# My personal health record

# I am 18 months old

#### My development - Learn the Signs. Act Early.

(what most children do at this age)

Social/Emotional Milestones
□ Moves away from you, but looks to make sure you are close by
□ Points to show you something interesting
□ Puts hands out for you to wash them
□ Looks at a few pages in a book with you
$\square$ Helps you dress them by pushing arm through sleeve or lifting up foot
Language/Communication Milestones
☐ Tries to say three or more words besides "muma" or "dada"
□ Follows one-step directions without any gestures,
like giving you the toy when you say, "Give it to me"
Cognitive Milestones (learning, thinking, problem-solving)
□ Copies you doing chores, like sweeping with a broom
□ Plays with toys in a simple way, like pushing a toy car
Movement/Physical Development Milestones
□ Walks without holding on to anyone or anything
□ Scribbles
□ Drinks from a cup without a lid and may spill sometimes
□ Feeds themself with their fingers
□ Tries to use a spoon
□ Climbs on and off a couch or chair without help

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# Other important things to share with your Child and Family Health Nurse or GP

- What are some things you and your child do together?
- · What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills they once had?
- Does your child have any healthcare needs or were they born prematurely?

**You know your child best.** Don't wait. If your child is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your Child and Family Health nurse or GP, share your concerns, and ask about developmental screening.

Download the Love, Talk, Sing, Read, Play app for ideas to spending time with your child. Available on Android and iPhone.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's *Learn the Signs*. *Act Early*. Program (www.cdc.gov/ActEarly; February 2022).

For more great ideas on how to support my development, download the Bright Tomorrows app https://www.brighttomorrows.org.au/

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# Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 18 month health check.

I have completed the health risk factor questions on page 22	No   Yes
I have completed the dental risk factor questions on page 84	No   Yes
I am concerned about my child's hearing	Yes   No
Others have said they are concerned about my child's hearing	Yes   No
I am concerned about my child's vision	Yes   No
My child has a turned or lazy eye (squint or strabismus)	Yes   No
My child has difficulty seeing small objects	Yes   No
My child recognises familiar objects and people from a distance	No   Yes
My child is exposed to smoking and/or vaping in the home/car	Yes   No
My child has sweet drinks and snacks throughout the day	Yes   No
My child still uses a bottle	Yes   No

If you circled any answer in the first column, please tell your doctor or child and family health nurse.

Health professional to complete:	Normal	Review	Refer
Feeding		Yes	No
Since this time yesterday, did your child receive breast milk?			