



Pregnancy/Birth remarks/Apgar:		Risk factors/Family history:		Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance						GUIDE I	
				NAME: _____ Birth Day (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 until 24-36 months if < 37 weeks gestation		Height	Weight	HC (avg 35 cm)	Height	Weight	Head Circ.	Height	Weight	Head Circ.	
PARENTAL CONCERNS											
NUTRITION*		<input type="radio"/> Breastfeeding (exclusive)* Vitamin D 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 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 400 IU/day* <input type="radio"/> Formula Feeding (iron-fortified) [450-750 mL(15-25 oz) /day*] <input type="radio"/> Stool pattern and urine output			
EDUCATION AND ADVICE <input checked="" type="checkbox"/> discussed and no concerns X if concerns		<u>Injury Prevention</u> <input type="radio"/> Car seat (infant)* <input type="radio"/> Carbon monoxide/Smoke detectors* <u>Behaviour and family issues</u> <input type="radio"/> Sleeping/crying** <input type="radio"/> Parenting/bonding <u>Other Issues</u> <input type="radio"/> Second hand smoke* <input type="radio"/> Counsel on pacifier use* <input type="radio"/> Fever advice/thermometers*									
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation <input checked="" type="checkbox"/> if attained X if not attained					<input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver concerns			<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud noise <input type="radio"/> Calms when comforted <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver 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 checked="" type="checkbox"/> if normal X if abnormal		<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Ears (TMs) Hearing inquiry/screening* <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> Hips* <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care			<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Ears (TMs) Hearing inquiry/screening* <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Femoral pulses <input type="radio"/> Hips* <input type="radio"/> Muscle tone* <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care			<input type="radio"/> Skin (jaundice) <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex)* <input type="radio"/> Corneal light reflex* <input type="radio"/> Hearing inquiry/screening* <input type="radio"/> Heart <input type="radio"/> Hips* <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		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			
Signature		Signature			Signature			Signature			

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: **Good (bold type)**; *Fair (italic type)*; Consensus (plain type).

(*) 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 is meant to be used as a guide only.

Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.

Past problems/Risk factors:	Family history:			Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance						GUIDE II	
				NAME: _____ Birth Day (d/m/yr): _____ M F							
DATE OF VISIT	2 months			4 months			6 months				
GROWTH* Correct percentiles until 24-36 months if < 37 weeks gestation	Height	Weight	Head circ.	Height	Weight	Head Circ.	Height	Weight (x2 BW)	Head Circ.		
PARENTAL CONCERNS											
NUTRITION*	<input type="checkbox"/> Breastfeeding (exclusive)* <input type="checkbox"/> Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> (iron-fortified) [600-900 mL(20-30 oz) /day*]			<input type="checkbox"/> Breastfeeding (exclusive)* <input type="checkbox"/> Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> (iron-fortified) [750-1080 mL(25-36 oz) /day*]			<input type="checkbox"/> Breastfeeding* – initial introduction of solids <input type="checkbox"/> Vitamin D 400 IU/day* <input type="checkbox"/> <i>Formula Feeding</i> – iron-fortified [750-1080 mL(25-36 oz) /day*] <input type="checkbox"/> No bottles in bed <input type="checkbox"/> Avoid sweetened liquids <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, nut products, or honey <input type="checkbox"/> Choking/safe food*				
EDUCATION AND ADVICE <input checked="" type="checkbox"/> discussed and no concerns <input type="checkbox"/> if concerns	<u>Injury Prevention</u> <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Sleep position/bed sharing/room-sharing/crib safety <input type="checkbox"/> <i>Electric plugs/cords</i> <input type="checkbox"/> <i>Carbon monoxide/Smoke detectors*</i> <input type="checkbox"/> <i>Falls (stairs, walkers, change table)*</i> <u>Behaviour and family issues</u> <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Parenting/bonding <input type="checkbox"/> Parental fatigue/postpartum depression** <u>Other Issues</u> <input type="checkbox"/> Second hand smoke* <input type="checkbox"/> Teething/Dental cleaning/Fluoride* <input type="checkbox"/> Fever advice/thermometers* <input type="checkbox"/> Temperature control and overdressing <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Hot water <49°C/bath safety* <input type="checkbox"/> Choking/safe toys* <input type="checkbox"/> High risk infants/assess home visit need** <input type="checkbox"/> Siblings <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Child care**/return to work <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> OTC/complementary/alternative medicine* <input type="checkbox"/> Pesticide exposure* <input type="checkbox"/> Pacifier use*										
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation <input checked="" type="checkbox"/> if attained <input type="checkbox"/> if not attained	<input type="checkbox"/> <i>Follows movement with eyes</i> <input type="checkbox"/> <i>Coos - throaty, gurgling sounds</i> <input type="checkbox"/> <i>Lifts head up while lying on tummy</i> <input type="checkbox"/> <i>Can be comforted & calmed by touching/rocking</i> <input type="checkbox"/> <i>Sequences 2 or more sucks before swallowing/breathing</i> <input type="checkbox"/> <i>Smiles responsively</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<input type="checkbox"/> <i>Follows a moving toy or person with eyes</i> <input type="checkbox"/> <i>Responds to people with excitement (leg movement/ panting/vocalizing)</i> <input type="checkbox"/> <i>Holds head steady when supported at the chest or waist in a sitting position</i> <input type="checkbox"/> <i>Holds an object briefly when placed in hand</i> <input type="checkbox"/> <i>Laughs/smiles responsively</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			<input type="checkbox"/> <i>Turns head toward sounds</i> <input type="checkbox"/> <i>Makes sounds while you talk to him/her</i> <input type="checkbox"/> <i>Vocalizes pleasure and displeasure</i> <input type="checkbox"/> <i>Rolls from back to side</i> <input type="checkbox"/> <i>Sits with support (e.g. pillows)</i> <input type="checkbox"/> <i>Reaches/grasps objects</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>				
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. <input checked="" type="checkbox"/> if normal <input type="checkbox"/> if abnormal	<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex* <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <input type="checkbox"/> Heart <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* <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <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 & inquiry** <input type="checkbox"/> <i>Hearing inquiry/screening*</i> <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	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				
	Signature			Signature			Signature				

