

# My personal health record



## **WATCH OUT WHOOPIING COUGH IS ABOUT**

*Protect your baby*

**Make sure the whole  
family is up to date  
with their immunisations**

**This is the personal health record of:**

please take this book with you when you  
attend any health service, doctor or hospital

This health record was compiled with the assistance of parents, child and family health nurses, general practitioners, other health professionals and professional and consumer organisations. It is an update of previous versions of the Personal Health Record which has been used in NSW since 1988.

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SHPN (HSP) 220253  
ISBN 978-1-76023-144-6 (print)  
ISBN 978-1-76023-145-3 (online)

August 2022

## Congratulations on the birth of your new baby

This Personal Health Record (known as the 'Blue Book') is an important book for you and your child. It records your child's health, illnesses, injuries, and growth and development, and contains valuable health information that you and your child will need throughout their life.

### Remember to take this book with you to:

- **your child and family health nurse**
- **immunisation appointments**
- **your doctor, practice nurse and other health professionals**
- **your child's specialist/s**
- **the hospital, including for emergencies**
- **your dentist**
- **enrol your child at day care, pre-school, or school.**

There is an envelope at the back of this record for any important documents.

Not all children live with their parents, and other people may have an important role in the care of a child. The term 'parent/s' used in this book includes the caregivers of the child.

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## Summary of routine health checks

You should take your child to the child and family health nurse at your local Child and Family Health Centre, or to your doctor, for health checks at each of the following ages. You can record your appointments in the table below.

Age	Appointment details		
	Date	Time	Other comments
1-4 weeks			
6-8 weeks			
6 months			
12 months			
18 months			
2 years			
3 years			
4 years			

Refer to the NSW Health website [www.health.nsw.gov.au/immunisation/schedule](http://www.health.nsw.gov.au/immunisation/schedule) for when to attend your health provider for an immunisation.

## Register your baby now!

Give your child the right start.

- Birth registration is compulsory and it is free.
- You must register your child's birth **within 60 days**.
- You must register your child to get their birth certificate.

A birth certificate provides legal evidence of your child's age, place of birth and parents' details and is required for some government benefits, enrolment in school and sport, opening a bank account and to apply for a passport.

## Birth registration

After the birth of the child, the hospital or midwife will give you information on how to register the birth online:

[https://onlineforms.bdm.nsw.gov.au/newborn/birth\\_registration](https://onlineforms.bdm.nsw.gov.au/newborn/birth_registration).

There is no cost associated with Registering the birth. Once you have registered the birth, you can also apply for a birth certificate. A fee for a birth certificate applies.

## NSW Registry of Births Deaths & Marriages

Post: GPO Box 30, Sydney NSW 2001

Phone: 13 77 88

NRS: 1300 555 727 (hearing or speech impaired)

# My personal health record

## Do you need help reading English?

If you do not read English please speak to someone at the Health Care Interpreter Service at the closest location to you listed below. You can also phone the Translating and Interpreting Service on 131 450.

Translations of this book in 18 languages are available at

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/child-blue-book.aspx>

Please take this book with you when you attend any health service, doctor or hospital.

More health resources can be found in other languages at

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## هل تحتاج إلى مساعدة في قراءة اللغة الإنكليزية؟

إذا كنت لا تحسن القراءة بالإنكليزية، تحدّث مع شخص في Health Care Interpreter Service (خدمة الترجمة الشفهية للرعاية الصحية) في أقرب مكان لك من الأماكن المدرجة أدناه. ويمكنك أيضًا الاتصال هاتفياً بخدمة الترجمة الخطية والشفهية (TIS) على الرقم 131 450. يتوفر هذا الكتاب بلغتك في الموقع الإلكتروني أعلاه. يُرجى أخذ هذا الكتاب معك عند الحضور إلى أية خدمة صحية أو عيادة طبيب أو مستشفى. يمكن العثور على موارد صحية أخرى بلغتك في

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

Arabic

## အင်္ဂလိပ်ဘာသာကို ဖတ်ရှုရန် အကူအညီလိုအပ်ပါသလား။

အင်္ဂလိပ်ဘာသာကို ဖတ်ရှုနိုင်လျှင် အောက်တွင် ဖော်ပြထားသော သင်နှင့် အနီးဆုံးနေရာရှိ Health Care Interpreter Service (ကျန်းမာရေး စောင့်ရှောက်မှု စကားပြန် ဝန်ဆောင်မှု) ဌာနရှိ တစ်စုံတစ်ယောက်ကို ပြောပါ။ ဘာသာပြန်နှင့် စကားပြန် ဝန်ဆောင်မှု (TIS) 131 450 သို့လည်း ဖုန်းဖြင့် ဆက်သွယ်နိုင်ပါသည်။ အထက်တွင် ဖော်ပြထားသော ဝက်ဘ်ဆိုက် စာရင်းတွင် ဤစာအုပ်ကို သင်၏ ဘာသာ စကားဖြင့် ရနိုင်ပါသည်။ ကျန်းမာရေးဝန်ဆောင်မှု ဌာနထံသွားလျှင် သို့မဟုတ် ဆရာဝန်ပြုလျှင် သို့မဟုတ် ဆေးရုံသွားလျှင် ဤစာအုပ်ကို သင်နှင့်အတူယူသွားပါ။ အခြားကျန်းမာရေး ဆိုင်ရာ အရင်းအမြစ်များကို သင်၏ ဘာသာစကားဖြင့် ဤဝက်ဘ်ဆိုက်တွင် ရနိုင်ပါသည်။

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

Burmese

## 阅读英文需要帮助吗？

如果你看不懂英文，请按下文资料联络就近的Health Care Interpreter Service (医疗卫生翻译服务处)。也可以致电 131 450 联系口笔译服务署 (TIS)。请在上面的网站中查阅这本书的简体中文版。去医疗机构、医院就诊或看医生的时候请带上这本书。点击下面的链接查看简体中文版的其他医疗资源

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

Chinese Simplified

## 閱讀英文需要幫助嗎？

如果你看不懂英文，請按下文資料聯絡就近的Health Care Interpreter Service (醫療衛生翻譯服務處)。也可以致電131 450聯繫口筆譯服務署 (TIS)。請在上面的網站查閱這本書的中文版。去醫療機構、醫院就診或看醫生的時候請帶上這本書。點擊下面的鏈接查看其他中文醫療資源

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

Chinese Traditional

## آيا براى خواندن متن انگليسى به كمك ضرورت داريد؟

اگر خواندن انگليسى را نمى دانيد، لطفاً با يکى از کارکنان Health Care Interpreter Service (خدمات ترجمان شفاهى مواظبت هاى صحى) در نزديک ترين محل لست شده در ذيل صحبت کنيد. همچنين مى توانيد به خدمات ترجمانى تحريرى و شفاهى (TIS) شماره 131 450 تليفون کنيد. اين کتاب در وييسايت لست شده در فوق به لسان شما در دسترس مى باشد. لطفاً وقتى به هريك از خدمات صحى، داکتر يا شفاخانه مراجعه مى کنيد اين کتاب را همراه باخود داشته باشيد. ساير منابع صحت را مى توانيد به لسان خودتان در [http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0) پيدا کنيد.

Dari

## Wic kuony nē kuēn Thoŋ de Liŋëliith?

Na ciē ye kuen nē Thoŋ de Liŋëliith ke yin jam wek ke raan tō tē de Health Care Interpreter Service (Ajuיער WëËr Thok de Kuony nē Kā ke Pial e Guöp) tē thiääk ke yin ke ci nyuooth piiny. Yin lëu ba telepuun yup eya tē enoŋ Ajuיער de WëËr Wël ci Gät Piny ku WëËr de Thok tō nē 131 450.

Ye buŋ kån atō nē thuoŋduic nē webthait ci gät piny nhial. Löm ye buŋ kån tē ler yin tē tōŋ de ajuier ke ka ke pial e guöp, akim ka paan akim. Ka kök yenëke luui wët ka ke pial e guöp alëu bī keek yök nē thuoŋdu tō tē [http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

Dinka

## آیا برای خواندن متن انگلیسی به کمک نیاز دارید؟

اگر خواندن انگلیسی را نمی دانید، لطفاً با یکی از کارکنان Health Care Interpreter Service (خدمات مترجم گفتاری مراقبت های بهداشتی) در نزدیک ترین محل فهرست شده در زیر صحبت کنید. همچنین می توانید به خدمات ترجمه نوشتاری و گفتاری (TIS) شماره 131 450 تلفن کنید. این کتاب به زبان شما در تارنمای فهرست شده بالا در دسترس است. لطفاً هروقت به یکی از مراکز بهداشتی، پزشک، یا بیمارستان می روید این کتاب را همراه داشته باشید. می توان سایر منابع بهداشتی به زبان خودتان را در [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0) یافت.

Farsi

## क्या आपको अंग्रेजी पढ़ने में मदद चाहिए?

यदि आप अंग्रेजी नहीं पढ़ सकते हैं तो कृपया नीचे दिए गए Health Care Interpreter Service (स्वास्थ्य देखभाल दुभाषिया सेवा) में आपके निकट की सेवा में किसी से बात करें। आप अनुवाद व दुभाषिया सेवा (TIS) को 131 450 पर फ़ोन कर सकते हैं। यह पुस्तक आपकी भाषा में ऊपर दी गई वेबसाइट पर उपलब्ध है। जब भी आप किसी स्वास्थ्य सेवा, डॉक्टर के पास या अस्पताल जाएँ तो कृपया इस पुस्तक को अपने साथ ले कर जाएँ। आपकी भाषा में अन्य स्वास्थ्य संबंधी संसाधन इस वेबसाइट पर देखे जा सकते हैं [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0)

Hindi

## Apakah Anda butuh bantuan membaca teks berbahasa Inggris?

Jika Anda tidak dapat membaca teks dalam bahasa Inggris silahkan menghubungi Health Care Interpreter Service (Layanan Juru Bahasa Perawatan Kesehatan) di lokasi terdekat dari Anda di daftar di bawah ini. Anda juga dapat menelepon Layanan Penerjemahan dan Juru Bahasa (TIS) di 131 450. Buku ini tersedia di dalam bahasa Anda di situs web yang tercantum **di atas**. Bawalah buku ini setiap kali Anda pergi ke tempat layanan kesehatan, dokter atau rumah sakit. Sumber informasi kesehatan lain tersedia di dalam bahasa Indonesia di [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0)

Indonesian

## តើអ្នកត្រូវការជំនួយក្នុងការអានជាភាសាអង់គ្លេសឬទេ ?

ប្រសិនបើអ្នកពុំអាចអានជាភាសាអង់គ្លេសបានទេ សូមនិយាយទៅកាន់អ្នកណាម្នាក់នៅ Health Care Interpreter Service (សេវាអ្នកបកប្រែភាសាថែទាំសុខភាព) នៅទីតាំងជិតអ្នកបំផុតដែលចុះបញ្ជីខាងក្រោមនេះ។ អ្នកក៏អាចទូរស័ព្ទសេវាបកប្រែភាសាសរសេរ និងនិយាយ (TIS) ផងដែរលេខ 131 450។ សៀវភៅនេះមានផ្តល់ជូនជាភាសាសំបុត្រ នៅតាមរូបសៃដែលចុះបញ្ជីខាងលើនេះ។ សូមយកសៀវភៅនេះទៅជាមួយអ្នកនៅពេលអ្នកអញ្ជើញទៅសេវាសុខភាព វេជ្ជបណ្ឌិត ឬមន្ទីរពេទ្យណាមួយ។ អ្នកអាចរកបានធនធានសុខភាពផ្សេងទៀតជាភាសាសំបុត្រនៅតាមរូបសៃ [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0)

Khmer

## 영어로 읽는데 도움이 필요하세요?

영어로 된 내용을 이해할 수 없으신 분은 아래 표기된 가까운 Health Care Interpreter Service (헬스케어 통역 서비스)에 지원을 요청하십시오. 또한 통번역 서비스 (TIS)에 131 450으로 전화하셔도 됩니다. 이 책자는 위에 명시된 웹사이트에서 한국어로 가능합니다. 보건 서비스나 의사 혹은 병원을 찾을 때 본 책자를 지참하십시오. 기타 보건 자료는 아래 웹사이트에서 한국어로 가능합니다 [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0)

Korean

## ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການອ່ານ ພາສາອັງກິດບໍ?

ຖ້າທ່ານອ່ານພາສາອັງກິດບໍ່ໄດ້ ກະຊນາເວົ້າ ກັບໃຜຜູ້ນຶ່ງທີ່ Health Care Interpreter Service (ບໍລິການນາຍພາສາການດູແລສຸຂ ພາບ) ທີ່ຢູ່ໃກ້ທ່ານທີ່ສຸດຊຶ່ງຢູ່ໃນບັນຊີຂ້າງ ລຸ່ມນີ້. ທ່ານຍັງສາມາດໂທຂະສັບຫາບໍລິການ ການແປເອກະສານແລະນາຍພາສາ (TIS) ຕາມໝາຍເລກ 131 450. ປຶ້ມນີ້ມີເປັນພາສາຂອງທ່ານຢູ່ຕາມເວັບໄຊຕ໌ທີ່ມີໄວ້ຢູ່ຂ້າງເທິງນີ້. ກະຊນາເອົາປຶ້ມນີ້ໄປນຳ ໃນເວລາທີ່ທ່ານໄປຫາບໍລິການດູແລສຸຂພາບ. ນາຍໝໍ ຫຼື ໂຮງໝໍ. ຊັບພາຍກອນກ່ຽວກັບອາ ນາມັຍຕ່າງໆສາມາດຊອກເອົາໄດ້ເປັນພາສາ ຂອງທ່ານທີ່ [http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#3=eng&b_start=0)

Lao



## ईलाई अंग्रेजी पढ्न मद्दत चाहिन्छ?

यदि तपाईं अंग्रेजी पढ्न सक्नु हुन भने कृपया तपाईंले कसै संग Health Care Interpreter Service (स्वास्थ्य हेरचाह अनुवादक सेवा) मा कसैसंग कुरा गर्नुहोस्, तपाईंको नजिकको स्थान तल दिइएको छ। तपाईंले अनुवाद र व्याख्या सेवा (TIS) मा 131 450 मा पनि फोन गर्न सक्नुहुनेछ।

यो पुस्तिका **माथी** उल्लेखित वेबसाइटमा तपाईंको भाषामा प्राप्त गर्न सक्नुहुनेछ। तपाईंले कुनै पनि स्वास्थ्य सेवा, डाक्टर वा अस्पतालमा जानु हुँदा कृपया यो पुस्तिका लैजानुहोला। तपाईंको भाषामा अन्य स्वास्थ्य जानकारीहरू निम्न वेबसाइटमा प्राप्त गर्न सक्नुहुनेछ [http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## Ma u baahan tahay in lagaa caawiyo akhrinta Ingiriiska?

Haddii aadan akhriin Ingiriis fadlan kala hadal qof Health Care Interpreter Service (Adeegga Turjubaanka Daryeelka Caafimaadka) goobta kuugu dhow ee hoos ku qoran. Waxaad sidoo kale taleefan u soo diri kartaa Adeegga Turjubaanka Afka iyo Qoraalka (TIS) ee ah 131 450.

Buuggan waxaa laga helayaa website ka **kor** ku qoran isagoo luuqadaada ah. Fadlan buuggan qaado markaad tegeysid adeeg kasta oo caafimaad, dhakhtar ama isbitaal. Ilaaha macluumaadka caafimaadka ee kale waxaa lagaga heli karaa luuqadaada

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## ஆங்கிலம் வாசிப்பதில் உங்களுக்கு உதவி தேவையா?

நீங்கள் ஆங்கிலம் வாசிக்காதவர் என்றால், கீழேயுள்ள அட்டவணையில் உங்களுக்கு அண்மையிலுள்ள Health Care Interpreter Service (சுகாதார கவனிப்பு மொழிபெயர்த்துரைப்பாளர் சேவை)-

இலுள்ள யாராவதொருவருடன் தயவு செய்து பேசுங்கள். 13 14 50 -இல் 'மொழிபெயர்ப்பு மற்றும் மொழிபெயர்த்துரைப்பு சேவை (TIS)'யையும் நீங்கள் தொலைபேசியில் அழைக்கலாம்.

**மேலே** சொல்லப்பட்டுள்ள வலைத்தளத்திலிருந்து இந்தப் புத்தகம் உங்கள் மொழியில் கிடைக்கும். எவ்வொரு சுகாதார சேவை, மருத்துவர் அல்லது மருத்துவமனைக்குப் போகும்போது இந்தப் புத்தகத்தைத் தயவு செய்து உடன் எடுத்துச் செல்லுங்கள்.

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0) எனும் வலைத்தளப் பக்கத்தில் சுகாதாரத்தைப் பற்றி உங்கள் மொழியிலுள்ள மற்ற மூலவளங்களை நீங்கள் காணலாம்.

