

4 year old healthy Kids Check assessment – For office use only

Childs name: (Last)		(First)
Parent / Guardian:		
Date of Birth:		Address:
Allergies: <input type="checkbox"/> None		
Health history and medical information: <input type="checkbox"/> None		
Height		Weight
		BMI
Assessment	Normal	If abnormal comment
Developmental		
Behaviour		
Vision		
Speech/language		
Oral Health		
Toilet Habits		
Additional Comments		
Immunisation		Batch number / Site / Route
Signature of GP or RN		Date

*4 year old
Healthy Kids Check*



Dear Parent / Guardian

The Department of Health and Ageing have introduced a free healthy Kids Check for all four year old children. This is to make sure kids are happy, healthy and ready to learn. The Health Kids Check will be available to all four year olds with the consent of a parent / guardian at the time of their four year old immunisations.

This service will be delivered by your GP or practice nurse through Medicare, and it will make sure kids are on track for health and well being. It will include things like weight, height, developmental screening, vision and hearing screening.

At your visit you will also receive a free “Get Set 4 Life – Habits for Health Kids” booklet. This booklet is a practical user friendly guide to assist you to help your child develop healthy habits for life. The guide includes information about health eating, regular exercise, speech and language, oral health, hygiene, skin and sun protection. You will be able to use this booklet at home and enjoy some of the activity ideas with your child.

Thank you.



Should you wish to take up this opportunity for a Healthy Kids Check, you are requested to complete the questionnaire that follows, which will assist your GP or practice nurse in identifying any problems and focus on any areas of concern. Please bring your child's Child Health Record (purple book) to the appointment.

A copy of the assessment will be given to you to add to your child's Child Health Record, a further copy may be requested for you to give the school health nurse at your local Community Health Service. Another copy will be kept on your child's medical record at this Practice.



Health Kids Check – Questionnaire

Child's given Name _____

Preferred Name _____

Parent / Guardian Name/s

Date of Birth _____ Male Female

Current Address _____

Country of Birth _____

Is your child Aboriginal or Torres Strait Islander? Yes No

Consent is given for my child to have a Healthy Kids Check.



Parent/Guardian Signature	Date

Speech / language

Do you have concerns about your child's speech or language development? Yes No

Does your child ask complex questions using words like; "because"? Yes No

Is your child understood when speaking to other adults? Yes No

Do you think your child talks like other children the same age? Yes No

Oral health

Do you consider your child to have healthy teeth and gums? Yes No

Does your child have a tooth brushing routine? Yes Mostly No

Has your child been seen by a dentist? Yes No

Toilet habits

Does your child toilet independently? Yes Mostly No

Does your child wet the bed? Yes Sometimes No

Are there any other concerns you would like attended to?



Immunisation

Has your child already had all of his/her immunisations due by 4 years of age?
 Yes No

General Health

Has your child got any ongoing health problems or conditions? (e.g. asthma, eczema) Yes No

If yes, please give details: _____

Has this / these condition(s) been attended to by a health professional?
 Yes No

If yes, please give details: _____

Has your child ever had any surgery? Yes No

If yes, please give details: _____

Lifestyle

Do you consider your child to be:

overactive normally active underactive

Do you consider your child to be:

over weight healthy weight under weight

Do you consider your child to have a:

large appetite healthy appetite small appetite



Development

Do you have any concern about your Child's development? Yes No

If yes, please describe: _____

Is your child able to pick up small objects? Yes No

Can you child draw without scribbling? Yes No

Does your child know their full name and address? Yes Partially No

Can your child match or name 5-6 colours? Yes Partially No

Can you child catch a large ball? Yes No

Is your child running, jumping, hopping and climbing stairs? Yes No

Is your child able to quietly listen to stories? Yes No

If you have answered 'no' to any of the above please give details _____

Behaviour and mood

Do you have concerns about your child's general behaviour? Yes No

Does your child follow simple requests? Yes No

If 'no' please describe _____

Does your child have 10-12 hours sleep at night? Yes No

Does your child sleep through the night? Yes No

If no, how many times does your child wake in the night ? _____

Is your child able to mix with other children? (e.g. to share, take turns)

Yes No

Is your child developing the ability to separate from the main carer?

Yes No



Vision

Are you concerned about your child's vision? Yes No

If 'yes' please describe your concerns _____

Has medical care been sought for your child's eyes / vision? Yes No

If 'yes' please describe _____

Is there any family history concerning vision? Yes No

If 'yes' please describe _____

Hearing

Do you have any concerns about your child's hearing? Yes No

If 'no' please describe _____

Has your child suffered from any of the following?

repeated ear infections discharging ears hearing loss

grommets ear operations

If marked, please describe _____

Is there a family history of childhood deafness or hearing impairment?

Yes No

If 'no' please describe _____



Parent or Guardian contact details

Parents / Guardians' names _____

Phone No: Home _____ Work _____

Mobile _____

Email _____

Main language spoken at home _____

Interpreter needed? Yes No

Family / environment factors

Details of siblings living with child.

1. Full name _____ Birth Date _____
2. Full name _____ Birth Date _____
3. Full name _____ Birth Date _____
4. Full name _____ Birth Date _____
5. Full name _____ Birth Date _____

Who is the usual carer of the children? _____

Which kindergarten / day-care is / will your child attend? _____

