %																			
Length _____ cm	Weight _____ kg	Head Circ. _____ cm																			
_____ %	_____ %	_____ %																			
<b>PARENT/CAREGIVER CONCERNS</b>																					

For each  item discussed, indicate “✓” for no concerns, or “X” if concerns

<b>NUTRITION</b>	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~150 mL (5 oz)/kg/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~150 mL (5 oz)/kg/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~450 - 750 mL (15 - 25 oz)/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output
<b>DEVELOPMENT</b> (Inquiry and observation of milestones)  Tasks are set <u>after</u> the time of normal milestone acquisition.  NB—Correct for age if < 37 weeks gestation	<input type="radio"/> Sucks well on breast/bottle <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?		<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud noise <input type="radio"/> Calms when comforted <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?

<b>PHYSICAL EXAMINATION</b> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Birth marks <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Ears / Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Umbilicus <input type="radio"/> Hips <input type="radio"/> Muscle tone <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care <input type="radio"/> Patency of anus	<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Birth marks <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Ears / Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Umbilicus <input type="radio"/> Hips <input type="radio"/> Muscle tone <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> Skin (jaundice) <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone
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<b>EDUCATION AND ADVICE</b> Injury Prevention	<ul style="list-style-type: none"> <li style="width: 33%;">• Fall prevention</li> <li style="width: 33%;">• Safe sleep (position, room sharing, avoid bed sharing, crib safety)</li> <li style="width: 33%;">• Firearm safety</li> <li style="width: 33%;">• Car seat</li> <li style="width: 33%;">• Carbon monoxide/Smoke detectors</li> <li style="width: 33%;">• Hot water &lt;49°C</li> <li style="width: 33%;">• Choking/safe toys</li> <li style="width: 33%;">• Pacifier use</li> </ul>		
Behaviour and family issues	<ul style="list-style-type: none"> <li style="width: 25%;">• Crying</li> <li style="width: 25%;">• Healthy sleep habits</li> <li style="width: 25%;">• Night waking</li> <li style="width: 25%;">• Soothability/responsiveness</li> <li style="width: 25%;">• Alcohol/Drug use in home</li> <li style="width: 25%;">• Parenting/bonding</li> <li style="width: 25%;">• Parental fatigue/postpartum depression</li> <li style="width: 25%;">• Family conflict/stress</li> <li style="width: 25%;">• Siblings</li> </ul>		
Environmental Health	<ul style="list-style-type: none"> <li style="width: 33%;">• Second hand smoke</li> <li style="width: 33%;">• Sun exposure</li> <li style="width: 33%;">• Cold exposure</li> <li style="width: 33%;">• Insect Repellent</li> </ul>		
Other Issues	<ul style="list-style-type: none"> <li style="width: 33%;">• No OTC cough/cold medicine</li> <li style="width: 33%;">• Home remedies</li> <li style="width: 33%;">• Concern around food security</li> <li style="width: 33%;">• Temperature control and overdressing</li> <li style="width: 33%;">• Fever advice/thermometers</li> </ul>		

<b>PROBLEMS AND PLANS</b>			
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<b>IMMUNIZATION</b> Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date
Signature			



# Well Child Record

GUIDE II: 2–6 mo

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
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NAME: \_\_\_\_\_ Birth Day (d/m/yr): \_\_\_\_\_ M | | F | |  
 G.A.: \_\_\_\_\_ wks Birth Length: \_\_\_\_\_ cm Birth Head Circ.: \_\_\_\_\_ cm Birth Wt.: \_\_\_\_\_ g Discharge Wt.: \_\_\_\_\_ g

DATE OF VISIT	2 months DD/MM/YYYY			4 months DD/MM/YYYY			6 months DD/MM/YYYY		
<b>GROWTH</b> use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %
<b>PARENT/CAREGIVER CONCERNS</b>									