## คุณต้องการความช่วยเหลือในการอ่านภาษาอังกฤษไหม?

ถ้าคุณอ่านภาษาอังกฤษไม่ออก โปรดพูดกับเจ้าหน้าที่ที่ Health Care Interpreter Service (บริการล่ามการดูแลสุขภาพ) ที่อยู่ใกล้คุณที่สุดตามรายการข้างใต้นี้ นอกจากนี้ คุณยังสามารถใช้บริการแปลและล่าม (TIS)

ได้ด้วยโดยโทรไปที่หมายเลข 131 450

เอกสารนี้เป็นภาษาของท่านหาได้ที่เว็บไซต์ตามที่เราไว้ข้างต้น โปรดนำเอกสารนี้ไปด้วยเมื่อท่านไปรับบริการสุขภาพ พบแพทย์หรือไปโรงพยาบาลแห่งหนึ่งใดใด ข้อมูลอื่น ๆ เกี่ยวกับสุขภาพที่เป็นภาษาของท่านหาได้ที่เว็บไซต์

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## İngilizce okumak için yardıma ihtiyacınız var mı?

İngilizce okuyamıyorsanız, aşağıda sıralanan yerlerden size en yakın Health Care Interpreter Service'inde (Sağlık Bakımı Tercümanlık Servisi) birisiyle konuşun. Ayrıca Yazılı ve Sözlü Çeviri Servisi'ne de (TIS) 131 450'den telefon edebilirsiniz. Bu kitap, **yukarda** listelenen internet sitesinde kendi dilinizde mevcuttur. Herhangi bir sağlık servisine, doktora veya hastaneye gittiğinizde lütfen bu kitabı yanınıza alın. Diğer sağlık kaynakları kendi dilinizde şu sitede bulunabilir

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## Quý vị có cần giúp đỡ để đọc tiếng Anh?

Nếu quý vị không đọc được tiếng Anh, vui lòng gọi đến Health Care Interpreter Service (Dịch vụ Thông dịch Y tế) ở địa điểm gần quý vị nhất trong danh sách dưới đây. Quý vị cũng có thể gọi đến Dịch vụ Thông Phiên dịch (TIS) qua số 131 450.

Quyển này hiện có qua tiếng Việt tại trang mạng đã nêu ở trên. Vui lòng đem theo quyển này khi quý vị đến gặp bác sĩ dịch vụ y tế, bác sĩ hoặc bệnh viện nào. Có thể tìm thấy các tài liệu y tế khác bằng tiếng Việt tại

[http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b\\_start=0](http://www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0)

## Health care interpreter service contacts

### **Sydney Western Sydney**

Phone: 8738 6088

### **Western Sydney, Northern Sydney and Nepean Blue Mountains**

Phone: 9912 3800

### **Sydney and Central Network of South Eastern Sydney**

Phone: 9515 0030

### **Hunter New England, Central Coast, Northern NSW, Mid North Coast, Far West and Western NSW**

Phone: 02 4924 6285

### **Illawarra Shoalhaven, Murrumbidgee and Southern NSW**

Phone: 1800 247 272

## Immunise your baby on time

The best way to keep your child protected from serious vaccine preventable diseases is for vaccinations to be given on time, in line with the recommended NSW Immunisation Schedule.

Some vaccines are recommended but not funded for children on the NSW Immunisation Schedule, including Meningococcal B vaccine for non-Aboriginal children at 6 weeks, 4 months and 12 months of age. You may wish to discuss these vaccines with your immunisation provider to decide if they are suitable for your child through private purchase.

The Australian Immunisation Register will keep track of your child's immunisation history. All persons enrolled in Medicare are automatically included on the Australian Immunisation Register.

**Note:** Australian Childhood Immunisation Register (ACIR) is now the Australian Immunisation Register (AIR) and everyone enrolled in Medicare is included on the AIR.

# Information for parents



## Information for parents

The NSW Health system and health workers play a key role in assisting children and families to achieve health and wellbeing. For detailed information refer to [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

### Child and Family Health Centres

Child and Family Health Centres provide a free service for all new parents in NSW. They are staffed by child and family health nurses who offer health, development and wellbeing checks for your child as well as support, education and information on all aspects of parenting. To find a Child and Family Health Centre near you visit [www.health.nsw.gov.au/child-family-health-services](http://www.health.nsw.gov.au/child-family-health-services)

### Other important child health professionals

Your **general practitioner (GP)** or **family doctor** is the person to see if your child is sick, or if you have any concerns about your child's wellbeing. A GP provides primary health care, referrals to specialists and, where necessary, coordinates your child's health care.

A **paediatrician** can provide specialist health care for your child. You need a referral from a GP to make an appointment with a paediatrician.

## The importance of child health and development checks

Almost 90% of your child's brain development happens before they turn 5 years old. These early days set the foundation for how well they will do in school and right through their lives.

This is why it's very important your child has their health and development checked regularly by a health professional from birth and up to 5 years old.

Regular health and development checks are important to track your child's growth and help us discover potential issues early. It is easier to fix the brain while it is still developing than when problems occur later in life.

The regular scheduled checks in this Blue Book have been designed to help you check your child's development against the milestones for their age.

Before each health check at your local Child and Family Health Centre, read and answer the development questions in the Blue Book sections called **Learn the Signs. Act Early.**

# My personal health record

These appointments can also be a useful way of finding out more about your child's growth and development and can be an opportunity to discuss other issues about your child's health and wellbeing.

Even if you think your child is developing properly, you should always take them for their scheduled health checks at your local Child and Family Health Centre or your family doctor at each of the following ages.

- At birth
- 1 to 4 weeks
- 6 to 8 weeks
- 6 months
- 12 months
- 18 months
- 2 years
- 3 years
- 4 years.

**If you are concerned about your child's health, growth, development or behaviour between the scheduled health checks, take your child to your Child and Family Health Centre or doctor so that early action can be taken.**

All children grow and develop at different rates but if you have a concern it is important to see a health professional. If your nurse or doctor needs to further investigate a concern they can use screening tests and other checks to understand what action will be best.

Screening tests, checks and examinations can never be 100% accurate. Sometimes a health check or screening test may suggest there is a problem when there isn't one or miss a problem that does exist. Occasionally a new problem may occur after your child has had a screening test or health check. This is why it is so important to attend all recommended health checks and to complete the questions for parents in this book.

## Learn the Signs. Act Early.

At every health check from 2 months you will see a set of questions under the heading **Learn the Signs. Act Early**. These questions help you see whether your child's development is on track, and when it is a good idea to ask a professional for help.

Answer these questions as accurately as you can, because they can help you and your doctor or Child and Family Health nurse understand the way your child is learning, developing and behaving.

For more information on developmental milestones and extra resources for parents, including videos, go to the NSW Health website at [www.health.nsw.gov.au/mybluebook](http://www.health.nsw.gov.au/mybluebook). Or visit Resourcing Parents at [www.resourcingparents.nsw.gov.au](http://www.resourcingparents.nsw.gov.au)

For extra ideas on how you can encourage your child's development, download the Love, Talk, Sing, Read, Play app, at [itsrp.resourcingparents.nsw.gov.au/home/resources](http://itsrp.resourcingparents.nsw.gov.au/home/resources) and the Bright Tomorrows app at [www.brighttomorrows.org.au](http://www.brighttomorrows.org.au)

You can also find detailed information and more ideas about supporting your child's development at [raisingchildren.net.au](http://raisingchildren.net.au)

You should make notes about your child's health and progress in the 'Progress Notes' section of this Blue Book.

## Brighter Beginnings to help your child get the best start

The early years of a child's life are exciting and also exhausting. There are many supports and services available to help parents and carers during this important time. Brighter Beginnings: the first 2000 days of life, is the NSW Government initiative to give all children in NSW the best start in life. At the Brighter Beginnings website you'll find step-by-step help from when you're having a baby, after you bring baby home, up to when your child is starting primary school and if you need financial and parenting support.

Find Brighter Beginnings: step by step guides at [www.nsw.gov.au/life-events/brighter-beginnings-step-by-step-guides](http://www.nsw.gov.au/life-events/brighter-beginnings-step-by-step-guides)

# My personal health record

## Safe sleeping recommendations

Tragically some babies die unexpectedly and for no obvious reason in their sleep. You can reduce the risk for your baby by following these safe sleeping recommendations every time you place your baby to sleep:

- Place your baby on their back to sleep.
- Your baby should have their own cot that meets the Australian safety standard and has a firm, well fitted mattress.
- Sleep your baby in your bedroom at night for the first six to 12 months of life.
- Do not let your baby sleep on the couch or an armchair, especially with another person.
- Make sure your baby's head and face cannot become covered while sleeping to prevent suffocation or overheating. Tuck in sheets and blankets or use a safe infant sleeping bag. Do not use a doona, cot bumper, mattress padding, sheep skin or leave soft toys in the cot.
- Dress your baby to be comfortably warm but not hot, to avoid overheating.
- Breastfeed your baby for the first six months where possible.
- Don't smoke during pregnancy or after your child is born and don't allow anyone to smoke near your baby.
- Make sure anyone who looks after your baby understands these safe sleeping recommendations.

The recommended safe sleeping practices are adapted from [raisingchildren.net.au/safesleep](http://raisingchildren.net.au/safesleep)



## Child safety

Many childhood injuries and accidents can be prevented. For safety tips, information and more child safety resources, go to [kidsafensw.org](http://kidsafensw.org)

### Baby carriers, slings and pouches

Before using a baby carrier, sling or pouch, parents and carers should be aware that babies who are born premature, of low birth weight, are unwell, or are under four months of age are at greater risk of suffocation. Talk to your Child and Family Health Nurse, GP or paediatrician before using a baby carrier, sling or pouch.

For more information on safe use of these devices visit Raising Children's Network website [raisingchildren.net.au/newborns/safety/equipment-furniture/baby-carrier-sling-safety](http://raisingchildren.net.au/newborns/safety/equipment-furniture/baby-carrier-sling-safety) and Product Safety Australia website [productsafety.gov.au/products/babies-kids/kids-equipment/baby-slings-carriers](http://productsafety.gov.au/products/babies-kids/kids-equipment/baby-slings-carriers).

### Water pool and safety for children

Drowning is the number one cause of death for children. Because it can happen quickly and quietly, it is important to actively supervise your child when they are in or near water at all times. This means a competent adult swimmer is within arm's reach of any child.

For more information on water and pool safety for children, go to Kidsafe at [kidsafensw.org/water-safety](http://kidsafensw.org/water-safety)

For bath and water safety tips, visit the Raising Children Network. [raisingchildren.net.au/watersafety](http://raisingchildren.net.au/watersafety)

For more information on pool safety and how to ensure your pool is safe go to [www.swimmingpoolregister.nsw.gov.au](http://www.swimmingpoolregister.nsw.gov.au)

### Car safety

Car safety is important for children of all ages. It is the law for all children up to seven years of age to be correctly restrained according to their age and size. Older children, young people and adults should use an adult seatbelt. For further information go to [www.roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats](http://www.roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats)



## A few important safety concerns to be aware of

### For infants:

- rolling off a change table, bench or bed
- choking on a small item
- scalding caused by a hot drink being spilled over the child
- ingesting poison or an overdose of medication
- falling from a caregiver's arms.

### For toddlers 12 months to 3 years:

- choking on unsuitable foods and small items
- falling out of a highchair, shopping trolley or pram or falling down stairs
- scalding caused by a child turning on the hot tap in the bath or pulling saucepans down from the stove
- ingesting poisons, medications and household detergents that were previously out of reach
- burns caused by heaters and fires
- being hit by vehicles in driveways
- drowning in baths, unfenced swimming pools and spas
- jumping off furniture and running into sharp objects
- falling from playground equipment
- running onto the road without looking
- falling from windows and balconies.

### For children 3 to 5 years:

- falling from a bicycle, a scooter, playground equipment or in the home
- dog bites
- scald injuries
- falling from windows and balconies
- being hit by vehicles in driveways
- drowning in baths, unfenced swimming pools and spas.

## Vaccinating your child

The best way to keep your child protected from serious vaccine-preventable diseases is for vaccinations to be given on time, in line with the recommended NSW Immunisation Schedule.

You must provide evidence of your child's immunisation status for child care and school enrolment.

A copy of your child's immunisation details are recorded on the Australian Immunisation Register, [servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register](https://servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register)

You can obtain a copy of your child's immunisation history statement at any time by:

- using your Medicare online account through [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App [servicesaustralia.gov.au/expressplus](https://servicesaustralia.gov.au/expressplus)
- calling the AIR General Enquiries Line on **1800 653 809**.

Some vaccines are recommended but not funded for children on the NSW Immunisation Schedule, including Meningococcal B vaccine for non-Aboriginal children at 6 weeks, 4 months and 12 months of age. You may wish to discuss these vaccines with your immunisation provider to decide if they are suitable for your child through private purchase.

More information about childhood vaccination is available at [health.nsw.gov.au/vaccinate](https://health.nsw.gov.au/vaccinate)

## Public dental services

Local Health District	Phone number
Sydney and South Western Sydney	(02) 9293 3333
South Eastern Sydney	1300 134 226
Illawarra Shoalhaven	1300 369 651
Northern NSW, Mid North Coast and Hunter New England	1300 651 625
Central Coast	1300 789 404
Northern Sydney	1300 732 503
Murrumbidgee and Southern NSW	1800 450 046
Western Sydney	(02) 8890 6766
Nepean Blue Mountains	(02) 4734 2387 or 1300 769 221
Far West and Western NSW	(02) 6809 8621 or 1300 552 626

## Child Dental Benefits Schedule and private dental services

Children and young people 2 - 17 years of age may be able to access basic dental care through the Child Dental Benefits Schedule (CDBS). You can access care under the CDBS through most public dental services or private dental providers. Families can check if their children are eligible for the CDBS by visiting the Australian Government's Department of Human Services or Department of Health website.

Advice for children 0 to 5 years: [www.health.nsw.gov.au/oralhealth/Pages/child-dental-benefits-schedule.aspx](http://www.health.nsw.gov.au/oralhealth/Pages/child-dental-benefits-schedule.aspx)

Eligibility for CDBS: [www.servicesaustralia.gov.au/individuals/services/medicare/child-dental-benefits-schedule](http://www.servicesaustralia.gov.au/individuals/services/medicare/child-dental-benefits-schedule)

For a private dentist: [www.ada.org.au/Find-a-Dentist](http://www.ada.org.au/Find-a-Dentist)

# Useful contacts and websites



# My personal health record

## Useful contacts

Emergency telephone numbers are listed on the back cover of this book.

Name	Address	Tel/Email
Family doctor		
Child and Family Health Centre		
Dentist		
Specialist doctor		
Family day care/Child care centre		
Pre-school/Kindergarten		
Community Health Centre		
Primary school		
High school		
Local government/Council		

## Website and online resources

### **NSW Ministry of Health** [health.nsw.gov.au](http://health.nsw.gov.au)

The NSW Health website provides access to a range of resources and information on child health and development under Public / Children and Families.

### **Raising Children Network** [raisingchildren.net.au](http://raisingchildren.net.au)

[raisingchildren.net.au](http://raisingchildren.net.au) provides free, reliable, accessible information to help families grow and thrive together. It's supported by the Australian Government, reviewed by experts and non-commercial. Full of easy to understand articles, videos and resources, [raisingchildren.net.au](http://raisingchildren.net.au) is the complete Australian resource for expectant parents, and those who are parenting newborns to teens.

### **Bright Tomorrows** [brighttomorrows.org.au](http://brighttomorrows.org.au)

The Bright Tomorrows website provides practical tools and tips to support children's health, development and learning.

### **Children's Hospitals**

These hospitals have a range of online fact sheets on children's health issues:

*The Sydney Children's Hospital Network*

[www.schn.health.nsw.gov.au/fact-sheets](http://www.schn.health.nsw.gov.au/fact-sheets)

*John Hunter Children's Hospital*

[hnekidshealth.nsw.gov.au](http://hnekidshealth.nsw.gov.au)

### **Association for the Wellbeing of Children in Healthcare (AWCH)** [awch.org.au](http://awch.org.au)

AWCH is a peak organisation that advocates for the needs of children, young people and families within the health care system in Australia.

### **Healthdirect Australia** [healthdirect.gov.au](http://healthdirect.gov.au) 1800 022 222

Healthdirect Australia is a free 24-hour telephone health advice and information service.

## **Australian Breastfeeding Association**

**[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)**

Breastfeeding support and information are available from Australian Breastfeeding Association (ABA) volunteers via the Breastfeeding Helpline 1800 686 268. Mums can get together at local groups for friendship, sharing of parenting experiences and face-to-face breastfeeding support. Expert breastfeeding information and links to all ABA services can be found at the above website address.

For information on breastfeeding your baby visit **[health.nsw.gov.au/breastfeeding](http://health.nsw.gov.au/breastfeeding)** or go to the Raising Children Network **[raisingchildren.net.au/breastfeeding/babies\\_breastfeeding.html](http://raisingchildren.net.au/breastfeeding/babies_breastfeeding.html)**

## **Resourcing Parents**

**<http://www.resourcingparents.nsw.gov.au/Resources/EarlyLearning>**

Resourcing Parents have produced a range of resources for parents to provide advice and information on the social, emotional and intellectual development of your child:

- An easy-to-read and colourful series of booklets help Aboriginal families, parents and carers with parenting tips and family information to help grow strong healthy kids.
- The *Love, talk, sing, read, play* child development flipchart contains ideas to support your child's early development. It has been translated into four major community languages.

