

# My personal child health record

My name .....

My NHS number .....

My date of birth .....



My photo

*If this book is found please return to:*

**Somewhere Healthcare**

NHS Trust



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# Personal Child Health Record

This is your child's personal child health record. It is the main record of your child's health, growth and development. It is for you – and the other people who care for your child – to be able to see and to write in, so we ask you to keep it in a safe place.

## **Bring this book with you whenever you visit:**

- \* your midwife
- \* the children's centre
- \* the child health clinic
- \* your health visitor
- \* your family doctor
- \* a hospital emergency or outpatients department
- \* if your child is admitted to hospital
- \* a therapist (eg speech and language therapist)
- \* the dentist
- \* the school nurse
- \* any other health appointment

You may like to show it to other carers of your child such as

- \* childminder
- \* playgroup leader
- \* nursery school teacher
- \* primary school teacher
- \* anyone else who helps you care for your child.

**Sections with this symbol**



**are to be filled in by yourself as a parent, or by your midwife, health visitor and doctor.**

# The Healthy Child Programme

Health advice, immunisations, screening and routine health reviews are all important parts of the healthy child programme. They are carried out by health professionals usually doctors, midwives, health visitors, other members of the health visiting team, practice nurses and school nurses. A record of these will be made in the personal child health record.

Every parent can expect the following as a minimum:

- \* Soon after birth: full physical examination
- \* 5-8 days: heelprick blood spot test
- \* 10-14 days: new baby review
- \* In first month: hearing test
- \* 6-8 weeks: full physical examination
- \* 8, 12, 16 weeks: immunisations
- \* By 12 months: health review
- \* 12-13 months: immunisations
- \* 2-2½ years: health review
- \* 3 years 4 months: immunisations
- \* 4-5 years: eye sight check
- \* School entry (reception class): Height, weight and hearing check
- \* 10-11 years: (Year 6): height and weight
- \* 13-14 years: HPV immunisations (girls)
- \* 13-18 years: booster immunisations

For more information please visit Birth to Five at NHS Choices [www.nhs.uk/birthtofive](http://www.nhs.uk/birthtofive)

Some of the early appointments will be made by your health visitor in your home. You may need to go to your local doctor's surgery or health centre for others and some may not need a face-to-face contact. Health reviews for school aged children are usually done in school.

If you are worried about any aspect of your child's health or development, don't wait for the next review to discuss it. You can find out information on many minor health issues in *Birth to Five* but if you are still worried contact your health visitor or family doctor.

# How we handle information

We wish to make sure that your child has the opportunity to have his/her immunisations and health checks when they are due. We also want to be able to plan and provide any other services your child needs. Therefore, we enter some of your child's details from this record on to our computer system.

We treat this information as strictly confidential and only release it to:

- \* Yourself as parent(s)
- \* Your child's health care professionals, who work directly with your family.

This information may be used anonymously so that we can plan services for all children.

We will not normally release any information that could be linked to your child to any other person or organisation without seeking your permission first. However, it is sometimes necessary to use this sort of information for audit purposes and public health reasons such as monitoring the effectiveness and safety of vaccines.

We may also give the Department of Health contact details of children due immunisations so that they can send information leaflets about immunisation. These contact details are kept by the Department of Health only until the leaflets are sent out.

We are subject to the terms of the Data Protection Act, 1998 in respect of personal data held by us. You have the right under the Act to ask to see details of the information held regarding your child.



Child, family  
and birth details  
/ local and  
information  
sources

# Child's details

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:...../...../.....

G.P:  Code:

H.V:  Code:



Mother's name: ..... Date of birth:...../...../.....

Father's name: ..... Date of birth:...../...../.....

**Change of address** (including post code)

1): ..... Tel: .....

2): ..... Tel: .....

3): ..... Tel: .....

**Named Midwife/Team**

Name: ..... Tel: .....

**Family Doctor**

1) Name: ..... Address: ..... Tel: .....

2) Name: ..... Address: ..... Tel: .....

3) Name: ..... Address: ..... Tel: .....

**Health Visitor/Team**

1) Name: ..... Address: ..... Tel: .....

2) Name: ..... Address: ..... Tel: .....

3) Name: ..... Address: ..... Tel: .....

**Dentist**

Name: ..... Address: ..... Tel: .....

# Local information

## Child health clinics



- 1) Name: ..... Time: ..... Tel: .....
- 2) Name: ..... Time: ..... Tel: .....
- 3) Name: ..... Time: ..... Tel: .....
- 4) Name: ..... Time: ..... Tel: .....
- 5) Name: ..... Time: ..... Tel: .....