For each  item discussed, indicate “✓” for no concerns, or “X” if concerns

<b>NUTRITION</b>	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~ 600–900 mL (20–30 oz) /day - Review formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™)	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~ 750–1080 mL (25–36 oz) /day - Review formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Discuss future introduction of solids	<input type="radio"/> Breastfeeding – introduction of solids <input type="radio"/> Formula Feeding – iron-fortified/preparation ~ 750–1080 mL (25–36 oz) /day <sup>1</sup> <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Iron containing foods (iron fortified infant cereals, meat, country foods, legumes, poultry, fish, whole eggs) <input type="radio"/> No honey <input type="radio"/> Choking/safe food <input type="radio"/> No juices/pop/ drink crystals <input type="radio"/> If bottles in bed, water only
<b>DEVELOPMENT</b> - (Inquiry and observation of milestones) - 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	<input type="radio"/> Follows movement with eyes <input type="radio"/> Coos – throaty, gurgling sounds <input type="radio"/> Lifts head up while lying on tummy <input type="radio"/> Can be comforted & calmed by touching/rocking <input type="radio"/> Sequences 2 or more sucks before swallowing/breathing <input type="radio"/> Smiles responsively <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Follows a moving toy or person with eyes <input type="radio"/> Responds to people with excitement (leg movement/panting/vocalizing) <input type="radio"/> Holds head steady when supported at the chest or waist in a sitting position <input type="radio"/> Holds an object briefly when placed in hand <input type="radio"/> Laughs/smiles responsively <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Turns head toward sounds <input type="radio"/> Makes sounds while you talk to him/her <input type="radio"/> Vocalizes pleasure and displeasure <input type="radio"/> Rolls from back to side <input type="radio"/> Sits with support (e.g., pillows) <input type="radio"/> Reaches/grasps objects <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
<b>PHYSICAL EXAMINATION</b> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone
<b>EDUCATION AND ADVICE</b> Injury Prevention	<ul style="list-style-type: none"> <li>• Safe sleep (position, room sharing, avoid bed sharing, crib safety)</li> <li>• Carbon monoxide/Smoke detectors</li> <li>• Falls (stairs, change table, unstable furniture/TV, no walkers)</li> </ul>		
Behaviour and family issues	<ul style="list-style-type: none"> <li>• Childproofing, including: Electric plugs/cords and poisons</li> <li>• Firearm safety</li> <li>• Hot water &lt; 49°C/bath safety</li> <li>• Car seat</li> <li>• Choking/safe toys</li> <li>• Pacifier use</li> </ul>		
Environmental Health	<ul style="list-style-type: none"> <li>• Crying</li> <li>• Healthy sleep habits</li> <li>• Night waking</li> <li>• Soothability/responsiveness</li> <li>• Alcohol/Drug use in home</li> <li>• Siblings</li> <li>• Parenting/bonding</li> <li>• Parental fatigue/postpartum depression</li> <li>• Family conflict/stress</li> <li>• Child care/return to work</li> <li>• Exposure to trauma</li> </ul>		
Other Issues	<ul style="list-style-type: none"> <li>• Second hand smoke</li> <li>• Sun exposure/sunscreens</li> <li>• Cold exposure</li> <li>• Insect Repellent</li> </ul>		
<b>PROBLEMS AND PLANS</b>			
<b>IMMUNIZATION</b> Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol
Signature			



# Well Child Record

GUIDE III: 9–15 mos

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
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NAME: \_\_\_\_\_ Birth Day (d/m/yr): \_\_\_\_\_ M | | F | |  
 G.A.: \_\_\_\_\_ wks Birth Length: \_\_\_\_\_ cm Birth Head Circ.: \_\_\_\_\_ cm Birth Wt.: \_\_\_\_\_ g Discharge Wt.: \_\_\_\_\_ g

DATE OF VISIT	9 months (optional) DD/MM/YYYY			12–13 months DD/MM/YYYY			15 months DD/MM/YYYY		
GROWTH use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length	Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight	Head Circ.
	_____ cm _____ %	_____ kg _____ %	_____ cm _____ %	_____ cm _____ %	_____ cm _____ %	_____ kg _____ %	_____ cm _____ %	_____ cm _____ %	_____ kg _____ %
PARENT/CAREGIVER CONCERNS									