## **Kidsafe (NSW)**

**[www.kidsafensw.org](http://www.kidsafensw.org)**

Kidsafe NSW is dedicated to reducing the number and severity of unintentional child injuries through promoting child safety. Their website has information about current news and events, fact sheets, resources and program information to help keep children safe.

## **Early Childhood Education**

**<https://education.nsw.gov.au/early-childhood-education>**

or at **[www.childcarefinder.gov.au](http://www.childcarefinder.gov.au)**

See page 99 for information about why Early Childhood Education is important for your child.

# My personal health record

## Australian Immunisation Register

The Australian Immunisation Register (AIR) will keep track of your child's immunisation history. All children enrolled in Medicare are automatically included on the AIR: [servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register](https://servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register)

## myGov website

If your child is not enrolled in Medicare you can create a Medicare online account through the myGov website at [www.my.gov.au](https://www.my.gov.au)

The myGov website provides a single location that links to a range of Australian Government services, including Medicare, Centrelink, Australian Taxation Office, Personally Controlled eHealth Record, Child Support, Australian JobSearch and the National Disability Insurance Scheme.

## Healthy Eating Active Living

### [health.nsw.gov.au/heal](https://health.nsw.gov.au/heal)

Find information about NSW Government programs and services available to support people to eat healthily and be more active. Some useful resources for parents and carers include:

- *Starting Family Foods - Introducing your baby to solid foods brochure* [health.nsw.gov.au/heal/Pages/Starting-Family-Foods.aspx](https://health.nsw.gov.au/heal/Pages/Starting-Family-Foods.aspx)
- *Caring for Children - Birth to 5 years (Food, Nutrition and Learning Experiences)* [health.nsw.gov.au/heal/Pages/caring-for-children-manual.aspx](https://health.nsw.gov.au/heal/Pages/caring-for-children-manual.aspx)

## Childhood vaccination

Vaccination is the best way to protect your child from serious preventable diseases. All vaccines given to Australian children are carefully tested to ensure they are safe and effective. Children should be vaccinated as close as possible to the scheduled milestones on the NSW Immunisation Schedule to provide the earliest possible protection. More information about childhood vaccination is available at [health.nsw.gov.au/vaccinate](https://health.nsw.gov.au/vaccinate)





# My information and family history



## All about me

My name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Change of address \_\_\_\_\_  
\_\_\_\_\_

Sex m/f

Date of birth / /

Birth weight (kg) \_\_\_\_\_

## My parent/s

Name \_\_\_\_\_

Tel (w) \_\_\_\_\_

(h) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Tel (w) \_\_\_\_\_

(h) \_\_\_\_\_

Email \_\_\_\_\_

Main language/s  
spoken at home \_\_\_\_\_

Aboriginal yes / no

Torres Strait Islander yes / no

Other carers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My siblings (names and ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My personal health record

## Family health history and risk factors

	Yes	No
Have any of your baby's close relatives been deaf or had a hearing problem from childhood?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Did anyone in the family have eye problems in childhood?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Are any of your baby's close relatives blind in one or both eyes?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
During pregnancy, did your baby's mother have rubella, cytomegalovirus, toxoplasmosis, herpes, or any other illness with a fever or rash?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
At birth, did your baby weigh less than 1500 grams, need to stay in the intensive care unit for more than two days, or need oxygen for 48 hours or longer?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Was your baby born with any physical problems?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Is there a family history of developmental dysplasia of the hips?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Did you have a breech birth?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		

**If you answered YES to any of the questions above, please tell your doctor or child and family health nurse.**

# Records



## Progress notes

You and your health professionals can make notes in this section when your child is seen for any reason other than the recommended age-specific health checks.

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action



# My personal health record

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action

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Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action

# My personal health record

Date	Age	Reason/Action



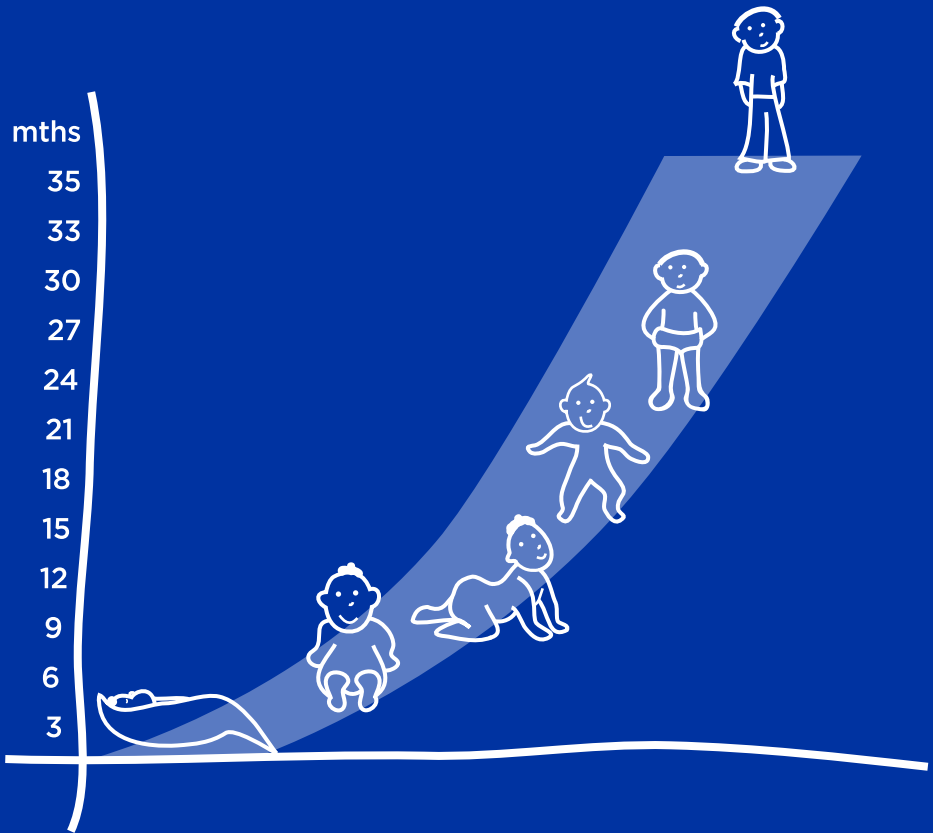








# Growth charts



## Measuring and monitoring your child's growth

Measuring your child's height, weight and head circumference tells you how your child is growing. Your doctor or nurse should record your child's measurements at each health check and complete the growth charts in this section.

Every child grows and develops at a different rate. Although a single measurement is helpful, to assess your child's growth it is important to record several measurements over time to see trends in growth.

If you would like more information about how growth charts work, please go to [www.who.int/childgrowth/en/](http://www.who.int/childgrowth/en/) and [www.cdc.gov/growthcharts/](http://www.cdc.gov/growthcharts/)

No two children are the same, but there are some basic guidelines for children's weight. Body mass index (BMI) is used to assess whether a person is a healthy weight, below a healthy weight or above a healthy weight. BMI-for-age charts are recommended by the National Health and Medical Research Council for assessing children's weight from 2 years of age. These charts recognise the fact that children's bodies are still growing and developing. You can find an online BMI calculator at [pro.healthykids.nsw.gov.au/calculator](http://pro.healthykids.nsw.gov.au/calculator)

Staying at a healthy weight is important for children's bodies as they grow and develop. A healthy weight can usually be maintained by balancing the amount of energy your child takes in (through food and drink) and the energy they use (for growing and through physical activity).

Establishing healthy eating and exercise habits early in life can help prevent health problems such as obesity, type-2 diabetes, some types of cancer and high blood pressure.

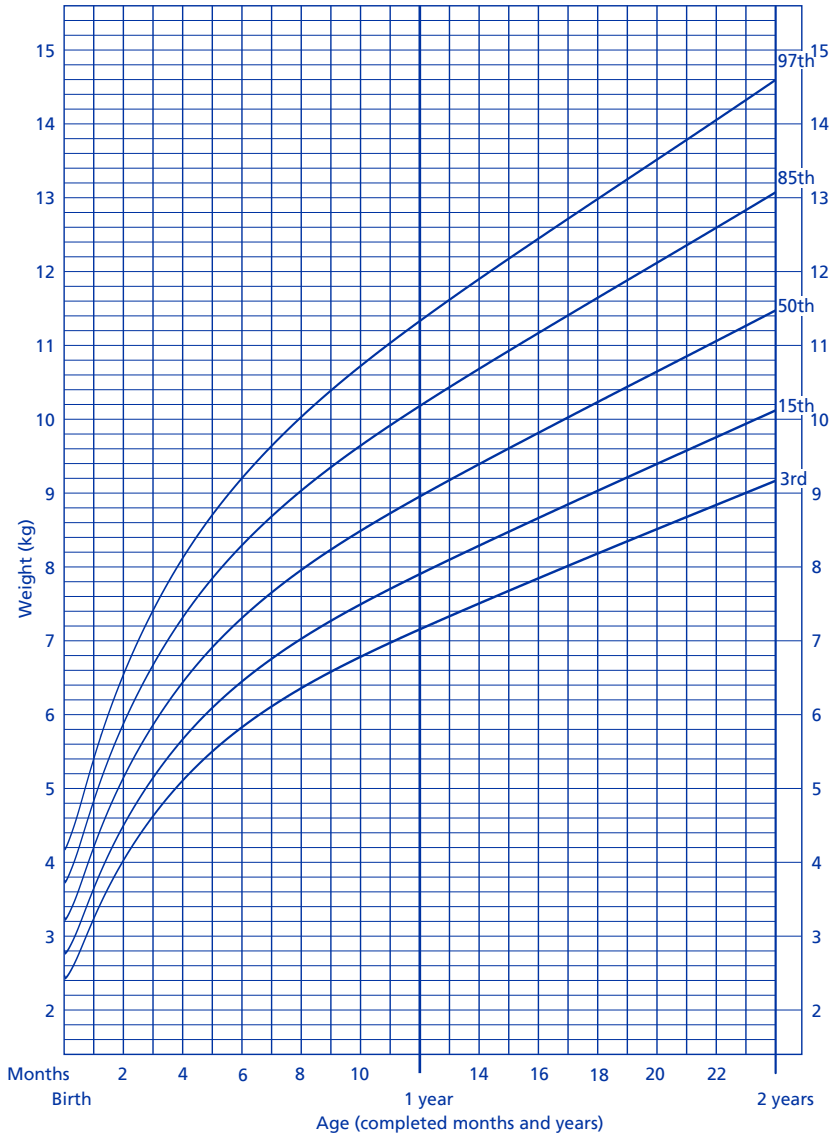
If you have concerns about your child's eating habits or their weight, see your local child and family health nurse or your doctor.

Refer to page 18 for websites and online resources with information on how to support your child's growth and development.

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intentionally



## Weight-for-age percentiles GIRLS birth to 2 years

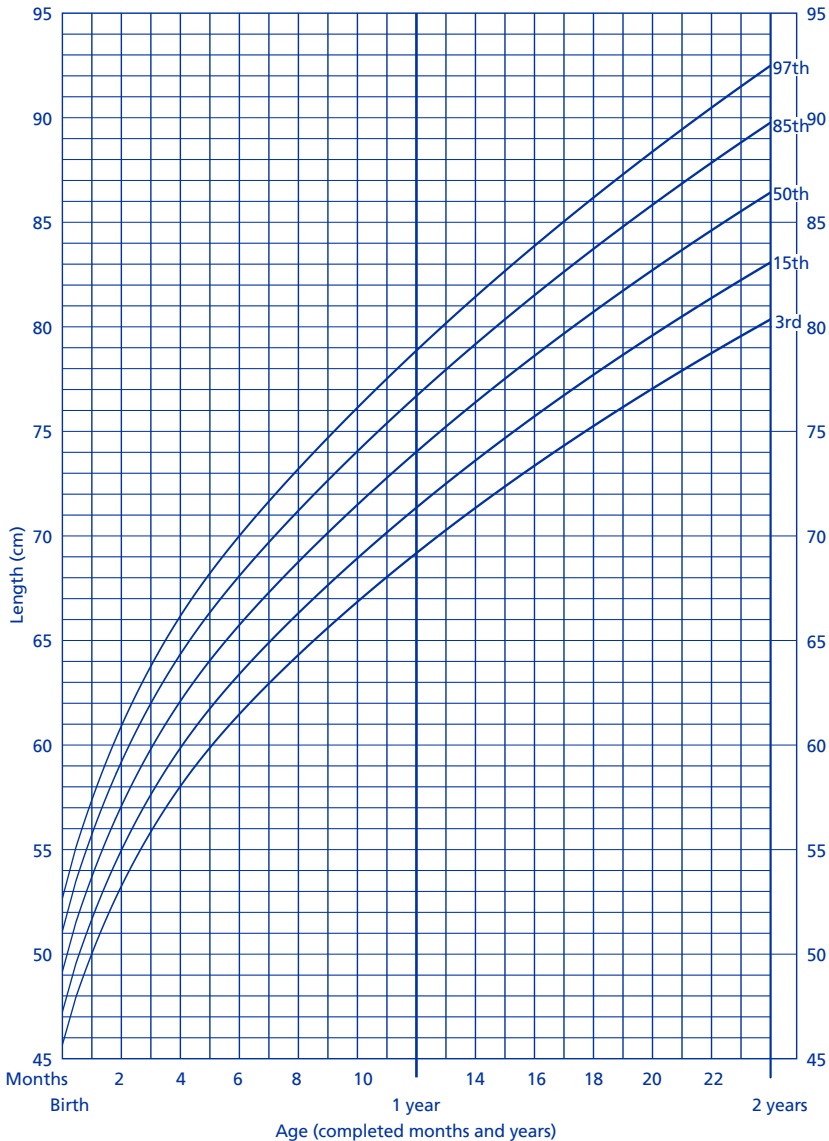


Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)





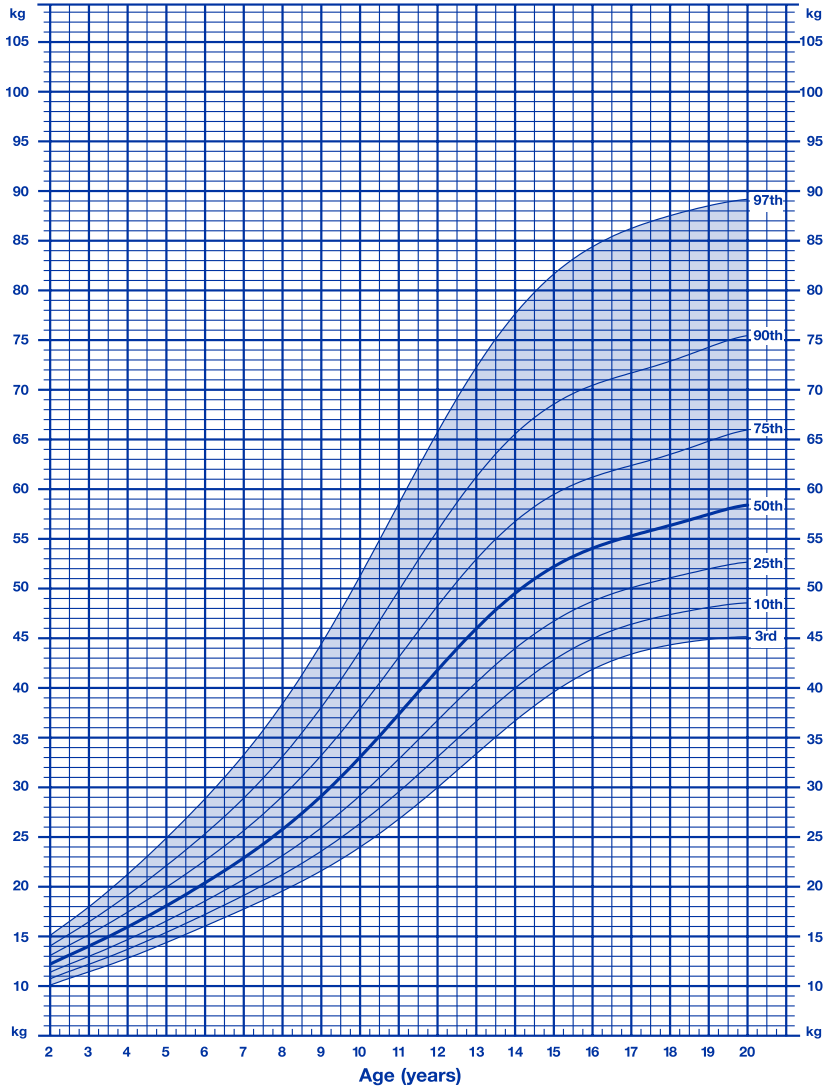
## Length-for-age percentiles GIRLS birth to 2 years



Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)



## Weight-for-age percentiles GIRLS 2 to 20 years

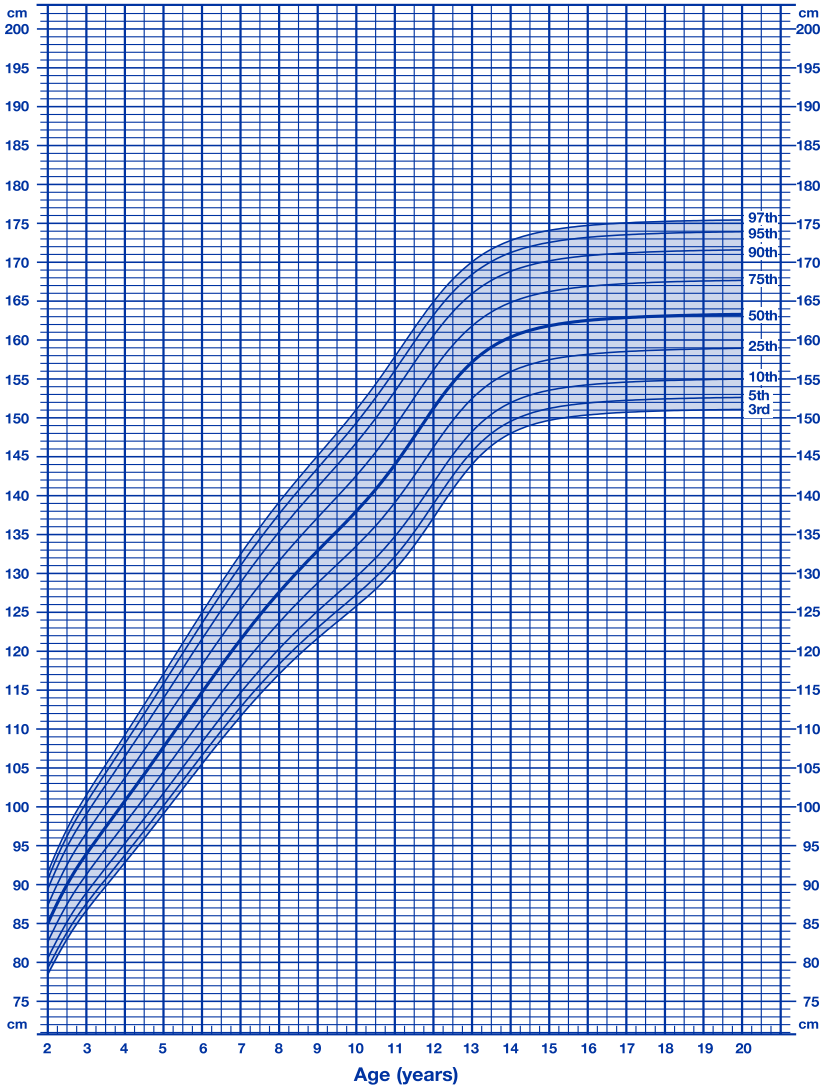


CDC Growth charts - United States published 30 May 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



## Stature-for-age percentiles GIRLS 2 to 20 years

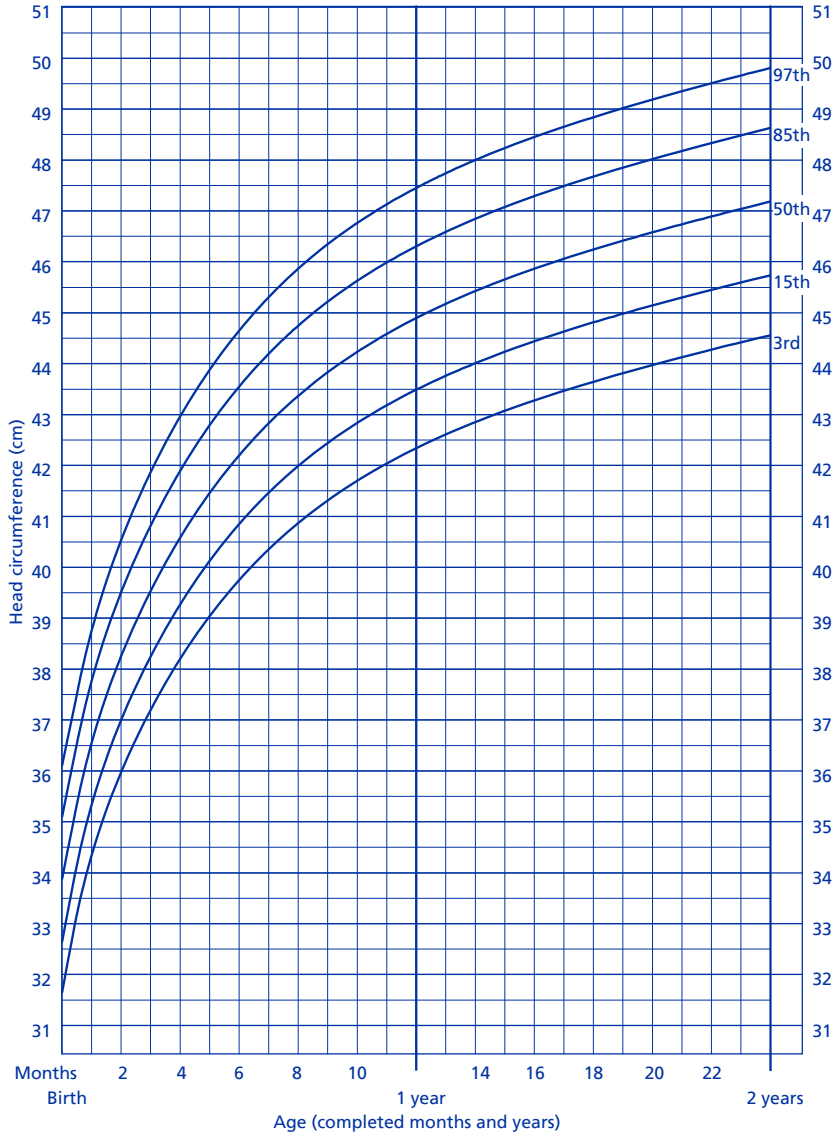


CDC Growth charts - United States published 30 May 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



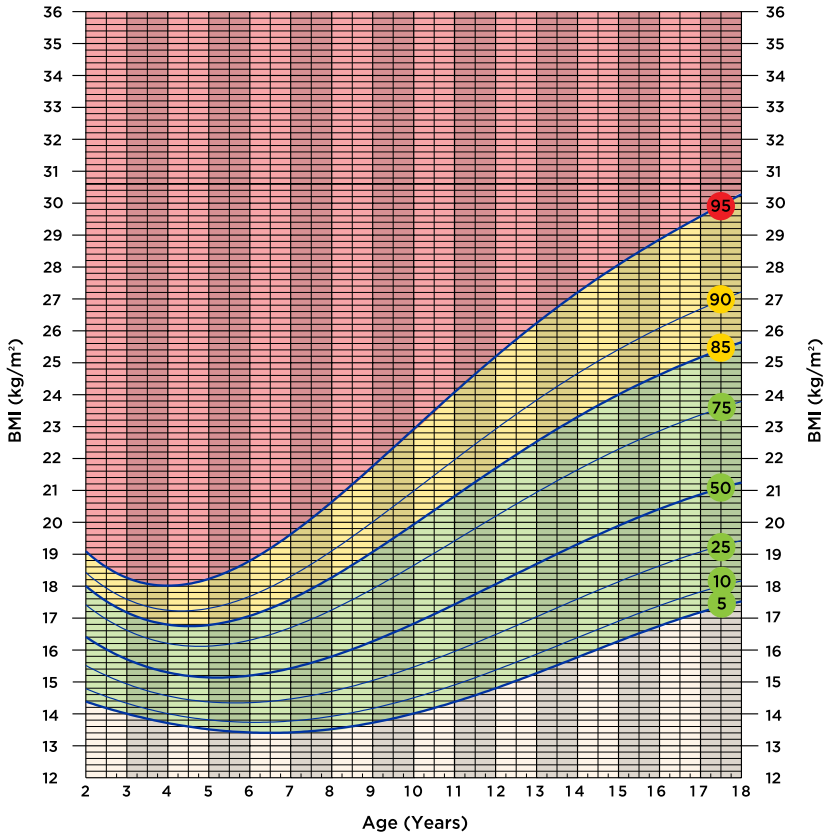
## Head circumference-for-age percentiles GIRLS birth to 2 years



Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)



## Body Mass Index-for-age percentiles GIRLS 2 to 18 years



**Below a healthy weight**  
< 5th percentile  
(underweight)

**Healthy weight**  
5th percentile to  
< 85th percentile

**Above a healthy weight**  
85th percentile to  
< 95th percentile  
(overweight)

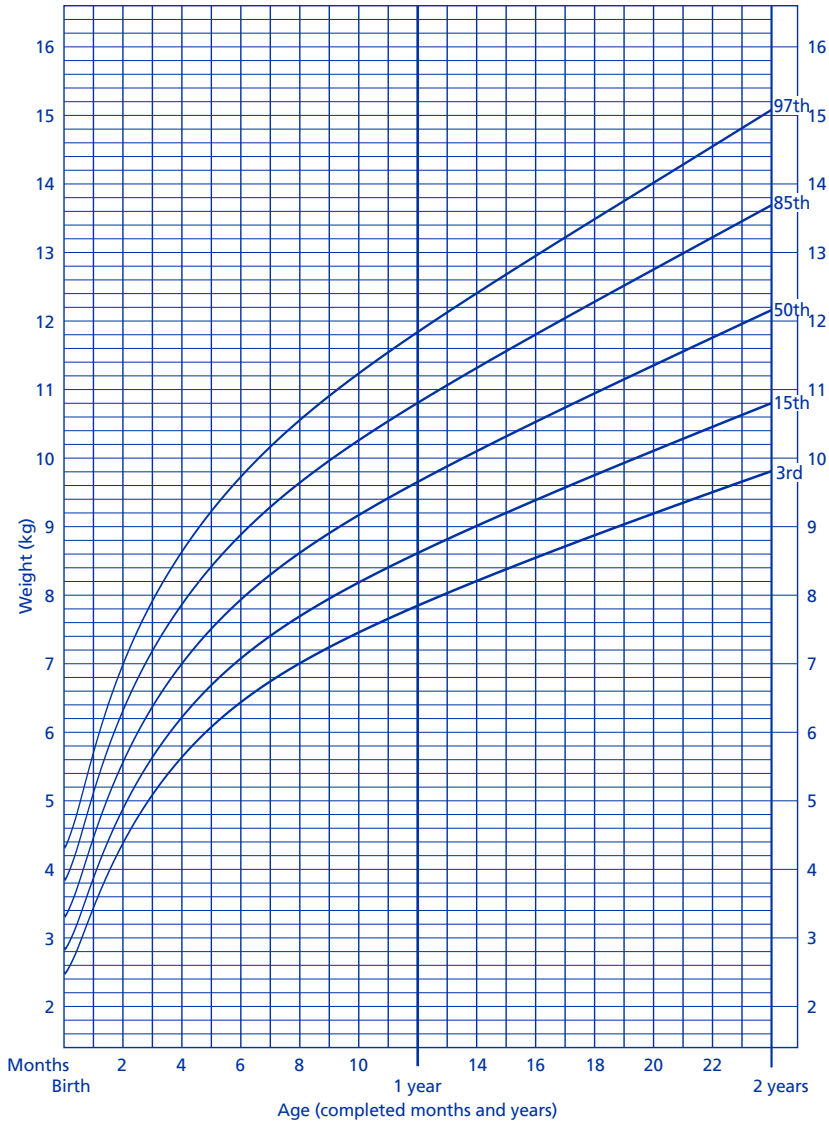
**Well above a healthy weight**  
95th percentile  
and above  
(obesity)

[pro.healthykids.nsw.gov.au](http://pro.healthykids.nsw.gov.au)

Source: Centers for Disease Control and Prevention (CDC) (2000).



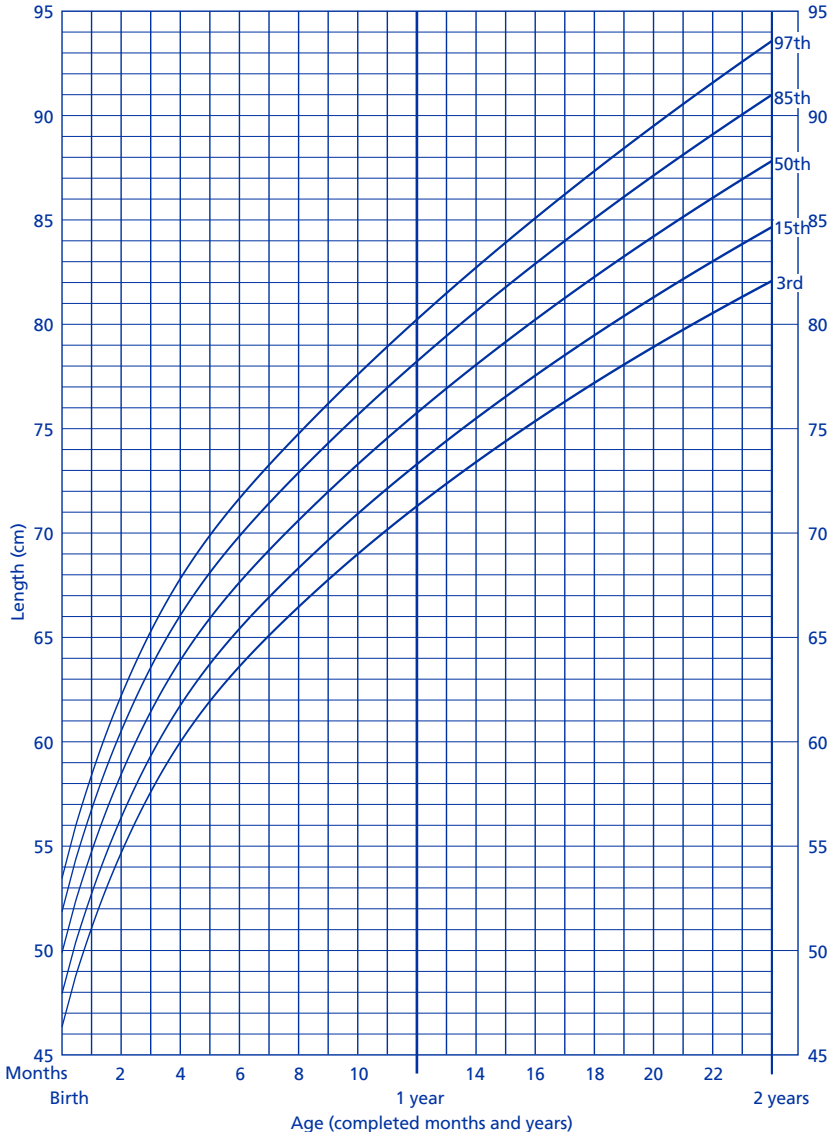
## Weight-for-age percentiles BOYS birth to 2 years



Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)



## Length-for-age percentiles BOYS birth to 2 years

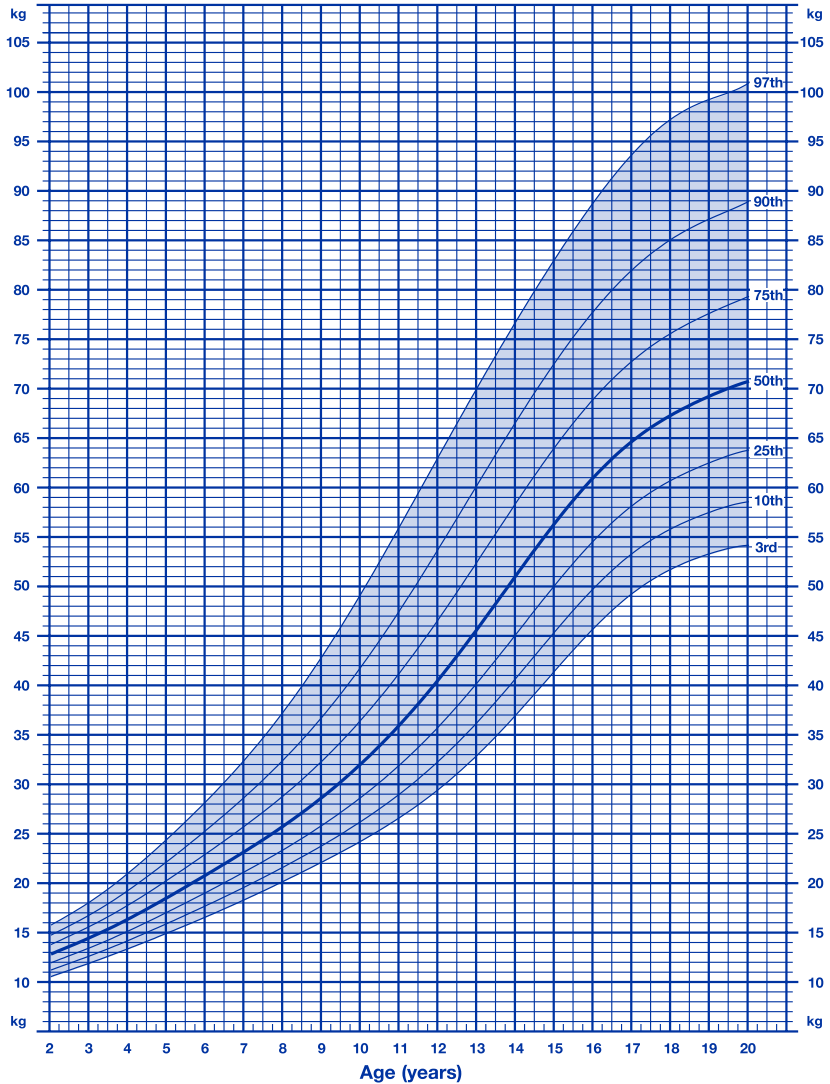


Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)

