

Birth remarks/Apgar:	Risk factors/Family history:
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Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE I

NAME: _____ Birth Date (d/m/yr): _____ M [] F []

Birth Length: _____ cm Head Circ: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g

DATE OF VISIT	within 1 week	2 weeks (optional)	1 month (optional)
GROWTH * Correct percentiles if < 36 weeks gestation	Height Weight Head circ. av. 35 cm	Height Weight Head circ.	Height Weight Head circ.
PARENTAL CONCERNS			
NUTRITION*	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) [150 mL = 5 oz/kg/day] <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) <input type="radio"/> Stool pattern and urine output
EDUCATION AND ADVICE <input checked="" type="checkbox"/> discussed and no concerns <input type="checkbox"/> if concerns	Injury Prevention <input type="radio"/> Car seat (infant)* <input type="radio"/> Sleep position/bed sharing/co-sleeping* <input type="radio"/> Crib safety* <input type="radio"/> Firearm safety/removal* <input type="radio"/> Carbon monoxide/ <i>Smoke detectors*</i> <input type="radio"/> <i>Hot water <49°C*</i> <input type="radio"/> Choking/safe toys* Behaviour and family issues <input type="radio"/> Sleeping/crying** <input type="radio"/> Soothability/responsiveness <input type="radio"/> Assess home visit need** <input type="radio"/> Parenting/bonding <input type="radio"/> Parental fatigue/postpartum depression** <input type="radio"/> Family conflict/stress <input type="radio"/> Siblings Other Issues <input type="radio"/> Second-hand smoke* <input type="radio"/> <i>Inquiry on complementary/alternative medicine*</i> <input type="radio"/> <i>Counsel on pacifier use*</i> <input type="radio"/> Fever advice/thermometers* <input type="radio"/> <i>Temperature control and overdressing*</i> <input type="radio"/> Sun exposure/sunscreens/insect repellent*		
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> Tasks are set after 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 <input checked="" type="checkbox"/> if attained <input type="checkbox"/> if not attained			<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud or sudden noise <input type="radio"/> Sucks well on nipple <input type="radio"/> 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="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> <i>Skin (jaundice, dry)</i> <input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Ears (TMs) Hearing inquiry/screening*</i> <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> Fontanelles <input type="radio"/> <i>Eyes (red reflex)*</i> <input type="radio"/> <i>Corneal light reflex*</i> <input type="radio"/> <i>Hearing inquiry/screening*</i> <input type="radio"/> Heart <input type="radio"/> <i>Hips</i> <input type="radio"/> Muscle tone*
PROBLEMS AND PLANS	<input type="radio"/> PKU, Thyroid <input type="radio"/> Hemoglobinopathy screen (if at risk)*		
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="radio"/> Hepatitis B vaccine	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="radio"/> Hepatitis B vaccine

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.

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

NAME: _____ Birth Date (d/m/yr): _____ M [] F []

Past problems/Risk factors:	Family history:
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DATE OF VISIT	2 months	4 months	6 months
GROWTH*	Height Weight Head circ.	Height Weight Head circ.	Height Weight (x2 BW) Head circ.
PARENTAL CONCERNS			
NUTRITION*	<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding (iron-fortified)	<input type="checkbox"/> Breastfeeding (exclusive)* Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding (iron-fortified)	<input type="checkbox"/> Breastfeeding* - initial introduction of solids Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> Formula Feeding – iron-fortified follow-up <input type="checkbox"/> No bottles in bed <input type="checkbox"/> No sweetened liquids, encourage water <input type="checkbox"/> Iron containing foods (cereals, meat, egg yolk, tofu) <input type="checkbox"/> Fruits and vegetables to follow <input type="checkbox"/> No egg white, nuts, or honey <input type="checkbox"/> Choking/safe food*
EDUCATION AND ADVICE	Injury Prevention <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Sleep position/bed sharing/co-sleeping/crib safety* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Electric plugs/cords <input type="checkbox"/> Carbon monoxide/Smoke detectors* <input type="checkbox"/> Hot water <49 °C/Bath safety* <input type="checkbox"/> Falls (stairs, walkers, change table)* <input type="checkbox"/> Choking/safe toys* Behaviour and family issues <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Assess home visit need** <input type="checkbox"/> Parenting/bonding <input type="checkbox"/> Parental fatigue/postpartum depression** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Siblings <input type="checkbox"/> Child care/return to work Other Issues <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride* <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Temperature control and overdressing* <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> Pesticide exposure*		
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after 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	<input type="checkbox"/> Follows movement with eyes <input type="checkbox"/> Has a variety of sounds and cries <input type="checkbox"/> Holds head up when held at adult's shoulder <input type="checkbox"/> Enjoys being touched and cuddled <input type="checkbox"/> Smiles responsively <input type="checkbox"/> No parent concerns	<input type="checkbox"/> Turns head toward sounds <input type="checkbox"/> Laughs/squeals at parent <input type="checkbox"/> Head steady <input type="checkbox"/> Grasps/reaches <input type="checkbox"/> No parent concerns	<input type="checkbox"/> Follows a moving object <input type="checkbox"/> Looks in the direction of a new sound <input type="checkbox"/> Babbles <input type="checkbox"/> Rolls from back to stomach or stomach to back <input type="checkbox"/> Sits with support <input type="checkbox"/> Brings hands or toys to mouth <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"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Heart <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*	<input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*	<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Hips <input type="checkbox"/> Muscle tone*
PROBLEMS AND PLANS			<input type="checkbox"/> Inquire about risk factors for TB
IMMUNIZATION Provincial guidelines vary Signature	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record	Record on Guide V: Immunization Record If HBsAg-positive parent or sibling: <input type="checkbox"/> Hepatitis B vaccine*

