

NO.

CHILD HEALTH SERVICES

REGION: CLINIC'S NAME:

DATE OF FIRST ATTENDANCE:

SURNAME:

Name:

Residential Address:

.....

.....

Postal Address:

.....

Tel. Home: Tel. Work:

DEFAULTING

1.

2.

3.

FAMILY HISTORY

| | MOTHER | | FATHER | |
|-------------|----------------------------------|------------------------------------|----------------------------------|------------------------------------|
| | <input type="checkbox"/> married | <input type="checkbox"/> single | <input type="checkbox"/> married | <input type="checkbox"/> single |
| Name | <input type="checkbox"/> Widow | <input type="checkbox"/> separated | <input type="checkbox"/> Widower | <input type="checkbox"/> separated |
| Age | | | | |
| Occ. | | | | |
| Denom. | | | | |
| Blood group | | | | |
| Health | | | | |
| Allergies | | | | |

BABY HISTORY

Date of birth:

Place of birth:

Mass at birth:

Discharge weight:

Apgar:

Length:

Head circumf:

Duration preg:

Type of delivery:

Sex:

OBSTETRIC HISTORY

Pregnancies:

Born alive:

Miscarriages:

Stillborne:

Children died:

Family planning:

RING NUMBER AGAINST APPLICABLE FACTOR:

PRE-NATAL:

1. Rubella
2. Blood incompatibilities
3. Hypermeses
4. Ante-partum haemorrhage
5. Severe illness
6. X-rays
7. Thyrotoxicosis
8. Diabetes
9. Toxemia of pregnancy
10. Other complications of pregnancy, e.g. pyelitis
11. Any psychiatric illness

14. Birth mass under 2,5 kg
15. Foetal distress
16. Birth asphyxia
17. Prolonged poor suckling

POST NATAL

18. Jaundice
19. Convulsions
20. Respiratory distress
21. Congenital Abnormalities

GENETIC

22. Deafness, blindness
23. Other

Appendix G

PREVIOUS PREGNANCIES IN ORDER OF BIRTH

| DATE | SEX | NAME | TYPE OF DELIVERY | IMM UP TO DATE | ILLNESSES |
|------|-----|------|------------------|----------------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

IMMUNISATIONS

I, the undersigned, hereby consent to the administration of the necessary immunisation.

Date

Signature:

| AGE | IMMUNISATION | DATE | SITE | BATCH | DOSE | PLACE & SIGNATURE | RETURN DATE |
|------------|--------------|------|--------|-------|-----------|-------------------|-------------|
| 0-6 WEEKS | TOPV | | Per Os | | 2 drops | | |
| 0-3 months | BCG | | R Arm | | 1 drop | | |
| 6 weeks | TOPV | | Per Os | | 2 drops | | |
| | DTP | | R L | | 0,5 ml IM | | |
| | HBV | | R L | | 0,5 ml IM | | |
| 10 weeks | TOPV | | Per Os | | 2 drops | | |
| | DTP | | R L | | 0,5 ml IM | | |
| | HBV | | R L | | 0,5 ml IM | | |
| 14 weeks | TOPV | | Per Os | | 2 drops | | |
| | DTP | | R L | | 0,5 ml IM | | |
| | HBV | | R L | | 0,5 ml IM | | |
| 9 months | MEASLES | | R L | | 0,5 ml IM | | |
| 18 months | TOPV | | Per Os | | 2 drops | | |
| | DTP | | R L | | 0,5 ml IM | | |
| | | | R L | | 0,5 ml IM | | |
| 5 year | MEASLES | | R L | | 0,5 ml IM | | |
| | TOPV | | Per Os | | 2 drops | | |
| | DT | | R L | | 0,5 ml IM | | |
| Other | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ABBREVIATIONS:

| | | | |
|-----------------|-------|----------------|---------|
| Refer to | : → | Tetanus | : T |
| Immunisation | : Imm | Diphtheria | : D |
| With | : I/C | Pertusis | : P |
| Reduce | : ▼ | Subcutane | : SC |
| Increase | : ▲ | Intra-Muscular | : IM |
| 4 hourly | : qh | Per Os | : PO |
| 3 times per day | : tds | Paediatrician | : PAED |
| 4 times per day | : qid | Gynaecologist | : GYNAE |
| Left | : L | Return date | : TCA |
| Right | : R | Teaspoon | : ts |
| Nil Abnormaz | : NAD | Dessertspoon | : ds |