# My personal health record



## Weight-for-age percentiles BOYS 2 to 20 years



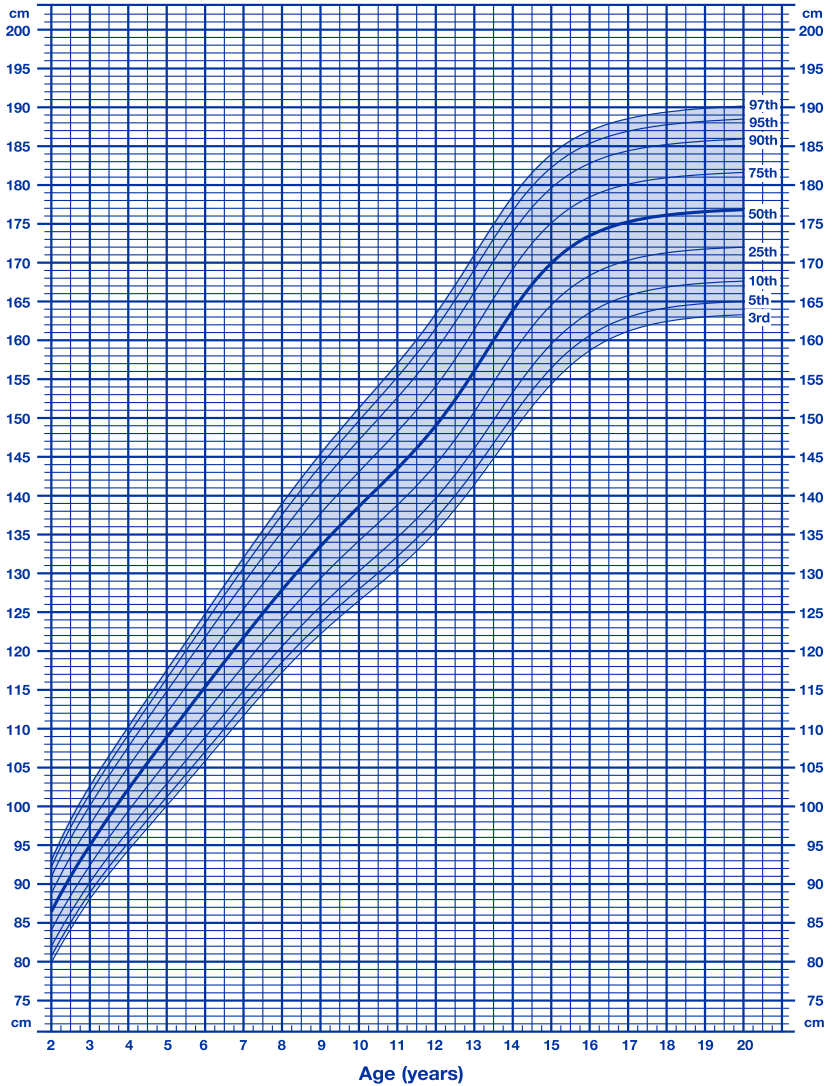
CDC Growth charts - United States published 30 May 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)





## Stature-for-age percentiles BOYS 2 to 20 years

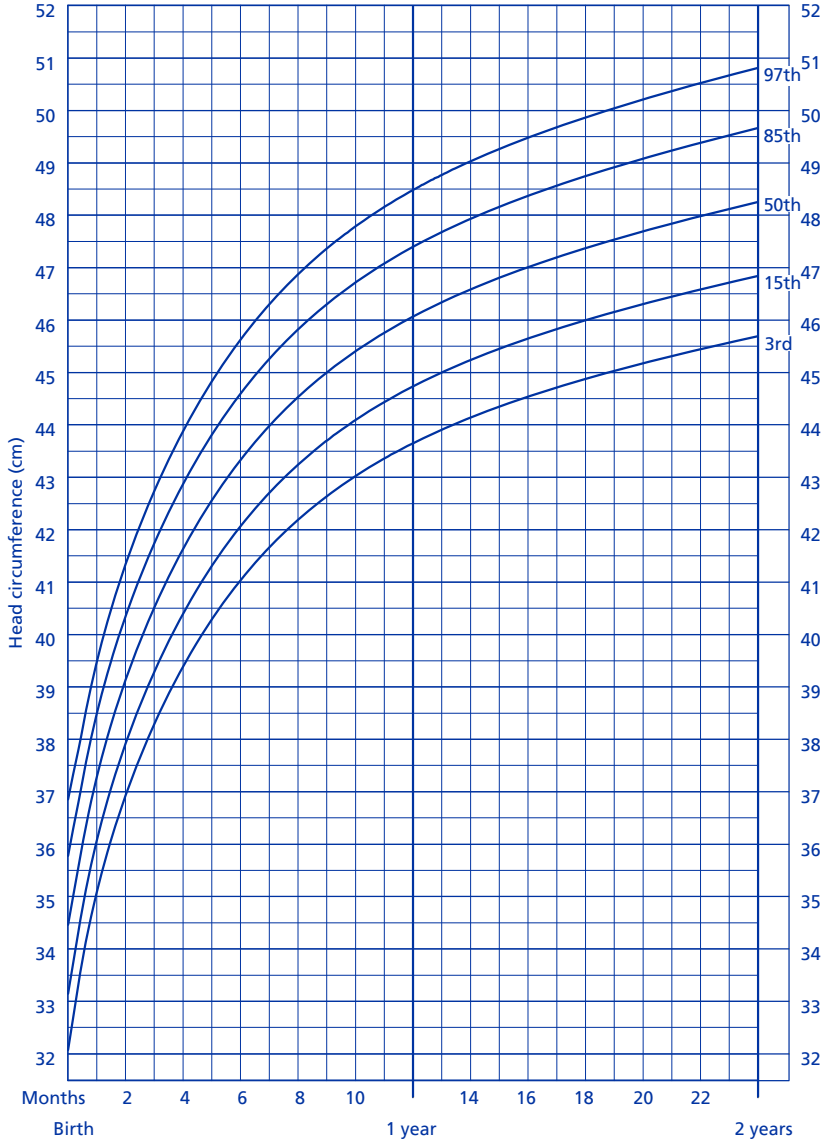


CDC Growth charts - United States published 30 May 2000

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



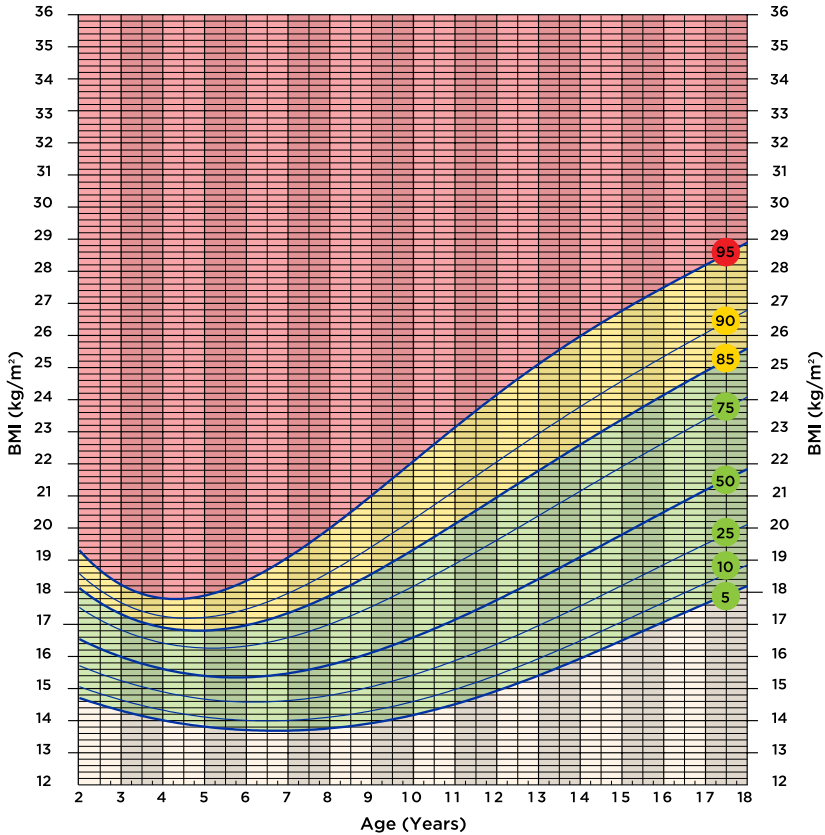
## Head circumference-for-age percentiles BOYS birth to 2 years



Source: World Health Organisation Child Growth Standards  
[who.int/tools/child-growth-standards/standards](http://who.int/tools/child-growth-standards/standards)



## Body Mass Index-for-age percentiles BOYS 2 to 18 years



**Below a healthy weight**  
< 5th percentile  
(underweight)

**Healthy weight**  
5th percentile to < 85th percentile

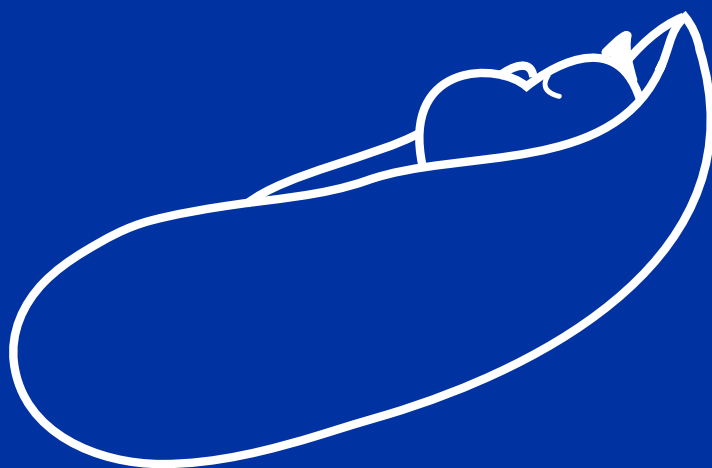
**Above a healthy weight**  
85th percentile to < 95th percentile  
(overweight)

**Well above a healthy weight**  
95th percentile and above  
(obesity)

[pro.healthykids.nsw.gov.au](http://pro.healthykids.nsw.gov.au)

Source: Centers for Disease Control and Prevention (CDC) (2000).

# Birth details and newborn check





# BABY

Affix patient label here

## Birth details This section is to be completed by a health professional.

Given name of child \_\_\_\_\_ Family Name \_\_\_\_\_

Name of birth facility \_\_\_\_\_

Date of birth     /     /                      Time of birth                      Sex  Male    Female

### Maternal information

Mother's name \_\_\_\_\_ MRN \_\_\_\_\_

Pregnancy complications \_\_\_\_\_

Blood group \_\_\_\_\_ Anti D given  Yes    No

Labour  Spontaneous    Induced - reason \_\_\_\_\_

Labour complications \_\_\_\_\_

Type of birth  Normal    Breech    Forceps    Caesarean    Vac ext

Other If yes, please specify details \_\_\_\_\_

### Neonatal information

Estimated gestation \_\_\_\_\_ Apgar 1 minute                      5 minutes

Abnormalities noted at birth \_\_\_\_\_

Problems requiring treatment \_\_\_\_\_

Birth weight (kg)                      Birth length (cm)                      Birth head circ (cm)

Newborn Hearing Screen (SWISH) completed (refer to SWISH in this section)

Newborn Bloodspot Screen Test     Date / /

Other (specify)                      Date / /

Vitamin K given  Injection  Oral   1st dose / /                      2nd dose / /  
3rd dose / /

Hep B immunisation given            Date given / /

Hep B immunoglobulin given        Date given / /

### Discharge information

Post partum complications \_\_\_\_\_

Feeding at discharge  breast    bottle

Difficulties with feeding \_\_\_\_\_

Date of discharge     /     /                      Discharge weight (kg)                      Head circ (cm)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_



SMR060005

# BABY

Affix patient label here

**Newborn examination** This section is to be completed by a health professional in the presence of the parent/s before baby's discharge from hospital.

Date of birth / / Baby's age Sex  Male  Female

Baby's name

Check	Normal	Comment
Head and fontanelles		
Eyes (general observation including red reflex)		
Ears		
Mouth and palate		
Cardiovascular		
Femoral pulses R / L		
Respiratory rate		
Abdomen and umbilicus		
Anus		
Genitalia		
Testes fully descended R / L		
Musculo-skeletal		
Hips		
Skin		
Reflexes		
Does the mother have any concerns about her baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Examiner (name in block letters)

Designation

Signature

Date / /

## Questions for parents about hearing

Please circle either 'Yes' or 'No' to the questions below so that the appropriate follow up is conducted by your health professional.

- |   |                 |
|---|-----------------|
| I have completed the health risk factor questions on page 22  | <b>No   Yes</b> |
| My baby had severe breathing problems at birth  | <b>Yes   No</b> |
| My baby had meningitis  | <b>Yes   No</b> |
| My baby had jaundice, requiring an exchange transfusion   | <b>Yes   No</b> |
| My baby was in intensive care for more than 5 days after birth  | <b>Yes   No</b> |
| I have noticed something unusual about my baby's head or neck, such as an unusually shaped face, or skin tags | <b>Yes   No</b> |
| My baby has Down Syndrome (Trisomy 21) or another condition associated with hearing loss                      | <b>Yes   No</b> |

**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**

# My personal health record

## Statewide Infant Screening - Hearing

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Local Health District

Screened at \_\_\_\_\_

Screening date \_\_\_\_\_

Screened by (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

**Outcome** (Please circle)    **RIGHT** Pass / Refer    **LEFT** Pass / Refer

Direct Refer to Audiologist     Yes

Reason: \_\_\_\_\_

**Repeat screen**

**Required**

**Not required**

Screened at \_\_\_\_\_

Screening date \_\_\_\_\_

Screened by (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

**Outcome** (Please circle)    **RIGHT** Pass / Refer    **LEFT** Pass / Refer

Refer to Audiologist     Yes

No

SWISH aims to detect babies with significant hearing loss at an early age. Hearing screening is outlined in the parent information brochure *Why does my baby need a hearing screen?* There is a possibility that the hearing screening may not detect an existing hearing problem and/or that your child may develop a hearing problem later in life, even if the results of this screening test are normal. Please continue to check your baby's milestones. Seek advice from your health professional if you have concerns about your child's hearing at any age. (<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/child/pages/hearing-services.aspx>)

**Hearing risk factor identified**     Yes \_\_\_\_\_

When yes is ticked please consult your health professional to arrange an age appropriate hearing test at 10-12 months (corrected).

**Coordinator telephone:** \_\_\_\_\_



# 1-4 week check



## Safe sleeping

Remember that the safest place for your baby to sleep, both night and day, is in their own safe sleeping place. You can reduce the risk for your baby by following the safe sleeping recommendations on page 12 every time you place your baby to sleep.

For more information on safe sleeping, go to [raisingchildren.net.au/safesleep](http://raisingchildren.net.au/safesleep)

## I am 2 weeks old

### Some things I may be doing

- being startled by loud noises
- starting to focus on faces
- grasping your fingers when placed in my hand.

### Some ideas for spending time with me

- talk to me when I am awake
- respond to my sounds and expressions by copying what I do
- cuddle me.

### Please talk to my child and family health nurse or doctor if I am:

- NOT reacting to loud noises
- NOT feeding well.

---

For more ideas on spending time with me download the *Love, talk, sing, read, play* app  
[www.lovetalkingreadplay.com.au](http://www.lovetalkingreadplay.com.au)

There is a version of this app for Aboriginal families, for more information go to  
<http://www.deadlytots.com.au/Page/deadlytotsapp>

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

---

## The 1 to 4 week visit

Your first visit with a child and family health nurse usually takes place in the family home. This is a good time for the parent/s and the nurse to get to know each other and talk about any concerns.

Topics for discussion may include:

### Health and safety

- feeding your baby – including breastfeeding
- safe sleeping and Sudden Unexpected Death in Infancy (SUDI)
- immunisations
- safety
- growth.

### Development

- crying
- comforting your baby
- talking to your baby – communication, language and play.