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: **Good (bold type); Fair (italic type); Consensus (plain type).**

(*) 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 is meant to be used as a guide only.

Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.

Past problems/Risk factors:	Family history:								
Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance									
GUIDE III									
NAME: _____ Birth Day (d/m/yr): _____ M F									
DATE OF VISIT	9 months (optional)			12-13 months			15 months (optional)		
GROWTH* Correct percentiles until 24-36 months if < 37 weeks gestation	Height	Weight	Head circ.	Height	Weight (x3 BW)	HC (avg 47cm)	Height	Weight	Head Circ.
PARENTAL CONCERNS									
NUTRITION*	<input type="checkbox"/> Breastfeeding*/Vitamin D 400 IU/day* <input type="checkbox"/> Formula Feeding - iron-fortified [720-960 mLs(24-32 oz) /day*] <input type="checkbox"/> No bottles in bed <input type="checkbox"/> Avoid sweetened liquids <input type="checkbox"/> Cereal, meat/alternatives, fruits, vegetables <input type="checkbox"/> 1 st introduction cow's milk products <input type="checkbox"/> No egg white, nut products, or honey <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage standard cup instead of bottle [500-750 mLs(16-24 oz) /day*] <input type="checkbox"/> Appetite reduced <input type="checkbox"/> Choking/safe foods*			<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> Encourage standard cup instead of bottle [500-750 mLs(16-24 oz) /day*] <input type="checkbox"/> Choking/safe foods*		
EDUCATION AND ADVICE ✓ discussed and no concerns X if concerns	<u>Injury Prevention</u> <input type="checkbox"/> Car seat (infant)* <input type="checkbox"/> Carbon monoxide/Smoke detectors* Childproofing, including: <input type="checkbox"/> Electric plugs/cords <u>Behaviour and family issues</u> <input type="checkbox"/> Sleeping/crying/Night waking** <input type="checkbox"/> Parenting** <u>Other Issues</u> <input type="checkbox"/> Second hand smoke* <input type="checkbox"/> Fever advice/thermometers* Environmental health including:								
<input type="checkbox"/> Poisons*; PCC#* <input type="checkbox"/> Hot water <49°C/bath safety* <input type="checkbox"/> Falls/stairs/walkers* <input type="checkbox"/> Firearm safety/removal* <input type="checkbox"/> Choking/safe toys* <input type="checkbox"/> High risk children/assess home visit need** <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Complementary/alternative medicine* <input type="checkbox"/> Encourage reading** <input type="checkbox"/> Serum lead if at risk*									
<input type="checkbox"/> Siblings <input type="checkbox"/> Child care**/return to work <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> Pacifier use* <input type="checkbox"/> Footwear* <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 consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	<input type="checkbox"/> Looks for an object seen hidden <input type="checkbox"/> Babbles a series of different sounds (eg. baba, duhduh) <input type="checkbox"/> Responds differently to different people <input type="checkbox"/> Makes sounds/gestures to get attention or help <input type="checkbox"/> Sits without support <input type="checkbox"/> Stands with support when helped into standing position <input type="checkbox"/> Opposes thumb and fingers when grasps objects <input type="checkbox"/> Plays social games with you (eg. nose touching, peek-a-boo) <input type="checkbox"/> Cries or shouts for attention <input type="checkbox"/> No parent/caregiver concerns			<input type="checkbox"/> Responds to own name <input type="checkbox"/> Understands simple requests, eg. Where is the ball? <input type="checkbox"/> Makes at least 1 consonant/vowel combination <input type="checkbox"/> Says 3 or more words (do not have to be clear) <input type="checkbox"/> Crawls or 'bum' shuffles <input type="checkbox"/> Pulls to stand/walks holding on <input type="checkbox"/> Shows distress when separated from parent/caregiver <input type="checkbox"/> Follows your gaze to jointly reference an object <input type="checkbox"/> No parent/caregiver concerns			<input type="checkbox"/> Says 5 or more words (words do not have to be clear) <input type="checkbox"/> Picks up and eats finger foods <input type="checkbox"/> Walks sideways holding onto furniture <input type="checkbox"/> Shows fear of strange people/places <input type="checkbox"/> Crawls up a few stairs/steps <input type="checkbox"/> Tries to squat to pick up toys from the floor <input type="checkbox"/> No parent/caregiver concerns		
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. ✓ if normal X if abnormal	<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Hips*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> Hips*			<input type="checkbox"/> Fontanelles <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry/screening* <input type="checkbox"/> Tonsil size/Teeth* <input type="checkbox"/> Hips*		
PROBLEMS AND PLANS	<input type="checkbox"/> Anti-HBs and HbsAG* (If HbsAg positive mother) <input type="checkbox"/> Hemoglobin (If at risk)*			<input type="checkbox"/> Hemoglobin (If at risk)*					
IMMUNIZATION Provincial guidelines vary	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record		
	Signature			Signature			Signature		