## Children's centre

.....

## Baby/toddler & parents' groups

- Name: ..... Time: ..... Tel: .....
- Name: ..... Time: ..... Tel: .....

## Playgroups

- ..... Tel: .....
- ..... Tel: .....

## Nursery schools/classes

- ..... Tel: .....
- ..... Tel: .....

## Other useful contacts

- ..... Tel: .....
- ..... Tel: .....
- ..... Tel: .....
- ..... Tel: .....



# Birth details & newborn examination

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B: ...../...../.....

G.P:       Code:

H.V:       Code:

Place of birth:.....

Date of birth:...../...../.....


Length of pregnancy in weeks: .....

Type of delivery: .....

Mother's NHS Number: .....

Problems in pregnancy, birth or neonatal period:  
.....  
.....

Admitted to Neonatal Intensive Care Unit?  
No  Yes, for .....days

 Birth Weight: .....kg Length: .....cm Head circumference: .....cm Date: ...../...../.....

## Newborn Examination

Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Examination of hips	Barlow and Ortolani tests on both	S P O T R N	
Testes	Ring 'N' for girls	S P O T R N	
Examination of eyes	Includes inspection and red reflex	S P O T R N	
Examination of heart	Colour, pulses, heart sounds, murmurs	S P O T R N	
Rest of Physical Examination	Including fontanelle, palate, spine, abdomen, urine system, passage of meconium	S P O T R N	

Date Performed:..... Performed by:..... Signature: .....

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined  
 Top copy: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department



# Important health problems



- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....
- 4: ..... Date: .....

## Specialist Clinics

- Name: ..... Unit Number: .....
- Name: ..... Unit Number: .....
- Name: ..... Unit Number: .....

## Special needs: (social, physical, educational, emotional)

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....
- 4: ..... Date: .....

## Serious allergies and reactions to drugs or vaccines

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....
- 4: ..... Date: .....

# Family history

**Parents:** Mother's name: ..... Date of birth: ...../...../.....  
Mother's educational level: .....  
Father's name: ..... Date of birth: ...../...../.....

## Are there any other children in the family?

Siblings name(s): .....  
Sex: .....  
Date of Birth: .....

## Is there any family history of:

**Yes No Comments**

Childhood deafness	<input type="checkbox"/>	<input type="checkbox"/>	.....
Fits in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Eye problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hip problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Reading and spelling difficulties	<input type="checkbox"/>	<input type="checkbox"/>	.....
Asthma / eczema / hayfever / allergies	<input type="checkbox"/>	<input type="checkbox"/>	.....
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	.....
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	.....

Are there any other particular illnesses or conditions in the mother's or father's family that you feel are important?

Is an interpreting service needed? No  Yes  If yes, which language? .....



# Information Service for Parents

advice you can trust

When you have a new baby, your whole world changes. You may have lots of questions about being a parent, but not know where to get the reliable answers you need.

The NHS Information Service for Parents is a free digital service which provides parents-to-be and new parents with information and advice you can trust. This covers a wide range of issues: staying healthy in pregnancy, preparing for birth and looking after your baby. There is advice on breastfeeding, weaning and immunisations and much more. Over one hundred videos show experts giving practical advice and parents discussing their own experiences.

Both mums and dads can sign up to receive regular emails, videos and SMS messages with advice related to the stage of pregnancy and the age of the child.

Sign up to the NHS Information Service for Parents today at [www.nhs.uk/parents](http://www.nhs.uk/parents)

For more health information and advice for you and your family, ask your health visiting team or General Practitioner.

# Information sources

## Birth to five

*Birth to Five* is an easy-to-use and practical guide for parents. It gives the latest advice and information on all aspects of child health, immunisation, healthy eating, childhood illnesses, child safety and reducing the risk of cot death.



Fully illustrated with photographs, cartoons and helpful diagrams it explains:

- \* the first few weeks and how your child will develop;
- \* learning and playing, habits and behaviour;
- \* feeding the family;
- \* where to get help and advice; and
- \* your rights and benefits.

The book may be available from your health visitor or visit Birth to Five at NHS Choices [www.nhs.uk/birthtofive](http://www.nhs.uk/birthtofive)

## NHS direct

NHS Direct is a 24-hour nurse-led helpline providing confidential healthcare advice and information on:

- \* What to do if you're feeling ill;
- \* Health concerns for you and your family;
- \* Local health services;
- \* Self-help and support organisations.

Calls to NHS Direct are charged at local rates.