### Family

- using the 'Personal Health Record' (Blue Book)
- the role of the child and family health nurse, GP and other health professionals
- parents' emotional health
- mother's general health – diet, rest, breast care, exercise, oral health
- parent groups and support networks
- smoking
- work/childcare.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## Questions for parents/carers

**Answer these questions before you visit your nurse or doctor for the 1-4 week health check.**

Have you completed the health risk factor questions on page 22?	<b>No   Yes</b>
I am concerned about my baby's hearing	<b>Yes   No</b>
Others have said they are concerned about my baby's hearing	<b>Yes   No</b>
I am concerned about my baby's vision	<b>Yes   No</b>
My baby is exposed to smoking in the home or car	<b>Yes   No</b>
I place my baby on their back for sleeping	<b>No   Yes</b>

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

<b>Health professional to complete:</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Feeding</b> (parent/carer to complete)		<b>Yes</b>	<b>No</b>
Since this time yesterday, did your baby receive breast milk?		<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your baby receive any of the following?			
a) Vitamins OR mineral supplements OR medicine (if required)		<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions		<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)		<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food		<input type="checkbox"/>	<input type="checkbox"/>

---

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. *NHMRC Infant Feeding Guidelines: Information for Health Workers (2012).*

---

# My personal health record

## Child health check 1 to 4 weeks

Assessment by child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /

Sex m / f

<b>Health assessment</b>			<b>Normal</b>	<b>Review</b>	<b>Refer</b>
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fontanelles			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes (Observation / corneal light reflections / white pupil)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (doctor only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbilicus			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral pulses			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test for dislocation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal region			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

<b>Health protective factors</b>	<b>Yes</b>	<b>No</b>	<b>Concerns</b>	<b>No concerns</b>
----------------------------------	------------	-----------	-----------------	--------------------

Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Age appropriate immunisation completed as per schedule? (Hep B only)	<input type="checkbox"/>	<input type="checkbox"/>		
--	--------------------------	--------------------------	--	--

Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Hips	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Outcome</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Appropriate health information discussed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
--	-------------------------------------	------------------------------------

Comments

---

---

Action taken

---

---

Name of doctor or nurse

---

Signature

---

Venue Date of check / /

---

Information is relevant for children aged

## 0-12 months

# 8 Healthy Habits

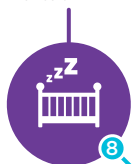
**Breastmilk is all a child needs for the first 6 months**  
If not breastfeeding, infant formula should be used.

**Sleep and rest are important**  
Ideally, total good quality sleep in a 24-hour period, including naps:  
**0-3 months:** 14-17 hours;  
**4-11 months:** 12-16 hours.

**Look for hunger and fullness signs**  
Let your child decide how much and how quickly they drink or eat.

**Start solids at around 6 months**  
Look for signs your child is ready and continue breastfeeding or infant formula after the introduction of solids.

**No screen time**  
Instead try reading, singing, puzzles and storytelling.



**Encourage tummy time**  
**0-8 months:** Start with one minute and build up to at least 30 minutes of tummy time throughout the day.  
**8-12 months:** Encourage movement throughout the day. Try floor play, rolling and crawling.



**Offer healthy foods in a variety of colours and textures**  
Iron-rich and homemade foods are best. Do not add sugar, honey or salt.

**Start offering a cup from 6 months**  
You can offer water, expressed breastmilk or infant formula from a cup. Aim to stop all bottles by 12 months.

**healthykids**  
for professionals

For more healthy habit tips visit [healthyliving.nsw.gov.au](http://healthyliving.nsw.gov.au)  
For health professional resources visit [pro.healthykids.nsw.gov.au](http://pro.healthykids.nsw.gov.au)



**HEALTHYEATING**  
**ACTIVE LIVING**

# 6 – 8 week check





## The 6 to 8 week visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and Safety

- feeding your baby (including breastfeeding)
- vaccinations - the first scheduled vaccinations start at 6 weeks of age to protect against serious preventable diseases, including whooping cough (pertussis) and pneumococcal
- safe sleeping and Sudden Unexpected Death in Infancy (SUDI)
- how to be sun smart
- growth.

### Development

- crying
- comforting your baby
- talking to your baby – communication, language and play.

### Family

- parent groups
- mother's health (diet, rest, family planning, exercise)
- parents' emotional health
- smoking
- positive parenting and developing a close relationship with your baby.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## I am 8 weeks old

### My development – *Learn the Signs. Act Early.*

(what most babies do at this age)

#### Social/Emotional Milestones

- Calms down when spoken to or picked up
- Looks at your face
- Seems happy to see you when you walk up to them
- Smiles when you talk to or smile at them

#### Language/Communication Milestones

- Makes sounds other than crying
- Reacts to loud sounds

#### Cognitive Milestones (learning, thinking, problem-solving)

- Watches you as you move
- Looks at a toy for several seconds

#### Movement/Physical Development Milestones

- Holds head up when on tummy
- Moves both arms and both legs
- Opens hands briefly

#### **Act Early by talking to your child's doctor or child and family health nurse if your child:**

- doesn't respond to loud sounds
- doesn't watch things as they move
- doesn't smile at people
- doesn't bring hands to mouth
- can't hold head up when pushing up when on tummy.

For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadplay.com.au](http://www.lovetalkingreadplay.com.au). A resource provided by Resourcing Parents.

---

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](http://www.cdc.gov/ActEarly); February 2022).

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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 6 to 8 week health check.

I have had my postnatal check	<b>No   Yes</b>
My baby was also checked	<b>No   Yes</b>
I have concerns about my baby	<b>Yes   No</b>
I have completed the health risk factor questions on page 22	<b>No   Yes</b>
I am concerned about my baby's hearing	<b>Yes   No</b>
Others have said they are concerned about my baby's hearing	<b>Yes   No</b>
My baby turns towards light	<b>No   Yes</b>
My baby smiles at me	<b>No   Yes</b>
My baby looks at my face and makes eye contact with me	<b>No   Yes</b>
I have noticed that one or both of my baby's pupils are white	<b>Yes   No</b>
My baby and I enjoy being together	<b>No   Yes</b>
I read, talk to and play with my baby	<b>No   Yes</b>
My baby is exposed to smoking in the home or car	<b>Yes   No</b>
I place my baby on their back for sleeping	<b>No   Yes</b>

**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**

# My personal health record

Feeding	Yes	No
Since this time yesterday, did your baby receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your baby receive any of the following?		
a) Vitamins OR mineral supplements OR medicine (if required)	<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions	<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

---

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. *NHMRC Infant Feeding Guidelines: Information for Health Workers (2012).*

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**You may wish to talk to your nurse or doctor about how you are feeling emotionally and physically, and you may have questions about how best to care for your baby.**

Parent notes

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## Child health check 6 to 8 weeks

Assessment by child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /

Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal light reflection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to looking with one eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eye movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (doctor only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip test for dislocation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Hips	<input type="checkbox"/>	<input type="checkbox"/>		
Oral health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appropriate health information discussed?**      **Yes**       **No**

Comments  
\_\_\_\_\_  
\_\_\_\_\_

Action taken  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or nurse  
\_\_\_\_\_

Signature  
\_\_\_\_\_

Venue \_\_\_\_\_ Date of check / / \_\_\_\_\_

# 4 month immunisations



## 4 month immunisations

The NSW Immunisation Schedule recommends that children are immunised at the following ages:

- birth
- 6 weeks
- 4 months
- 6 months
- 12 months
- 18 months
- 4 years.



The vaccines given at 4 months of age are a repeat of the vaccines given at 6 weeks of age to provide children with the earliest and best possible protection from serious diseases, including whooping cough (pertussis) and pneumococcal. Find out more about the vaccines your child will receive by viewing the NSW Immunisation Schedule at [health.nsw.gov.au/immunisation/app/Pages/schedule.aspx](https://health.nsw.gov.au/immunisation/app/Pages/schedule.aspx). More information about childhood vaccination is available at [health.nsw.gov.au/vaccinate](https://health.nsw.gov.au/vaccinate)



## I am 4 months old

Even though there is no scheduled check at 4 months, you should see your doctor or child and family health nurse if you have any concerns.

### Feeding

	Yes	No
Since this time yesterday, did your baby receive breast milk?	<input type="checkbox"/>	<input type="checkbox"/>
Since this time yesterday, did your baby receive any of the following?		
a) Vitamins OR mineral supplements OR medicine (if required)	<input type="checkbox"/>	<input type="checkbox"/>
b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions	<input type="checkbox"/>	<input type="checkbox"/>
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d) Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

### Breastfeeding

It is recommended that your baby is exclusively breastfed, with no other milks, food or drinks, until about 6 months.

## I am 4 months old

### **My development – *Learn the Signs. Act Early.***

(what most babies do at this age)

#### **Social/Emotional Milestones**

- Smiles on their own to get your attention
- Giggles (not yet a full laugh) when you try to make them laugh
- Looks at you, moves, or makes sounds to get or keep your attention
- Makes sounds like “oooo”, “aahh” (cooing)

#### **Language/Communication Milestones**

- Makes sounds back when you talk to them
- Turns head towards the sound of your voice

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- If hungry, opens mouth when they see breast or bottle
- Looks at their hands with interest

#### **Movement/Physical Development Milestones**

- Holds head steady without support when you are holding them
- Holds a toy when you put it in their hand
- Uses their arm to swing at toys
- Brings hands to mouth
- Pushes up onto elbows/forearms when on tummy

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been left blank  
intentionally

# 6 month check



## The 6 month visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and Safety

- sleep
- safe sleeping and Sudden Unexpected Death in Infancy (SUDI)
- helping your baby to eat healthily
- taking care of your baby's teeth
- immunisations
- how to be sun smart
- safety
- growth.

### Family

- sibling relationships and rivalry
- play activities
- parents' emotional health
- going to playgroups
- smoking
- positive parenting and developing a close relationship with your baby.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## I am 6 months old

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

(what most babies do at this age)

#### **Social/Emotional Milestones**

- Knows familiar people
- Likes to look at themselves in a mirror
- Laughs

#### **Language/Communication Milestones**

- Takes turns making sounds with you
- Blows “raspberries” (sticks tongue out and blows)
- Makes squealing noises

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Puts things in their mouth to explore them
- Reaches to grab a toy they want
- Closes lips to show they don't want more food

#### **Movement/Physical Development Milestones**

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support themselves when sitting

# My personal health record

## **Act Early by talking to your child's doctor or child and family health nurse if your child:**

- doesn't try to get things that are in reach
- shows no affection for caregivers
- doesn't respond to sounds around they/them
- has difficulty getting things to mouth
- doesn't make vowel sounds ("ah", "eh", "oh")
- doesn't roll over in either direction
- doesn't laugh or make squealing sounds
- seems very stiff, with tight muscles
- seems very floppy, like a rag doll.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadplay.com.au](http://www.lovetalkingreadplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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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 6 month health check.

I have concerns about my baby	<b>Yes   No</b>
I have completed the health risk factor questions on page 22	<b>No   Yes</b>
I have completed the dental risk factor questions on page 84	<b>No   Yes</b>
I am concerned about my baby's hearing	<b>Yes   No</b>
Others have said they are concerned about my baby's hearing	<b>Yes   No</b>
My baby turns toward light	<b>No   Yes</b>
I have noticed one or both of my baby's pupils are white	<b>Yes   No</b>
My baby and I enjoy being together	<b>No   Yes</b>
I read, talk to and play with my baby	<b>No   Yes</b>
My baby is exposed to smoking in the home or car	<b>Yes   No</b>
I place my baby on their back for sleeping	<b>No   Yes</b>

**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**



# My personal health record

## Feeding

When your baby was **4 months old**, did they receive breast milk? (you may have answered this question at the 4 month immunisation tab)

Cannot Recall    Yes    No

Since **this time yesterday**, did your baby receive breast milk?

Since **this time yesterday**, did your baby receive any of the following?

- a) Vitamins OR mineral supplements OR medicine (if required)
- b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions
- c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)
- d) Solid OR semi-solid food

---

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond. *NHMRC Infant Feeding Guidelines: Information for Health Workers (2012).*

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At about 6 months, it is recommended that you begin to offer solid foods while continuing to breastfeed until 12 months or longer.

For where to find more information on starting family foods, go to page 20.



# My personal health record

## Child health check 6 months

Assessment by child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /

Sex m / f

<b>Health assessment</b>			<b>Normal</b>	<b>Review</b>	<b>Refer</b>
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal light reflections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to looking with one eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eye movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check					
	Visible plaque		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White spot or carious lesions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hips: Clinical observation of physical signs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

Health protective factors	Yes	No	Concerns	No concerns
Have the family health history and risk factors been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Hips	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appropriate health information discussed?**      Yes       No

Comments

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Action taken

---

---

Name of doctor or nurse

---

Signature

---

Venue Date of check / /

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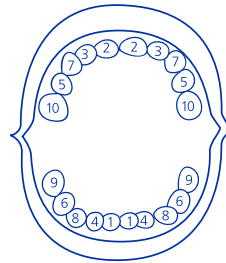
## Your child's teeth – keeping them healthy

Healthy teeth are important for general health and speech development. Most dental problems can be prevented. Early identification of children at risk of dental disease, and early detection of the disease, can prevent widespread destruction of the teeth and expensive dental treatment in a hospital under general anaesthesia.

By answering the dental questions in this book, you can help to identify any potential problems and learn how to care for your child's teeth properly.

### When do babies' teeth come through?

Usual eruption order	Name of tooth	Approximate age at eruption
1,2,3,4	Incisors	6-12 mths
5,6	Baby first molars	12-20+ mths
7,8	Canines	18-24 mths
9,10	Baby second molars	24-30 mths



*The above average ages are only a guide. There is no need for concern if your child's teeth come through either before or after these ages.*

### Bottles and dummies

Breast milk is best for your baby. If your child is not breastfeeding:

- put **only** breast milk, formula or water in your baby's bottle
- always hold your baby when feeding and remove the bottle when your baby has had enough to drink
- putting your baby to bed with a bottle can cause tooth decay
- honey, glycerine, condensed milk or other sticky sweet foods or liquids on your baby's dummy can cause tooth decay
- from 6 months of age most children can learn to use a cup with practice – at around 12 months of age replace bottles with cups.

# My personal health record

## Teething

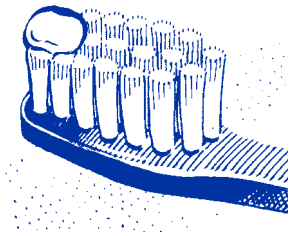
- If your child is uncomfortable when teething, offer a teething ring or cold wash cloth.
- If there are other symptoms, consult a doctor or a child and family health nurse.

## Food and drink

- Offer healthy food for meals and snacks from around 6 months of age.
- Leave baby foods unsweetened.
- Tap water (boiled then cooled until 12 months of age) is the best drink in-between meals and at bedtime.
- Keep treats, sweet snacks and sweet fizzy drinks for special occasions only.

## Toothbrushing tips

- Keep your own teeth and gums clean and healthy. Germs from your mouth can pass over to your baby's mouth on dummies, bottles and spoons.
- As soon as your child's first teeth appear, clean them using a child-sized soft toothbrush, without toothpaste.
- From 18 months of age clean your child's teeth twice a day with a small pea-sized amount of low-fluoride toothpaste. Use a child-sized soft toothbrush; children should spit out, not swallow, and not rinse.
- Toothpaste may be introduced earlier, based on the advice of either a health professional with training in oral health or an oral health professional.
- An adult should apply toothpaste for children under 6 years of age and store toothpaste out of the reach of children.
- From around 3 years of age children can do some of the tooth-brushing themselves, but they still need an adult's help to brush their teeth until they are around 7 to 8 years of age.
- Watch for early signs of tooth decay – white or brown spots that don't brush off. Seek professional advice as soon as possible.
- Make sure your child has an oral health risk assessment conducted by a health professional with training in oral health or an oral health professional by their first birthday.



# My personal health record

## Family dental history and risk factors

	No	Yes
Do you use a toothbrush and fluoridated toothpaste twice a day?	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
Is there a family history of dental disease (parent/child and/or sibling)?	<input type="checkbox"/>	<input type="checkbox"/>

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---

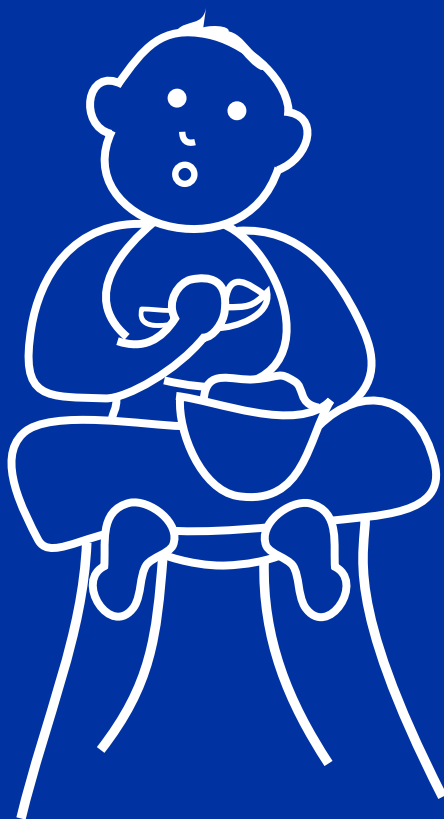
	No	Yes
Do you see a dentist regularly?	<input type="checkbox"/>	<input type="checkbox"/>

---

---

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

# 12 month check



## The 12 month visit

Topics for discussion may include any issues arising from:

- my child's development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and safety

- healthy eating/encouraging active play
- how to take care of your child's teeth
- sleep
- immunisations
- safety
- how to be sun smart
- growth.