CHILD ILLNESSES DATE

| | |
|-----------------|-------|
| Measles: | |
| Whooping cough: | |
| Chickenpox: | |
| German measles: | |
| Diphtheria: | |
| Other: | |

HOME VISIT

DATE:

TOTAL RESIDENTS:

TYPE OF HOUSING:

ENVIRONMENT

REMARKS:

CHILD DEVELOPMENT CHART

Appendix G

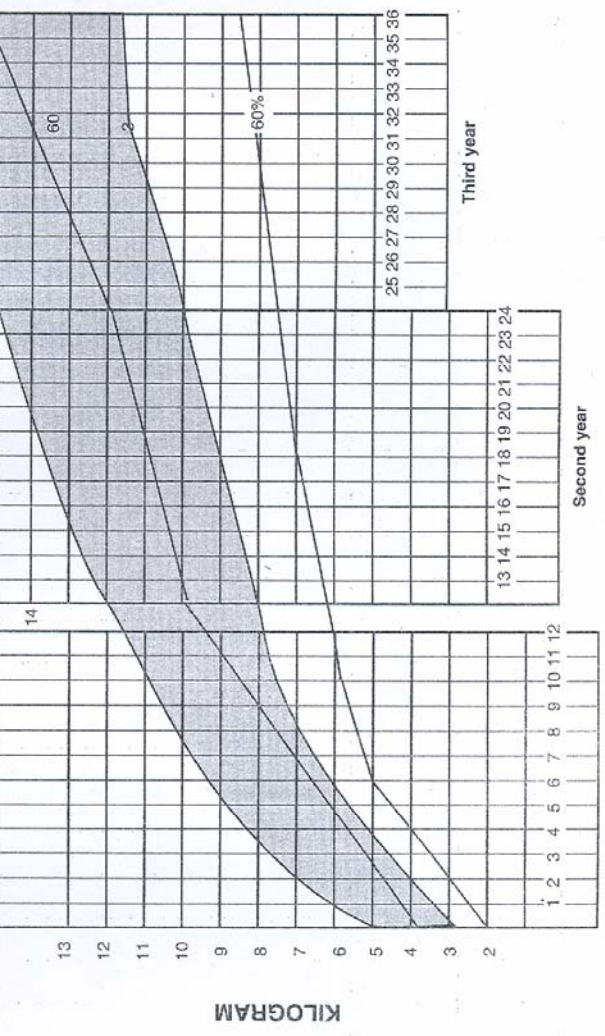
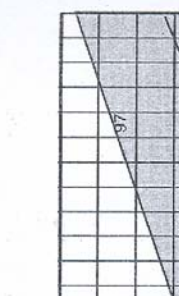
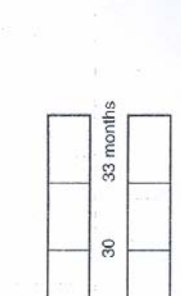
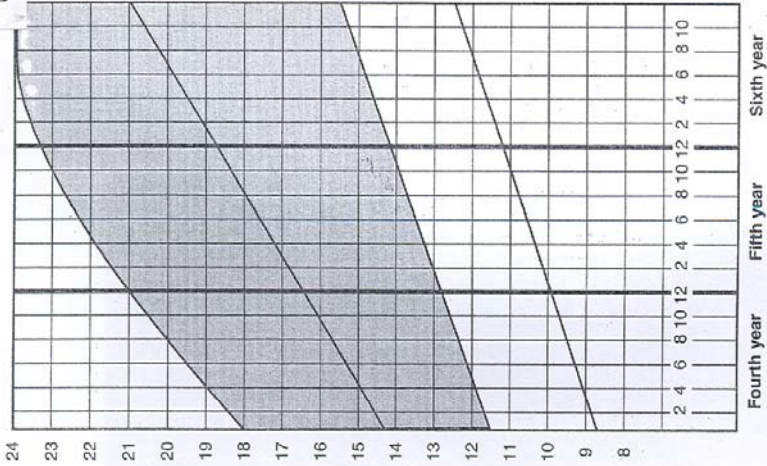
| DATE AGE | SIGNATURE | SOCIAL BEHAVIOUR AND PLAY | VISION AND FINE MOVEMENT | HEARING AND SPEECH | GROSS MOTOR (Posture and large movement) | OUTCOME: FOLLOW UP DATE OF NEXT VISIT |
|-----------|-----------|---|--|--|---|---------------------------------------|
| 0-6 Weeks | | <ul style="list-style-type: none"> — Watches mother in feeding | <ul style="list-style-type: none"> — Hands closed thumbs in — Shuts eyes tightly to light | <ul style="list-style-type: none"> — Stops crying when spoken to — Started by sudden noise | <ul style="list-style-type: none"> — Moro, grasp sucking reflexes sometimes still present | |
| 3 Months | | <ul style="list-style-type: none"> — Reacts to voices by smiling and noises | <ul style="list-style-type: none"> — Follow objects slowly from side to side — Hands loosely open — Finger play | <ul style="list-style-type: none"> — Gets excited when hearing footsteps — Deaf baby doesn't react — Back straight | <ul style="list-style-type: none"> — Slight head lag — Head control for a few seconds | |
| 6 Months | | <ul style="list-style-type: none"> — Everything goes to mouth — Shakes rattle | <ul style="list-style-type: none"> — Eyes move together — Spreading abnormal — Transfers toy's — Palmar grasp | <ul style="list-style-type: none"> — Recognizes mother's voice — Responds to hearing test — Makes sounds like oo & dada | <ul style="list-style-type: none"> — Rolls over — Kicks with alternative legs | |
| 9 Months | | <ul style="list-style-type: none"> — Holds — Reaches out to grasp spoon when feeding | <ul style="list-style-type: none"> — Picks up blocks but can't build tower — Transfers objects from hand to hand | <ul style="list-style-type: none"> — Calls for attention — Listens, calls again — Responds to hearing test | <ul style="list-style-type: none"> — Sits alone for 10-15 min — Starts crawling — Rolls over and over on floor | |
| 12 Months | | <ul style="list-style-type: none"> — Clasps hands — Waves goodbye — Drinks from cup — Helps with dressing | <ul style="list-style-type: none"> — Grasps objects between thumb and forefinger — Points with finger to object | <ul style="list-style-type: none"> — Knows and reacts immediately to some furniture — Says mommy and daddy | <ul style="list-style-type: none"> — Crawls — Starts up against furniture — Starts walking | |