NHS Direct Online provides a gateway to high quality and authoritative health information on the Internet. It is unique in being the only UK website supported by a 24-hour nurse-led helpline.

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**NHS** CALL 24 HOURS ON  
**Direct** 0845 4647

# Breastfeeding

**National Breastfeeding Helpline** (<http://www.nationalbreastfeedinghelpline.org.uk/>)

Call **0300 100 0212** for breastfeeding information and help for you and your baby. You can also call the Helpline to speak to your nearest trained volunteer mother who will be happy to listen to you in confidence.

Lines open 9.30am – 9.30pm every day of the week, do call again later if you don't get an answer straight away.

## Best Beginnings

You may have received a free copy of the **'From bump to breastfeeding'** DVD.

Now's a good time to watch it again.

If you have not received a copy yet, ask your midwife or health visitor, or go to [www.bestbeginnings.org.uk](http://www.bestbeginnings.org.uk) where you can watch the DVD online or buy a copy.

*What are the topics covered?*

In the main film, we meet nine different women and follow them on their journey..

- \* preparing for birth
- \* graphic of a baby attaching on the breast
- \* feeding out and about
- \* introducing other foods
- \* birth, skin-to-skin and early feeds
- \* the early days and weeks
- \* overcoming challenges



There are also five extra films, covering:

- \* the first few weeks
- \* overcoming challenges
- \* expressing and returning to work
- \* breastfeeding your sick or pre-term baby
- \* breastfeeding twins or more

∞ For further information about breastfeeding see **Birth to Five**.

## Reduce the risk of sudden infant death (cot death)

- \* The safest place for your baby to sleep is on their back in a cot or a crib in the room with you for the first six months
- \* Place your baby in the 'feet to foot' position (with their feet at the end of the cot, crib or pram)
- \* Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders
- \* Don't smoke in pregnancy — dads too! And don't let anyone smoke in the same room as your baby
- \* Never sleep with your baby on a sofa or armchair
- \* Do not let your baby get too hot
- \* Do not share a bed with your baby if:
  - you have been drinking alcohol
  - you have taken medication or drugs that make you sleep more heavily
  - you are very tired
  - you or your partner is a smoker
  - your baby was born premature (before 37 weeks)
  - your baby was low birth weight (less than 2.5 kgs or 5½ lbs)



I want blankets or a baby sleep bag, not a duvet or quilt

Put me to sleep on my back in the Feet to Foot position



I'm safest sleeping in my cot



If you think your baby is unwell seek advice promptly.

For more information about reducing the risk of sudden infant death – you can contact the Foundation for the Study of Infant Deaths by ringing their helpline on **0808 802 6868** or visit their website **[www.fsid.org.uk](http://www.fsid.org.uk)** or visit NHS Choices **<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/getting-baby-to-sleep.aspx>**





## What are the foundation years?

The foundation years are how the Government and early years professionals describe the time in your child's life between birth and age 5. The Early Years Foundation Stage (EYFS) framework sets the standards for learning, development and care for children during this period which nurseries, pre-schools, reception classes and childminders must follow.

The professionals caring for your child will discuss your child's development with you at any time and at the ages of 2 and 5, they will give you written information.

### **As a mum, dad or carer, how can I help with my child's learning?**

Parents/carers sometimes underestimate what they can do to support their child's development.

Everything you do with your child at home is important in supporting their learning and development. Talking and reading stories to babies and young children helps them to learn and understand new words and ideas. They respond in different ways long before they can talk themselves. Singing songs or nursery rhymes, or cooking with your child are a few examples of activities that can have a long lasting effect on your child's learning as they progress towards and through school.

### **Where can I go for further information?**

If you would like some ideas for things you can do at home to help your child learn, you can find out at your local children's centre. Many children's centres offer 'messy play' and other fun activities which you and your child can join in, and many of the activities they provide are free.

You can find the EYFS Framework at:

<https://www.education.gov.uk/publications/standard/AllPublications/Page1/DFE-00023-2012>

Visit <http://www.foundationyears.org.uk/parents/> for more information to help you support your child's development in their first few years of life.

## Children's Centres, early education and childcare

Playgroups, pre-school education and childcare are available in all districts. Look at the links below or ask your Health Visitor for details of services in your area.

### **SureStart**

Sure Start Children's Centres offer advice and support for families with children under five years old. The aim is to make sure your child gets the best possible start in life. Children's Centres vary from area to area in terms of what they offer but all aim to support learning for your child. Ask your health visitor or local authority for further information or alternatively visit the website below.