### Family

- sibling relationships and rivalry
- positive parenting and developing a close relationship with your child
- parents' emotional health
- smoking
- going to playgroup or choosing early childhood education and care services.

---

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

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## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)



## I am 12 months old

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

(what most children do at this age)

#### **Social/Emotional Milestones**

- Plays games with you, like pat-a-cake

#### **Language/Communication Milestones**

- Waves “bye-bye”
- Calls a parent “muma” or “dada” or another special name
- Understands “no” (pauses briefly or stops when you say it)

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Puts something in a container, like a block in a cup
- Looks for things they see you hide, like a toy under a blanket

#### **Movement/Physical Development Milestones**

- Pulls up to stand
- Walks, holding on to furniture
- Drinks from a cup without a lid, as you hold it
- Picks things up between thumb and pointer finger, like small bits of food

# My personal health record

## **Act Early by talking to your child’s doctor or child and family health nurse if your child:**

- doesn’t crawl
- can’t stand when supported
- doesn’t search for things that they/they sees you hide
- doesn’t say single words like “mama” or “dada”
- doesn’t learn gestures like waving or shaking head
- doesn’t point to things
- loses skills they/they once had.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadingplay.com.au](http://www.lovetalkingreadingplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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

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## **Thinking about early childhood education and care?**

Choosing an early childhood education and care service is one of the most important decisions you will make for your child. Early childhood education and care services provide a place where children make friends, develop independence, improve their cognitive skills and learn more about their world.

Early childhood education and care services are regulated by the NSW Department of Education under the National Quality Framework. Services are assessed and rated against the National Quality Standard. Services are required to display their quality rating, providing families with important information about the service’s strengths and areas for improvement.

More information for parents about early childhood education and care services can be found on the Department of Education website at [education.nsw.gov.au/early-education](http://education.nsw.gov.au/early-education)

## Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 12 month health check.

I have completed the health risk factor questions on page 22	<b>No   Yes</b>
I have completed the dental risk factor questions on page 84	<b>No   Yes</b>
I am concerned about my child's hearing	<b>Yes   No</b>
Others have said they are concerned about my child's hearing	<b>Yes   No</b>
I am concerned about my child's vision	<b>Yes   No</b>
My child has a turned or lazy eye (squint or strabismus)	<b>Yes   No</b>
My child has difficulty seeing small objects	<b>Yes   No</b>
My child recognises familiar objects and people from a distance	<b>No   Yes</b>
My child is exposed to smoking in the home/car	<b>Yes   No</b>
My child has teeth	<b>No   Yes</b>
My child has had problems with their teeth or teething	<b>Yes   No</b>
My child uses a bottle to help them go to sleep	<b>Yes   No</b>
My child walks around with a bottle or feeder cup between meals	<b>Yes   No</b>
I brush my child's teeth twice a day	<b>No   Yes</b>

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

## Feeding

**Yes**

**No**

Since this time yesterday, did your child receive breast milk?

Since this time yesterday, did your child receive solid food?

---

Current recommendations are that babies receive only breast milk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond.

*NHMRC Infant Feeding Guidelines: Information for Health Workers (2012).*

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# My personal health record

## Child health check 12 months

Assessment by child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /

Sex m / f

<b>Health assessment</b>			<b>Normal</b>	<b>Review</b>	<b>Refer</b>
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head circumference	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal light reflections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to looking with one eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eye movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check					
	Visible plaque		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bleeding gums		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White spot or carious lesions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate gait (if walking)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L if not previously checked			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

<b>Health protective factors</b>	<b>Yes</b>	<b>No</b>	<b>Concerns</b>	<b>No concerns</b>
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Hips	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Outcome</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appropriate health information discussed?**      **Yes**       **No**

Comments  
\_\_\_\_\_  
\_\_\_\_\_

Action taken  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or nurse  
\_\_\_\_\_

Signature  
\_\_\_\_\_

Venue \_\_\_\_\_ Date of check / / \_\_\_\_\_

Information is relevant for children aged

## 12-24 months

# 8 Healthy Habits

**Offer a variety of healthy foods including fruits and vegetables**

You may need to offer a new food many times. If the food isn't liked the first time, try again later.

**Sleep and rest are important**

11-14 hours of sleep, including naps with regular sleep and wake-up times.

**No screen time**

Instead try reading, singing, puzzles and storytelling. For children 2 to 5 years old, no more than 1 hour of screen time per day.



**Encourage self-feeding with a variety of healthy family foods**

Avoid foods high in sugar, salt and fat.



**Look for hunger and fullness signs**

Let your child decide how much and how quickly they eat or drink.



**Be active for at least 3 hours a day, everyday**

Spend less time sitting and more time playing and moving together.



**Continue to breastfeed for 12 months or longer**

If not breastfeeding full fat cow's milk can be offered as a drink. Infant or toddler formula is not necessary.



**Drink water and milk from a cup**

It is not recommended to use baby's bottles after 12 months. Avoid juice, soft drink, flavoured milk, tea or cordial.

**healthykids**  
for professionals

For more healthy habit tips visit [healthyliving.nsw.gov.au](http://healthyliving.nsw.gov.au)

For health professional resources visit [pro.healthykids.nsw.gov.au](http://pro.healthykids.nsw.gov.au)



**HEALTHYEATING**  
**ACTIVE LIVING**

# 18 month check





## The 18 month visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and safety

- healthy eating for families
- sleep
- taking care of your child's teeth
- how to be sun smart
- growth
- immunisation.

### Development

- your child's behaviour
- starting toilet training
- encouraging active play.

### Family

- sibling issues
- positive parenting and helping your child manage their feelings and behaviours
- going to playgroups or childcare
- smoking.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## 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
- 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 themselves with their fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

# My personal health record

## ***Act Early* by talking to your child's doctor or child and family health nurse if your child:**

- doesn't point to show things to others
- can't walk
- doesn't know what familiar things are for
- doesn't copy others
- doesn't gain new words
- doesn't have at least six words
- doesn't notice or mind when a caregiver leaves or returns
- loses skills they/them once had.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadingplay.com.au](http://www.lovetalkingreadingplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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

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

<b>Health professional to complete:</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Feeding</b>		<b>Yes</b>	<b>No</b>
Since this time yesterday, did your child receive breast milk?		<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

## Child health check 18 months

Assessment by a child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth / / \_\_\_\_\_

Sex m / f \_\_\_\_\_

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate gait			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal light reflections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to looking with one eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eye movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral health 'Lift the lip' check

Visible plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding and/or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White spot or carious lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age appropriate immunisation completed as per schedule?  Yes  No

Are there any risk factors?

Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

**Appropriate health information discussed?**

Yes

No

Comments

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Action taken

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Name of doctor or nurse

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Signature

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Venue

Date of check / /

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# 2 year check



## The 2 year visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and safety

- healthy eating for families/encouraging active play
- taking care of your child's teeth
- how to be sun smart
- sleep
- growth.

### Development

- issues arising from the questions for parents
- your child's changing mobility
- your child's behaviour
- toilet training
- helping your child to communicate with and relate well to others
- regular story reading to build literacy skills.

### Family

- sibling relationships
- parenting practices – helping your child to manage feelings and behaviour
- going to childcare or playgroups
- smoking.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)



## I am 2 years old

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

(what most children do at this age)

#### **Social/Emotional Milestones**

- Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- Looks at your face to see how to react in a new situation

#### **Language/Communication Milestones**

- Points to things in a book when you ask, like “Where is the bear?”
- Says at least two words together, like “More milk.”
- Points to at least two body parts when you ask them to show you
- Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Holds something in one hand while using the other hand; for example, holding a container and taking the lid off
- Tries to use switches, knobs, or buttons on a toy
- Plays with more than one toy at the same time, like putting toy food on a toy plate

#### **Movement/Physical Development Milestones**

- Kicks a ball
- Runs
- Walks (not climbs) up a few stairs with or without help
- Eats with a spoon

# My personal health record

## **Act Early by talking to your child's doctor or child and family health nurse if your child:**

- doesn't use two-word phrases (for example, "drink milk")
- doesn't know what to do with common things, like a brush, phone, fork, spoon
- doesn't copy actions and words
- doesn't follow simple instructions
- doesn't walk steadily
- loses skills they/them once had.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalksingreadplay.com.au](http://www.lovetalksingreadplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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

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## **Enrolling your child in early childhood education**

As your child is turning two, it is an important time to think about enrolling your child in early childhood education. This is because it takes time to enrol in an early childhood education service, and your child may be placed on a wait list.

Ninety per cent of a child's brain development occurs in the first five years of their life. This makes the early years a critical window for early education as children develop new skills and explore new learning opportunities. Research shows that children who participate in quality preschool programs are more likely to arrive at school equipped with the social, cognitive and emotional skills they need to engage in learning. These benefits continue well beyond primary school, and include higher levels of educational success, employment and social skills.

There is general agreement that access to at least 15 hours per week, or 600 hours per year, of quality preschool in the year before full-time school leads to improved outcomes for children. There could also be additional benefits for children who start attending preschool two years before they start school.

# My personal health record

Parents and carers can access more information about the importance of early education, or on local early childhood education services, at <https://education.nsw.gov.au/early-childhood-education> or at [www.childcarefinder.gov.au](http://www.childcarefinder.gov.au).

## Additional questions for parents/carers

**Answer these questions before you visit your nurse or doctor for the 2 year health check.**

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

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

# My personal health record

**Health professional to complete:**

**Normal** **Review** **Refer**

## Feeding

**Yes** **No**

Since this time yesterday, did your child receive breast milk?

## Child health check 2 years

Assessment by a child and family health nurse, GP or paediatrician.

Name

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Date of birth / /

Sex m / f

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### Health assessment

**Normal** **Review** **Refer**

Weight kg %

Height cm %

Body mass index (BMI)

Evaluate gait

Eyes Observation

Corneal light reflections

Fixation

Response to looking with one eye

Eye movements

Oral health 'Lift the lip' check

Visible plaque

Bleeding and/or swollen gums

White spot or carious lesions

Facial swelling

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# My personal health record

<b>Health protective factors</b>	<b>Yes</b>	<b>No</b>	<b>Concerns</b>	<b>No concerns</b>
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Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
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Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Outcome</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Appropriate health information discussed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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Comments

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Action taken

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Name of doctor or nurse

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Signature

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Venue Date of check / /

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# 3 year check



## The 3 year visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and Safety

- healthy eating for families
- immunisations
- taking care of your child's teeth
- how to be sun smart
- growth.

### Development

- how to support and manage your child's developing independent behaviour
- toilet training
- regular story reading to build literacy skills
- encouraging active play.

### Family

- sibling relationships
- parenting practices – helping your child to manage their feelings and behaviour
- going to childcare or preschool
- smoking.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## I am 3 years old

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

(what most children do at this age)

#### **Social/Emotional Milestones**

- Calms down within 10 minutes after you leave them, like at a childcare drop off
- Notices other children and joins them to play

#### **Language/Communication Milestones**

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks “who,” “what,” “where,” or “why” questions, like “Where is mummy/daddy?”
- Says what action is happening in a picture or book when asked, like “running,” “eating,” or “playing”
- Says first name, when asked
- Talks well enough for others to understand, most of the time

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Draws a circle when you show them how
- Avoids touching hot objects, like a stove, when you warn them

#### **Movement/Physical Development Milestones**

- Strings items together, like large beads or macaroni
- Puts on some clothes by themselves, like loose pants or a jacket
- Uses a fork



**Act Early by talking to your child’s doctor or child and family health nurse if your child:**

- falls down a lot or has trouble with stairs
- drools or has very unclear speech
- can't work simple toys (such as peg boards, simple puzzles, turning handles)
- doesn't speak in sentences
- doesn't understand simple instructions
- doesn't play pretend or make-believe
- doesn't want to play with other children or with toys
- doesn't make eye contact
- loses skills they/them once had.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadplay.com.au](http://www.lovetalkingreadplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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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 3 year health check.**

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

**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**

# My personal health record

## Child health check 3 years

Assessment by a child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth / / \_\_\_\_\_

Sex m / f \_\_\_\_\_

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corneal light reflections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response to looking with one eye		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eye movements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral health 'Lift the lip' check

Visible plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding and/or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White spot or carious lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health protective factors	Yes	No	Concerns	No concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>		

Outcome	Normal	Review	Refer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# My personal health record

**Appropriate health information discussed?**

Yes

No

Comments

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Action taken

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Name of doctor or nurse

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Signature

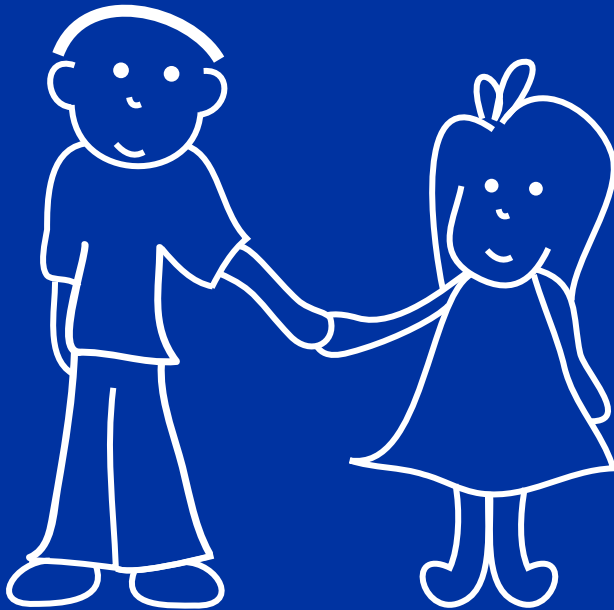
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Venue

Date of check / /

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# 4 year check



## The 4 year visit

Topics for discussion may include any issues arising from:

- my development (*Learn the Signs. Act Early.*)
- additional parent/carer questions
- child health check.

### Health and safety

- immunisation
- healthy eating for families
- taking care of your child's teeth
- how to be sun smart
- sleep
- growth
- for boys: a testes check.

### Development

- your child's feelings and behaviours
- going to preschool or kindergarten
- regular story reading to build literacy skills.

### Family

- sibling relationships
- positive parenting programs and parenting practices
- smoking.

## Still smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS). Call Quitline **13 QUIT** (13 7848) or go to [www.icanquit.com.au](http://www.icanquit.com.au)

## I am 4 years old

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

(what most children do at this age)

#### **Social/Emotional Milestones**

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like “Can I play with Alex?”
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a “helper”
- Changes behaviour based on where they are (place of worship, library, playground)

#### **Language/Communication Milestones**

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during their day, like “I played soccer.”
- Answers simple questions like “What is a coat for?” or “What is a crayon for?”

#### **Cognitive Milestones (learning, thinking, problem-solving)**

- Names a few colours of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

#### **Movement/Physical Development Milestones**

- Catches a large ball most of the time
- Serves themselves food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb (not a fist)

# My personal health record

## **Act Early by talking to your doctor or child and family health nurse if your child:**

- can't jump in place
- has trouble scribbling
- shows no interest in interactive games or make-believe
- ignores other children or doesn't respond to people outside the family
- resists dressing, sleeping or using the toilet
- can't retell a favourite story
- doesn't follow three-part commands
- doesn't understand "same" and "different"
- doesn't use "me" and "you" correctly
- speaks unclearly
- loses skills they/them once had.

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For more ideas on spending time with me go to *Love, talk, sing, read, play* [www.lovetalkingreadplay.com.au](http://www.lovetalkingreadplay.com.au). A resource provided by Resourcing Parents.

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](http://www.cdc.gov/ActEarly); February 2022).

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

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## Before school starts

Children who attend pre-school and participate in a quality early childhood education program in the year before school are more likely to have the social, cognitive and emotional skills needed to engage with learning when starting kindergarten. There is general agreement that access to at least 15 hours per week or 600 hours per year of quality early childhood education leads to improved outcomes for children.

When the time comes to start school, most schools have an orientation program towards the end of the year for children starting kindergarten the following year. This might be called 'transition to school'. You can do a lot to help prepare your child for kindergarten before their big 'first day'.

- Give your child lots of love and support. Be excited and enthusiastic about starting school.
- Take your child to kindergarten or pre-school orientation day/s so they are familiar with the grounds.
- Explain the basic school rules, such as putting up your hand, asking before going to the toilet, listening quietly when necessary, and doing what the teacher asks.
- Show your child where the toilets are.
- Try on the uniform and shoes before the first day, just to make sure everything fits.
- Visit the school when other children are there so your child can get used to the noise of the playground and the size of the 'big' students.
- Show your child where the after-school care facilities are, if needed.