For each  item discussed, indicate “✓” for no concerns, or “X” if concerns

<b>NUTRITION</b>	<input type="radio"/> Breastfeeding <input type="radio"/> Formula Feeding – iron-fortified/preparation ~ 720–960 mLs (24–32 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> If bottles in bed, water only <input type="radio"/> Cereal, meat/alternatives, fruits, vegetables <input type="radio"/> Cow’s milk products (e.g., yogurt, cheese, homogenized milk) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> Promote open cup instead of bottle <input type="radio"/> If bottles in bed, water only <input type="radio"/> Foods from all 4 food groups	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> Promote open cup instead of bottle <input type="radio"/> Foods from all 4 food groups
<b>DEVELOPMENT</b> (Inquiry and observation of milestones)  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	<input type="radio"/> Looks for an object seen hidden <input type="radio"/> Babbles a series of different sounds (e.g., baba, duhduh) <input type="radio"/> Responds differently to different people <input type="radio"/> Makes sounds/gestures to get attention or help <input type="radio"/> Sits without support <input type="radio"/> Stands with support when helped into standing position <input type="radio"/> Opposes thumb and fingers when grasps objects <input type="radio"/> Plays social games with you (e.g., nose touching, peek-a-boo) <input type="radio"/> Cries or shouts for attention <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Responds to own name <input type="radio"/> Understands simple requests, (e.g., Where is the ball?) <input type="radio"/> Makes at least 1 consonant/vowel combination <input type="radio"/> Says 3 or more words (do not have to be clear) <input type="radio"/> Crawls or ‘bum’ shuffles <input type="radio"/> Pulls to stand/walks holding on <input type="radio"/> Shows distress when separated from parent/caregiver <input type="radio"/> Follows your gaze to jointly reference an object <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Says 5 or more words (words do not have to be clear) <input type="radio"/> Picks up and eats finger foods <input type="radio"/> Walks sideways holding onto furniture <input type="radio"/> Shows fear of strange people/places <input type="radio"/> Crawls up a few stairs/steps <input type="radio"/> Tries to squat to pick up toys from the floor <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
<b>PHYSICAL EXAMINATION</b> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Teeth <input type="radio"/> Heart sounds <input type="radio"/> Hips	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Teeth <input type="radio"/> Heart sounds <input type="radio"/> Hips
<b>EDUCATION AND ADVICE</b> Injury Prevention	<input type="radio"/> Car seats <input type="radio"/> Choking/safe toys <input type="radio"/> Carbon monoxide/Smoke detectors <input type="radio"/> Hot water <49°C/bath safety <input type="radio"/> Pacifier use <input type="radio"/> Childproofing, including: Electric plugs/cords and poison <input type="radio"/> Falls (stairs, change table, unstable furniture/TV, no walkers) <input type="radio"/> Firearm safety		
<b>Behaviour and Family Issues</b>	<input type="radio"/> Crying <input type="radio"/> Healthy sleep habits <input type="radio"/> Night waking <input type="radio"/> Soothability/responsiveness <input type="radio"/> Alcohol/Drug use and home <input type="radio"/> Siblings <input type="radio"/> Parenting <input type="radio"/> Parental fatigue/depression <input type="radio"/> Family conflict/stress <input type="radio"/> Child care/return to work <input type="radio"/> Family healthy active living/sedentary behaviour <input type="radio"/> Exposure to trauma		
<b>Environmental Health</b>	<input type="radio"/> Second hand smoke <input type="radio"/> Sun exposure/sunscreens <input type="radio"/> Cold exposure <input type="radio"/> Insect Repellent		
<b>Other Issues</b>	<input type="radio"/> Teething/Toothbrushing/Fluoride <input type="radio"/> Concern around food security <input type="radio"/> No OTC cough/cold medicine <input type="radio"/> Home remedies <input type="radio"/> Fever advice/thermometers <input type="radio"/> Encourage reading, singing and speaking <input type="radio"/> Footwear		
<b>PROBLEMS AND PLANS</b>			
<b>INVESTIGATIONS/IMMUNIZATION</b> Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol
<b>Signature</b>			



# Well Child Record

GUIDE IV: 18 mo–5 yr

Current family:	Risk factors/Family history:	NAME: _____ Birth Day (d/m/yr): _____ M     F
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DATE OF VISIT	18 months DD/MM/YYYY	2–3 years DD/MM/YYYY	4–5 years DD/MM/YYYY
GROWTH use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %
	Height _____ cm _____ %	Weight _____ kg _____ %	Height _____ cm _____ %
PARENT/CAREGIVER CONCERNS			