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: **Good (bold type)**; *Fair (italic type)*; Consensus (plain type).

(*) 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 is meant to be used as a guide only.

Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.



Pregnancy/Birth remarks/Apgar:		Risk factors/Family history:		Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance GUIDE IV (Ontario) NAME: _____ Birth Day (d/m/yr): _____ M F				
DATE OF VISIT	18 months			2-3 years			4-5 years	
GROWTH* Correct percentiles until 24-36 mos if < 37 weeks gestation	Height	Weight	Head circ.	Height	Weight	HC if prior abN	Height Weight	
PARENTAL CONCERNS								
NUTRITION*	<input type="checkbox"/> Breastfeeding* <input type="checkbox"/> Homogenized milk <input type="checkbox"/> No bottles [500-750 mLs(16-24 oz) /day*]			<input type="checkbox"/> 1% to 2% milk <input type="checkbox"/> <i>Gradual transition to lower fat diet*</i> <input type="checkbox"/> Canada's Food Guide* [~ 500 mLs(16 oz) /day*]			<input type="checkbox"/> 1% to 2% milk <input type="checkbox"/> Canada's Food Guide* [~ 500 mLs(16 oz) /day*]	
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"/> <i>Discipline/Parenting skills programs**</i> <input type="checkbox"/> Parental fatigue/stress/depression** <input type="checkbox"/> High-risk children** <input type="checkbox"/> Socializing/peer play opportunities <input type="checkbox"/> <i>Wean from pacifier*</i> <input type="checkbox"/> Dental care/Dentist* <input type="checkbox"/> Toilet learning** <input type="checkbox"/> <i>Encourage reading**</i>			<input type="checkbox"/> Car seat (child/booster)* <input type="checkbox"/> Carbon monoxide/smoke detectors* <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/screen time* <input type="checkbox"/> <i>Assess child care /preschool needs/school readiness**</i> Environmental health including: <input type="checkbox"/> Sun exposure/sunscreens/insect repellent* <input type="checkbox"/> <i>Pesticide exposure*</i> <input type="checkbox"/> <i>Serum lead if at risk*</i>				<input type="checkbox"/> Bike helmets* <input type="checkbox"/> Matches <input type="checkbox"/> <i>Discipline/parenting skills programs**</i> <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"/> Firearm safety/removal* <input type="checkbox"/> <i>Water safety*</i> <input type="checkbox"/> High-risk children** <input type="checkbox"/> Siblings <input type="checkbox"/> <i>No pacifiers*</i> <input type="checkbox"/> No OTC cough/cold medn* <input type="checkbox"/> <i>Encourage reading**</i>
DEVELOPMENT** (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation ✓ if attained X if not attained	Enhanced inquiry after Nipissing Developmental Screen (NDDS) ** List NDDS items not yet attained: _____ <u>Social/Emotional</u> <input type="checkbox"/> <i>Child's behaviour is usually manageable</i> <input type="checkbox"/> <i>Interested in other children</i> <input type="checkbox"/> <i>Usually easy to soothe</i> <input type="checkbox"/> <i>Comes for comfort when distressed</i> <u>Communication Skills</u> <input type="checkbox"/> <i>Points to several different body parts</i> <input type="checkbox"/> <i>Tries to get your attention to show you something</i> <input type="checkbox"/> <i>Turns/responds when name is called</i> <input type="checkbox"/> <i>Points to what he/she wants</i> <input type="checkbox"/> <i>Looks for toy when asked or pointed in direction</i> <input type="checkbox"/> <i>Imitates speech sounds and gestures</i> <input type="checkbox"/> <i>Says 20 or more words (words do not have to be clear)</i> <input type="checkbox"/> <i>Produces 4 consonants, e.g. B D G H N W</i> <u>Motor Skills</u> <input type="checkbox"/> <i>Walks alone</i> <input type="checkbox"/> <i>Feeds