For more information about starting school and what you can do to get ready, look at the 'starting school' pages of the Department of Education website at <https://education.nsw.gov.au/>

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Adapted from the Raising Children Network [www.raisingchildren.net.au](http://www.raisingchildren.net.au) and the NSW Department of Education <https://education.nsw.gov.au/>

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## Your child's 4 year health check

Before your child starts school, it is recommended that you take them to your local child and family health nurse or doctor for a health check.

This health assessment may include:

- a hearing check
- a vision test – Statewide Eyesight Preschooler Screening (StEPS).  
For more information see page 116.
- a physical (height and weight) check
- an assessment of oral health
- questions about your child's development and emotional wellbeing from the **My development** checklist
- a check of your child's immunisation status
- Immunisation History Statement from the Australian Immunisation Register, which is required for school enrolment.

Talk to the nurse, doctor and/or teacher about any health, development, behavioural or family issues which may affect your child's ability to learn at school.

# Statewide Eyesight Preschooler Screening (StEPS) program

NSW Health offers all 4 year old children a **free vision screening assessment** in the year before they start school. This is called the Statewide Eyesight Preschooler Screening (StEPS) program.

Many vision problems may not be detected unless a child's vision is screened by a trained vision screener.

Most 4 year olds will have their vision screened at preschool or day care - you don't have to organise it. You should receive further information about screening from your centre. If your Early Childhood Education Centre does not host StEPS screening, if your child doesn't attend preschool or day care, or if your child is away on the day of screening, contact your local Child and Family Health Centre or StEPS coordinator to organise screening.

More information and contact details are at <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/StEPS.aspx>

**Please note:** Your child only needs to have 4 year old vision screening performed once. If your child has already been screened but you have concerns about their eyes, please have your child's eyes fully tested by an eye health professional.

## Additional questions for parents/carers

**Answer these questions before you visit your nurse or doctor for the 4 year health check.**

I have completed the health risk factor questions on page 22	<b>No   Yes</b>
I have completed the dental risk factor questions on page 84	<b>No   Yes</b>
I am concerned about my child's hearing	<b>Yes   No</b>
Others have said they are concerned about my child's hearing	<b>Yes   No</b>
I am concerned about my child's vision	<b>Yes   No</b>
My child has a turned or lazy eye (squint or strabismus)	<b>Yes   No</b>
My child is exposed to smoking in the home/car	<b>Yes   No</b>
I am concerned about my child's teeth	<b>Yes   No</b>
My child has pain in their mouth	<b>Yes   No</b>
My child has sweet drinks and snacks throughout the day	<b>Yes   No</b>

**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**

# My personal health record

## Child health check 4 years

Assessment by a child and family health nurse, GP or paediatrician.

Name \_\_\_\_\_

Date of birth    /    /

Sex m / f

Health assessment			Normal	Review	Refer
Weight	kg	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	cm	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No		
Vision-tested monocularly		<input type="checkbox"/>	<input type="checkbox"/>		
		Normal	Review	Refer	Under Treatment
Outcome		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results	Vision chart * 6m	Right eye	6/	Left eye	6/
	Vision chart * 3m	Right eye	3/	Left eye	3/

Oral health 'Lift the lip' check

Visible plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding and/or swollen gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White spot or carious lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes fully descended R / L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health protective factors	Yes	No	Concerns	No Concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Vision	<input type="checkbox"/>	<input type="checkbox"/>		
Oral health	<input type="checkbox"/>	<input type="checkbox"/>		

# My personal health record

<b>Outcome</b>	<b>Normal</b>	<b>Review</b>	<b>Refer</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appropriate health information discussed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Result	<hr/> <hr/>		
Comment	<hr/> <hr/>		
Action taken	<hr/> <hr/>		
Name of doctor or nurse	<hr/>		
Signature	<hr/>		
Venue	Date of check / /		
Child accompanied by <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Other			

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intentionally

# Primary and secondary school





## Primary and secondary school

If you have taken your child to the scheduled health checks in this book from birth to 4 years of age, you have given her or him the best chance of having health issues found and dealt with before starting school. A strong partnership with your doctor and/or child and family health nurse is important in caring for your child's health. The relationship you have with health professionals to care for your child will now expand to include your child's teachers.

Remember that if you, your child, or their teacher, have any concerns about your child's health at any time during their school years, you and your child should talk to your health professional. Sometimes behavioural problems or learning issues can be related to health problems. If your child develops any of these issues, a health assessment is a good idea.

A health assessment prior to your child starting high school is highly recommended. As children reach their teens and become adolescents, they go through a time of rapid development and change. Health issues or questions can emerge, and a health assessment is an opportunity to deal with these. As part of this assessment, it is recommended that your child's eyes and vision are assessed in each eye separately. Hearing testing can be done at any age.

Remember to take this book along to any health assessment. Having all your child's health history with you will help you, your child and your doctor or nurse to best assess your child's health.

Remember to keep recording significant health events, immunisations and other health information in this book, so that your child's health history is available and easy to find.

## Transitioning to school resources for families

The following resources from the NSW Department of Education will help you and your child with the transition to primary school.

Daisy's First Day, a storybook about starting school featuring Australian animals: [https://education.nsw.gov.au/content/dam/main-education/public-schools/going-to-a-public-school/media/documents/Daisys\\_First\\_Day\\_web.pdf](https://education.nsw.gov.au/content/dam/main-education/public-schools/going-to-a-public-school/media/documents/Daisys_First_Day_web.pdf)

Getting ready for primary school, a practical guide for parents and carers: <https://education.nsw.gov.au/content/dam/main-education/public-schools/going-to-a-public-school/media/documents/getting-ready-for-school.pdf>

A video about the transition to primary school: <https://education.nsw.gov.au/public-schools/going-to-a-public-school/primary-schools/starting-school>

## Healthy Eating Active Living

Healthy Eating and Active Living is a NSW Government website helping people in NSW to make simple changes that help them lead healthier lives. Find simple, practical tools and expert tips to help you and your family to start some healthy habits, including health recipes, lunchbox ideas and access to free programs.

Visit [healthyliving.nsw.gov.au](https://healthyliving.nsw.gov.au) to find out more.



# Immunisation



## Immunisation information

Immunisation protects children against many serious diseases, which continue to occur in the community and from which children are still suffering and dying unnecessarily.

The National Health and Medical Research Council recommend a National Immunisation Schedule for all children. You should discuss these recommendations with your local doctor or clinic and/or refer to the NSW Health website [www.health.nsw.gov.au/immunisation/schedule](http://www.health.nsw.gov.au/immunisation/schedule) to view the current NSW Immunisation Schedule.

Vaccines protect children against diphtheria, tetanus, whooping cough (pertussis), poliomyelitis, measles, mumps, rubella, Haemophilus influenzae type b (Hib), hepatitis B, meningococcal ACWY, meningococcal B (Aboriginal children), chicken pox, rotavirus, pneumococcal disease and human papillomavirus (HPV). These vaccines are available free from your local doctor, some local councils, children's hospitals, Community Health Centres, Aboriginal Medical Services and schools for vaccines recommended for adolescents.

Some vaccines are recommended but not funded for children on the NSW Immunisation Schedule, including Meningococcal B vaccine for non-Aboriginal children at 6 weeks, 4 months and 12 months of age. You may wish to discuss these vaccines with your immunisation provider to decide if they are suitable for your child through private purchase.

Some children may suffer a slight fever and/or redness, swelling and tenderness at the injection site. Contact your local doctor if the fever is greater than 39°C, or if you are worried about your child's condition.

Every baby registered with Medicare is also registered with the Australian Immunisation Register (AIR). After each immunisation event your local doctor or clinic will advise the AIR of the child's immunisation status.

An Immunisation History Statement will be forwarded to you from the AIR once your child has completed their immunisation schedule at 4 years of age. You will be required to provide an up-to-date Immunisation History Statement for your child's age to your child's childcare centre and school at enrolment.

If you do not receive this statement or there is a problem with the statement you can contact the **AIR** on **1800 653 809**.

## Important information for parents/guardians

### Whooping cough (pertussis) vaccination

Babies who are too young to be fully immunised (prior to 6 months of age) are at potential risk of developing severe whooping cough (pertussis) from adults and adolescents. A single booster dose of an adult pertussis containing vaccine (dTpa vaccine) is usually given to pregnant women at 28 weeks (can be given anytime between 20-32 weeks) of each pregnancy and should be given as early as possible (from 20 weeks) to women who have been identified as being at high risk of early delivery. All adults who will be in contact with a newborn should be vaccinated at least two weeks prior to the baby's birth.

### Vaccinating your child on time

It is very important that your child is vaccinated at the recommended intervals to provide the earliest protection against serious diseases. Delaying immunisation places children at risk of catching diseases and becoming very sick. Children with a minor illness such as a runny nose or slight cold can be safely immunised.

More information about childhood vaccination is available at [health.nsw.gov.au/vaccinate](http://health.nsw.gov.au/vaccinate)



## Immunisation record

To be completed by the doctor/nurse giving the immunisation.

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature
Birth				
6 weeks				
4 mths				
6 mths				
12 mths				
18 mths				
4 yrs				

Refer to the NSW Health website [www.health.nsw.gov.au/immunisation/schedule](http://www.health.nsw.gov.au/immunisation/schedule) for the current NSW Immunisation Schedule.

# My personal health record

All other immunisations given should be recorded by the doctor/nurse giving the immunisation.

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature

Refer to the NSW Health website [www.health.nsw.gov.au/immunisation/schedule](http://www.health.nsw.gov.au/immunisation/schedule) for the current NSW Immunisation Schedule.






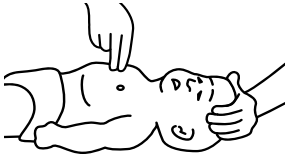
# CPR Chart



NSW Ambulance

## Cardio Pulmonary Resuscitation

### IN AN EMERGENCY REMEMBER YOUR **DRSABCD**

<b>D</b> angers?	Check for danger e.g. electrical cords, petrol or other hazards	
<b>R</b> esponsive?	Is the patient unresponsive and not breathing normally?	
<b>S</b> END FOR HELP!	<ul style="list-style-type: none"> <li>&gt; Shout for assistance</li> <li>&gt; Get someone to dial Triple Zero (000) immediately</li> <li>&gt; Ask for <b>AMBULANCE</b></li> </ul>	
Open <b>A</b> irway	<ul style="list-style-type: none"> <li>&gt; Gently tilt head back and lift chin (not for infants)</li> <li>&gt; Remove foreign matter from mouth (and nose of baby)</li> </ul>	
Normal <b>B</b> reathing?	<ul style="list-style-type: none"> <li>&gt; Look, listen and feel for breathing</li> <li>&gt; <b>If normal breathing is present</b> leave or place patient on their side</li> <li>&gt; <b>If normal breathing is absent, commence CPR 30 compressions to 2 breaths at 100-120 compressions/min</b></li> </ul>	
Start <b>C</b> PR	<b>CHILD &amp; ADULT:</b> <ul style="list-style-type: none"> <li>&gt; Place heel of hand on the lower half of the sternum in the centre of the chest</li> <li>&gt; Compress sternum one third the depth of the chest <b>30 times</b> at a rate of 100-120 compressions per minute</li> <li>&gt; <b>Continue with 30 compressions to 2 breaths</b></li> <li>&gt; Interruptions to chest compressions must be minimised</li> </ul>	
	<b>INFANT:</b> <ul style="list-style-type: none"> <li>&gt; Position 2 fingers on lower half of the sternum</li> <li>&gt; Depress sternum approximately <b>one third the depth of the chest</b></li> <li>&gt; <b>Continue with 30 compressions to 2 breaths</b></li> </ul>	
<b>A</b> ttach <b>D</b> efibrillator	Attach Automated External Defibrillator (AED) as soon as available and follow prompts.	

**CONTINUE CPR UNTIL PARAMEDICS ARRIVE OR RESPONSIVENESS OR NORMAL BREATHING RETURNS**  
**Beware of rescuer fatigue, if help is available swap rescuers every two minutes**

This chart is not a substitute for attending a first aid course.  
**LEARN CPR NOW!**

This CPR chart is provided free of charge and must not be sold. The chart is available to download from the Ambulance website at: [www.ambulance.nsw.gov.au](http://www.ambulance.nsw.gov.au).

For enquiries about this chart:  
 NSW Ambulance  
 Locked Bag 105  
 Rozelle, NSW 2039  
 Tel: (02) 9320 7777

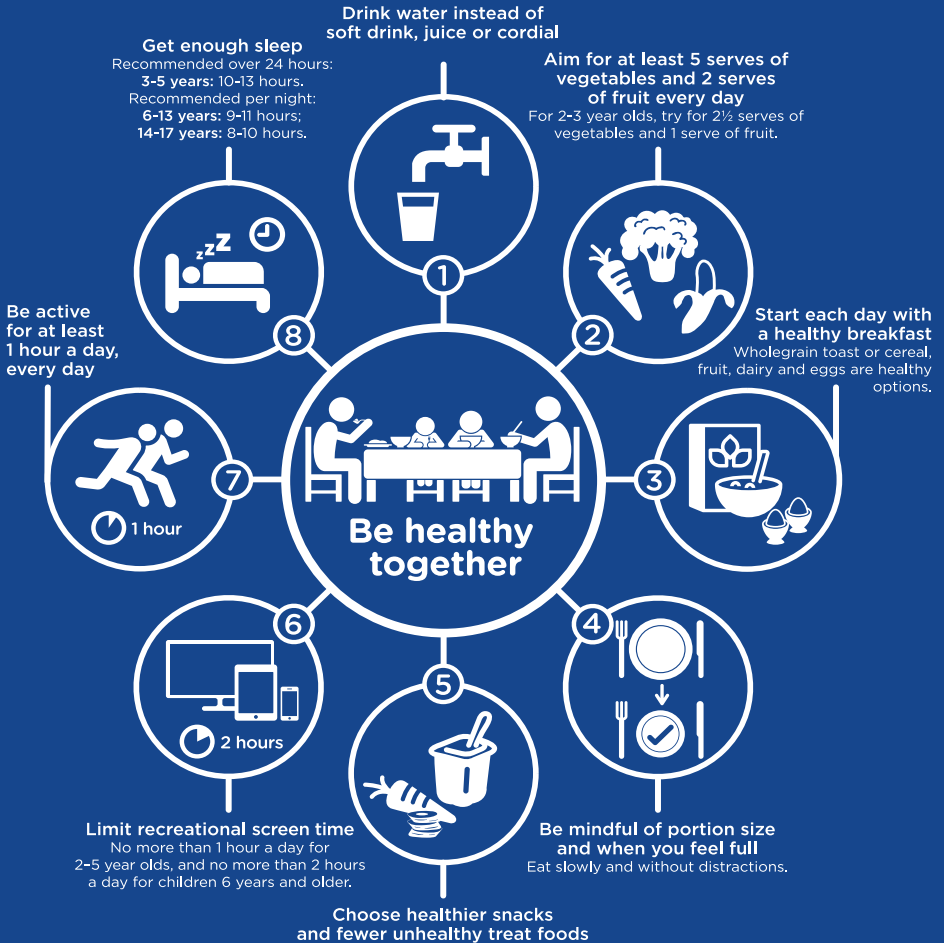
This chart conforms to the Australian Resuscitation Council's guidelines on effective CPR as at January 2016. For more information visit: [www.resus.org.au](http://www.resus.org.au)



Information is relevant for children aged

# 2-17 years

# 8 Healthy Habits



**healthykids**  
for professionals

For more healthy habit tips visit [healthyliving.nsw.gov.au](https://www.healthyliving.nsw.gov.au)  
For health professional resources visit [pro.healthykids.nsw.gov.au](https://www.pro.healthykids.nsw.gov.au)



**HEALTHY EATING  
ACTIVE LIVING**

## EMERGENCIES

**Emergency (Ambulance, Fire or Police) ..... 000**

For emergency phone using a mobile phone  
please check with your mobile service provider

**Poisons Information..... 13 11 26**

## HELPLINES AND ADVICE

**healthdirect Australia .....1800 022 222**

Advice for looking after a sick child can be found here: [www.healthdirect.gov.au/looking-after-a-sick-child](http://www.healthdirect.gov.au/looking-after-a-sick-child)

**In an emergency see your GP or go straight to  
the emergency department at your nearest hospital.**

**Karitane .....1300 CARING  
(1300 227 464)**

**Tresillian Family Care Centres..... 1300 2 PARENT**  
Free call outside Sydney metro area (1300 272 736)  
Sydney metro area.....(02) 9123 8800

**Australian Breastfeeding Association .....1800 mum2mum**  
Free call from landlines .....1800 686 268

**Perinatal Anxiety and Depression Australia (PANDA)**  
[www.panda.org.au](http://www.panda.org.au) .....1300 726 306

**Translating and Interpreting Service .....13 14 50**

**Child Protection Helpline ..... 13 21 11**