| 15 Months | | <ul style="list-style-type: none"> — Intensely curious — Throws and picks up objects — May indicate if wet or soiled | <ul style="list-style-type: none"> — Builds tower of two blocks — Looks at picture and puts page | <ul style="list-style-type: none"> — Speaks 2-6 recognisable words — Understands and obeys simple instructions | <ul style="list-style-type: none"> — Independent steps — Falls frequently — Climbs onto furniture | |
| 18 Months | | <ul style="list-style-type: none"> — Takes off shoes and socks — Dry by day, occasional accidents — Emotionally very dependent on mother — Turns door handles — Defends possessions — No idea yet of sharing | <ul style="list-style-type: none"> — Builds tower of three blocks — Turns page 2 or 3 at a time — Scribbles | <ul style="list-style-type: none"> — Uses 5-20 words — Attempts to sing — Points to own hair, nose, eyes, etc. — Squats to pick up objects | <ul style="list-style-type: none"> — Climbs into an adult chair forward, turns to sit — Climbs steps with help | |
| 24 Months | | <ul style="list-style-type: none"> — Eats with fork and spoon — Washes hands — Can pull pants down and up — Dry through night — Uses knife and fork — Dresses and undresses alone — Chooses own friends — Brushes teeth | <ul style="list-style-type: none"> — Builds tower of 6-7 blocks — Turns pages singly — Hand preference becomes evident — Copies circle — Cuts with scissors — Matches 2 or 3 primary colours | <ul style="list-style-type: none"> — Talks to himself — Understands 50 and more words — Refers to self by name | <ul style="list-style-type: none"> — Runs safely — Kicks ball — Throws small ball overhead | |
| 3 Years | | | <ul style="list-style-type: none"> — Writes few letters — Draws house with doors, roof, windows — Counts fingers on one hand | <ul style="list-style-type: none"> — Large vocabulary — Gives full name, age — Asks many questions — Listens eagerly to stories demand over/over | <ul style="list-style-type: none"> — Can walk on tiptoe — Jumps from steps two feet together — Rides a tricycle with agility | |
| 5 Years | | | | <ul style="list-style-type: none"> — Speech fluent — Articulation correct — Understands confusion except for confusion siffth and rilly groups | <ul style="list-style-type: none"> — Stands on one leg — Walks on straight line — Skips on alternate feet | |

O: OBSERVED

M: MOTHER

Appendix G

GROWTH CHART



AGE IN MONTHS

First year

Second year

Third year

Fourth year

Fifth year

Sixth year