self with spoon with little spilling</i> <u>Adaptive Skills</u> <input type="checkbox"/> <i>Removes hat/socks without help</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			2 years <input type="checkbox"/> <i>Combines 2 or more words</i> <input type="checkbox"/> <i>Understands 1 and 2 step directions</i> <input type="checkbox"/> <i>Walks backward 2 steps without support</i> <input type="checkbox"/> <i>Tries to run</i> <input type="checkbox"/> <i>Puts objects into small container</i> <input type="checkbox"/> <i>Uses toys for pretend play (eg. give doll a drink)</i> <input type="checkbox"/> <i>Continues to develop new skills</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i> 3 years <input type="checkbox"/> <i>Understands 2 and 3 step directions (eg. "Pick up your hat and shoes and put them in the closet.")</i> <input type="checkbox"/> <i>Uses sentences with 5 or more words</i> <input type="checkbox"/> <i>Walks up stairs using handrail</i> <input type="checkbox"/> <i>Twists lids off jars or turns knobs</i> <input type="checkbox"/> <i>Shares some of the time</i> <input type="checkbox"/> <i>Plays make-believe games with actions and words (eg. pretending to cook a meal, fix a car)</i> <input type="checkbox"/> <i>Turns pages one at a time</i> <input type="checkbox"/> <i>Listens to music or stories for 5 - 10 minutes</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>			4 years <input type="checkbox"/> <i>Understands 3-part directions</i> <input type="checkbox"/> <i>Asks and answers lots of questions (eg. "What are you doing?")</i> <input type="checkbox"/> <i>Walks up/down stairs alternating feet</i> <input type="checkbox"/> <i>Undoes buttons and zippers</i> <input type="checkbox"/> <i>Tries to comfort someone who is upset</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i> 5 years <input type="checkbox"/> <i>Counts out loud or on fingers to answer "How many are there?"</i> <input type="checkbox"/> <i>Speaks clearly in adult-like sentences most of the time</i> <input type="checkbox"/> <i>Throws and catches a ball</i> <input type="checkbox"/> <i>Hops on 1 foot several times</i> <input type="checkbox"/> <i>Dresses and undresses with little help</i> <input type="checkbox"/> <i>Cooperates with adult requests most of the time</i> <input type="checkbox"/> <i>Retells the sequence of a story</i> <input type="checkbox"/> <i>Separates easily from parent/caregiver</i> <input type="checkbox"/> <i>No parent/caregiver concerns</i>	
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit. ✓ if normal X if abnormal	<input type="checkbox"/> Fontanelles closed <input type="checkbox"/> Eyes (red reflex)* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> Blood pressure <input type="checkbox"/> Eyes (red reflex)/Visual acuity* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*			<input type="checkbox"/> Blood pressure <input type="checkbox"/> Eyes (red reflex)/Visual acuity* <input type="checkbox"/> Corneal light reflex/Cover-uncover test & inquiry* <input type="checkbox"/> Hearing inquiry <input type="checkbox"/> Tonsil size/Teeth*	
PROBLEMS AND PLANS								
IMMUNIZATION Provincial guidelines vary	Record on Guide V: Immunization Record			Record on Guide V: Immunization Record			Record on Guide V: Immunization Record	
	Signature			Signature			Signature	

Strength of recommendation based on literature review using the classification of the Canadian Task Force on Preventive Health Care: **Good (bold type); Fair (italic type); Consensus (plain type).**

(*) 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 is meant to be used as a guide only.

Financial support has been provided by the Government of Ontario, with funds administered by the Ontario College of Family Physicians.