For each  item discussed, indicate “✓” for no concerns, or “X” if concerns

<b>NUTRITION</b>	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> No bottles	<input type="radio"/> Breastfeeding <input type="radio"/> Skim, 1% or 2% milk ~ 500 mLs (16 oz) /day <input type="radio"/> Vitamin D 400 IU/Day (daily multivitamin) <input type="radio"/> Limit juice to 1/2 cup per day <input type="radio"/> Nunavut's Food Guide	<input type="radio"/> Skim, 1% or 2% milk ~ 500 mLs (16 oz) /day <input type="radio"/> Vitamin D 400 IU/Day (daily multivitamin) <input type="radio"/> Limit juice to 1/2 cup per day <input type="radio"/> Nunavut's Food Guide
<b>DEVELOPMENT</b> (Inquiry and observation of milestones)  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	<b>Social/Emotional</b> <input type="radio"/> Child's behaviour is usually manageable <input type="radio"/> Interested in other children <input type="radio"/> Usually easy to soothe <input type="radio"/> Comes for comfort when distressed <b>Communication Skills</b> <input type="radio"/> Points to several different body parts <input type="radio"/> Tries to get your attention to show you something <input type="radio"/> Turns/responds when name is called <input type="radio"/> Points to what he/she wants <input type="radio"/> Looks for toy when asked or pointed in direction <input type="radio"/> Imitates speech sounds and gestures <input type="radio"/> Says 20 or more words (words do not have to be clear) <input type="radio"/> Produces 4 consonants, (e.g., B D G H N W) <b>Motor Skills</b> <input type="radio"/> Walks alone <input type="radio"/> Feeds self with spoon with little spilling <b>Adaptive Skills</b> <input type="radio"/> Removes hat/socks without help <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<b>2 years</b> <input type="radio"/> Combines 2 or more words <input type="radio"/> Understands 1 and 2 step directions <input type="radio"/> Walks backward 2 steps without support <input type="radio"/> Tries to run <input type="radio"/> Puts objects into small container <input type="radio"/> Uses toys for pretend play (e.g., give doll a drink) <input type="radio"/> Continues to develop new skills <input type="radio"/> No parent/caregiver concerns  <b>3 years</b> <input type="radio"/> Understands 2 and 3 step directions (e.g., "Pick up your hat and shoes and put them in the closet.") <input type="radio"/> Uses sentences with 5 or more words <input type="radio"/> Walks up stairs using handrail <input type="radio"/> Twists lids off jars or turns knobs <input type="radio"/> Shares some of the time <input type="radio"/> Plays make-believe games with actions and words (e.g., pretending to cook a meal, fix a car) <input type="radio"/> Turns pages one at a time <input type="radio"/> Listens to music or stories for 5–10 minutes <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<b>4 years</b> <input type="radio"/> Understands 3-part directions <input type="radio"/> Asks and answers lots of questions (e.g., "What are you doing?") <input type="radio"/> Walks up/down stairs alternating feet <input type="radio"/> Undoes buttons and zippers <input type="radio"/> Tries to comfort someone who is upset <input type="radio"/> No parent/caregiver concerns  <b>5 years</b> <input type="radio"/> Counts out loud or on fingers to answer "How many are there?" <input type="radio"/> Speaks clearly in adult-like sentences most of the time <input type="radio"/> Throws and catches a ball <input type="radio"/> Hops on 1 foot several times <input type="radio"/> Dresses and undresses with little help <input type="radio"/> Cooperates with adult requests most of the time <input type="radio"/> Retells the sequence of a story <input type="radio"/> Separates easily from parent/caregiver <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
<b>PHYSICAL EXAMINATION</b> An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Anterior fontanelle closed <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth	<input type="radio"/> Eyes (red reflex)/Visual acuity <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth	<input type="radio"/> Eyes (red reflex)/Visual acuity <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth <input type="radio"/> Blood pressure
<b>EDUCATION AND ADVICE</b> Injury Prevention	<ul style="list-style-type: none"> <li>• Car/vehicle safety</li> <li>• Bath safety</li> <li>• Choking/safe toys</li> <li>• Falls (stairs, change table, unstable furniture/TV)</li> <li>• Wean from pacifier</li> </ul>	<ul style="list-style-type: none"> <li>• Car/vehicle safety</li> <li>• Bike helmets</li> <li>• Carbon monoxide/smoke detectors</li> <li>• Falls (stairs, unstable furniture/TV, trampolines)</li> <li>• Firearm safety</li> <li>• Matches/Lighters</li> <li>• Water safety</li> </ul>	
Behaviour	<ul style="list-style-type: none"> <li>• Discipline/Parenting skills programs</li> <li>• Healthy sleep habits</li> </ul>	<ul style="list-style-type: none"> <li>• Discipline/parenting skills programs</li> <li>• Parental fatigue/depression</li> <li>• Siblings</li> <li>• Family conflict/stress</li> </ul>	
Family	<ul style="list-style-type: none"> <li>• Parental fatigue/stress/depression</li> <li>• Family healthy: active living/sedentary behaviour</li> <li>• Encourage reading, singing and speaking</li> <li>• Socializing/peer play opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy sleep habits</li> <li>• Family healthy active living/sedentary behaviour</li> <li>• Socializing opportunities</li> <li>• Assess child care /preschool needs/school readiness</li> <li>• Encourage reading, singing and speaking</li> </ul>	
Environmental Health	<ul style="list-style-type: none"> <li>• Second-hand smoke</li> <li>• Sun exposure/sunscreens</li> <li>• Insect Repellent</li> </ul>	<ul style="list-style-type: none"> <li>• Second-hand smoke</li> <li>• Sun exposure/sunscreens</li> <li>• Insect Repellent</li> </ul>	
Other	<ul style="list-style-type: none"> <li>• Toothbrushing/Fluoride</li> <li>• Toilet learning</li> <li>• Concern around food security</li> </ul>	<ul style="list-style-type: none"> <li>• Toothbrushing/Fluoride</li> <li>• Toilet learning</li> <li>• No pacifiers</li> <li>• No OTC cough/cold medicine</li> <li>• Concern around food security</li> </ul>	
<b>PROBLEMS AND PLANS</b>			
<b>INVESTIGATIONS/IMMUNIZATION</b> Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date
Signature			