

Past problems/Risk factors:	Family history:
-----------------------------	-----------------

Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE IV

Birth Date (d/m/yr): _____

NAME: _____

M [] F []

DATE OF VISIT	18 months			2-3 years			4-5 years	
GROWTH*	Height	Weight	Head circ.	Height.	Weight	Head circ. -if prior abnormal	Height	Weight
PARENTAL CONCERNS								
NUTRITION*	<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> No bottles			<input type="checkbox"/> Homogenized or 2% milk <input type="checkbox"/> <i>Gradual transition to lower fat diet*</i> <input type="checkbox"/> Canada's Food Guide*			<input type="checkbox"/> 2% milk <input type="checkbox"/> Canada's Food Guide*	
EDUCATION AND ADVICE Injury Prevention Behaviour Family Other ✓ discussed and no concerns X if concerns	<input type="checkbox"/> Car seat (child)* <input type="checkbox"/> <i>Bath safety*</i> <input type="checkbox"/> Choking/safe toys* <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Discipline/Limit setting** <input type="checkbox"/> Parental fatigue/stress/depression** <input type="checkbox"/> High-risk children** <input type="checkbox"/> Socializing/peer play opportunities <input type="checkbox"/> Dental Care/Dentist* <input type="checkbox"/> Toilet learning**			<input type="checkbox"/> Car seat (child/booster)* <input type="checkbox"/> Carbon monoxide/ <i>Smoke detectors*</i> <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Parental fatigue/depression** <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> <i>Complementary/alternative medicine*</i> <input type="checkbox"/> Active healthy living/media use* <input type="checkbox"/> Assess day care /preschool needs/school readiness** Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> <i>Check serum lead if at risk*</i>			<input type="checkbox"/> <i>Bike Helmets*</i> <input type="checkbox"/> Matches <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Water safety <input type="checkbox"/> Discipline/Limit setting** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> Toilet learning** <input type="checkbox"/> Socializing opportunities <input type="checkbox"/> Encourage reading**	
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set <i>after</i> the time of normal milestone acquisition. Absence of any item suggests the need for further assessment of development. NB-Correct for age if < 36 weeks gestation ✓ if attained X if not attained	Social/Emotional <input type="checkbox"/> Child's behaviour is usually manageable <input type="checkbox"/> Usually easy to soothe <input type="checkbox"/> Comes for comfort when distressed Communication Skills <input type="checkbox"/> Points to 3 different body parts <input type="checkbox"/> Tries to get your attention to see something of interest <input type="checkbox"/> Pretend play with toys and figures (e.g. feeds stuffed animal) <input type="checkbox"/> Turns when name is called <input type="checkbox"/> Imitates speech sounds regularly <input type="checkbox"/> Produces 3 consonants, e.g. P M B W H N Motor Skills <input type="checkbox"/> Walks backward 2 steps without support <input type="checkbox"/> Feeds self with spoon with little spilling Adaptive Skills <input type="checkbox"/> Removes hat/socks without help <input type="checkbox"/> No parent concerns			2 years <input type="checkbox"/> At least 1 new word/week <input type="checkbox"/> 2-word sentences <input type="checkbox"/> Tries to run <input type="checkbox"/> Puts objects into small container <input type="checkbox"/> Copies adult's actions <input type="checkbox"/> Continues to develop new skills <input type="checkbox"/> No parent concerns 3 years <input type="checkbox"/> Understands 2 step direction <input type="checkbox"/> Twists lids off jars or turns knobs <input type="checkbox"/> Turns pages one at a time <input type="checkbox"/> Shares some of the time <input type="checkbox"/> Listens to music or stories for 5-10 minutes with adults <input type="checkbox"/> No parent concerns			4 years <input type="checkbox"/> Understands related 3-part directions <input type="checkbox"/> Asks lots of questions <input type="checkbox"/> Stands on 1 foot for 1-3 seconds <input type="checkbox"/> Draws a person with at least 3 body parts <input type="checkbox"/> Toilet trained during the day <input type="checkbox"/> Tries to comfort someone who is upset <input type="checkbox"/> No parent concerns 5 years <input type="checkbox"/> Counts to 10 and knows common colours and shapes <input type="checkbox"/> Speaks clearly in sentences <input type="checkbox"/> Throws and catches a ball <input type="checkbox"/> Hops on 1 foot <input type="checkbox"/> Shares willingly <input type="checkbox"/> Works alone at an activity for 20-30 minutes <input type="checkbox"/> Separates easily from parents <input type="checkbox"/> No parent concerns	
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> <i>Blood pressure</i> <input type="checkbox"/> <i>Eyes (red reflex)/Visual acuity *</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> <i>Blood pressure</i> <input type="checkbox"/> <i>Eyes (red reflex)/Visual acuity*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*	
PROBLEMS AND PLANS								
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record	

Grades of evidence: (A) **Bold type – Good evidence** (B) *Italic – Fair evidence* (C) Plain – Consensus with no definitive evidence

(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

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

Financial support for this revision is from the Strategic Initiatives Division of the Ontario Ministry of Children and Youth Services, with funds administered by the Ontario College of Family Physicians.