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

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

NAME: _____ Birth Date (d/m/yr): _____ M [] F []

DATE OF VISIT	9 months (optional)			12-13 months			15 months (optional)		
GROWTH*	<i>Height</i>	<i>Weight</i>	<i>Head circ.</i>	<i>Height</i>	<i>Weight (x3 BW)</i>	<i>Head circ.</i> (av. 47cm)	<i>Height</i>	<i>Weight</i>	<i>Head Circ.</i>
PARENTAL CONCERNS									
NUTRITION*	<input type="checkbox"/> Breastfeeding* / Vitamin D 10 µg = 400 IU/day* <input type="checkbox"/> <i>Formula Feeding – iron-fortified follow-up</i> <input type="checkbox"/> No bottles in bed <input type="checkbox"/> No sweetened liquids, encourage water <input type="checkbox"/> Cereal, meat/alternatives, fruits, vegetables <input type="checkbox"/> 1 st introduction cow's milk products <input type="checkbox"/> No egg white, nuts, or honey <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage cup instead of bottle <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Choking/safe foods* <input type="checkbox"/> Encourage cup instead of bottle		
EDUCATION AND ADVICE √ discussed and no concerns X if concerns	<p>Injury Prevention <input type="checkbox"/> Car seat (infant/child)* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Carbon monoxide/<i>Smoke detectors*</i> <input type="checkbox"/> <i>Hot water < 49°C /Bath safety*</i> Childproofing, including: <input type="checkbox"/> <i>Electric plugs/cords</i> <input type="checkbox"/> <i>Falls/stairs/walkers*</i> <input type="checkbox"/> Choking/safe toys* Behaviour and family issues <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Assess home visit need** <input type="checkbox"/> Parenting <input type="checkbox"/> Parental fatigue/depression** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Siblings <input type="checkbox"/> Child care/return to work Other Issues <input type="checkbox"/> Second-hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride/Dentist* <input type="checkbox"/> <i>Complementary/alternative medicine*</i> <input type="checkbox"/> <i>Pacifier use*</i> <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Active healthy living/media use* <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Footwear 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>Pesticide exposure*</i> </p>								
DEVELOPMENT** <i>(Inquiry and observation of milestones)</i> <i>Tasks are set after the time of normal milestone acquisition.</i> 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	<input type="checkbox"/> Looks for hidden toy <input type="checkbox"/> Babbles different sounds <input type="checkbox"/> Makes sounds to get attention <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support <input type="checkbox"/> Opposes thumb and index finger <input type="checkbox"/> Reaches to be picked up and held <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests, e.g. find your shoes <input type="checkbox"/> Chatters using 3 different sounds <input type="checkbox"/> Crawls or 'bum' shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Shows many emotions <input type="checkbox"/> No parent concerns			<input type="checkbox"/> Attempts to say 2 or more words (words do not have to be clear) <input type="checkbox"/> Tries to get something by making sounds, while reaching or pointing <input type="checkbox"/> Picks up and eats finger foods <input type="checkbox"/> Crawls up stairs/steps <input type="checkbox"/> Tries to squat to pick up toys from the floor <input type="checkbox"/> Removes socks and tries to untie shoes <input type="checkbox"/> Stacks 2 blocks <input type="checkbox"/> Looks at you to see how to react (when falls or with strangers) <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"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> <i>Hips</i>			<input type="checkbox"/> <i>Eyes (red reflex)*</i> <input type="checkbox"/> <i>Corneal light reflex/Cover-uncover test and inquiry*</i> <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> <i>Hips</i>		
PROBLEMS AND PLANS	<input type="checkbox"/> Anti-HBs and HbsAG* (If HbsAg positive mother) <input type="checkbox"/> <i>Hemoglobin (If at risk)*</i>			<input type="checkbox"/> <i>Hemoglobin (If at risk)*</i>					
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

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Past problems/Risk factors:	Family history:
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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

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