#### **Are you thinking of early education or childcare for your child as he or she grows?**

All children are entitled to 15 hours a week of free early education for 38 weeks of the year from 1<sup>st</sup> September, 1<sup>st</sup> January or 1<sup>st</sup> April following their third birthday until they start school. This is also available to the most disadvantaged two year olds (contact your local FIS for more information) and from September 2013 it will be extended to all disadvantaged two year olds. Free part time early education places are available in school nursery classes, nursery schools, day nurseries, playgroups or pre-schools or with childminders if they are part of a childminder network.

Most families can access funding to pay for a substantial amount of their childcare costs through the tax credit system, subject to individual circumstances. Some employers can also give you tax-free vouchers to help pay for childcare. To find out more about child benefits phone 0845 302 1444 and for information on tax credits phone 0845 300 3900.

You can find out more about local childminders, day nurseries and playgroups from your health visitor or local Family Information Service (FIS).

For information about these and other issues visit: <http://www.direct.gov.uk/en/Parents/Childcare/index.htm>

# Family Lives

Family Lives is a charity with over three decades of experience helping parents deal with the changes that are a constant part of family life. We know that many people play active roles in the raising of children within any family and we are here for all of them. Mums, dads, grandparents, stepparents and non-resident parents, we have a free service to support you with whatever issue you are facing.



## Services

- \* Family Lives website: [www.familylives.org.uk](http://www.familylives.org.uk)
- \* Free Confidential 24 Telephone support on any issue
- \* Parentline - 0808 800 2222
- \* Email Support: [parentsupport@familylives.org.uk](mailto:parentsupport@familylives.org.uk)
- \* Live Chat: <http://fmly.me/fliveonline>
- \* Online Forum: <http://familylives.org.uk/forums>
- \* Parenting Courses and Workshops

## Contact a Family

One in 20 children are born with a disability. Discovering that a child is ill or has a special need or disability can be difficult and parents may feel isolated. Contact a Family is a UK charity that gives support, information and advice to families, regardless of the child's disability or medical condition.

**contact** a family  
for families with disabled children

**Freephone helpline** – the helpline can give information and advice on a wide range of issues to families including benefits, education, short breaks and equipment and has access to 170 languages via interpreters.

**Linking families** – Contact a Family can refer parents to a suitable support group for their child's condition, offer one-to-one linking if no support group exists or direct families to their linking website MakingContact.org

**Publications and other information** – Contact a Family produces a wide range of publications including newsletters and guides for parents. They have a range of videos and podcasts on their website.

**Medical information** – The Contact a Family Directory contains 440 medical conditions – each entry provides an overview of the condition with details of support groups and is reviewed by an expert.

**One-to-one support** – Contact a Family offers both practical and emotional support on a one-to-one basis, through their family support service, volunteer parent representatives and local offices, which provide local newsletters, information, workshops and support for families. See the website for details.

### Get in touch

Contact a Family

209-211 City Road, London, EC1V 1JN

Freephone helpline 0808 808 3555 (Monday to Friday 9.30am–5.30pm).

Tel: 0207 608 8700

Email: [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk)

[www.cafamily.org.uk](http://www.cafamily.org.uk)

<http://makingcontact.org>

# Bookstart

**Bookstart**, the national programme brought to you by Booktrust, offers the gift of free books to all children at two key ages before they start school, to inspire a love of reading and writing that will give children a flying start in life.

Sharing books, talking about the pictures and spending time having fun together, will help you to build a strong and loving relationship with your child. It is good to start sharing stories, books and rhymes from as early an age as possible. Babies don't need to understand all the words; they will just love to listen to your voice and will soon join in as they learn to babble and talk.

Ask your health visitor how you can collect your packs or ask at your local library.

For more information about **Bookstart** visit [www.bookstart.org.uk](http://www.bookstart.org.uk)

Special packs are available for children that are deaf or visually impaired.



**bookstart**  
est. by booktrust 1992



## Bookstart baby pack for babies up to one year old

Date received .....

Signed .....



## Bookstart treasure pack for three to four year olds

Date received .....

Signed .....





Immunisation

# Your child will be offered the following immunisations

Age Due	Immunisation
8 weeks	<b>DTaP/IPV/Hib and PCV and Rota</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and pneumococcal conjugate vaccine and rotavirus vaccine)
12 weeks	<b>DTaP/IPV/Hib and MenC and Rota</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and meningococcal C vaccine and rotavirus vaccine)
16 weeks	<b>DTaP/IPV/Hib and PCV</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and pneumococcal conjugate vaccine)
Between 12 and 13 months of age (i.e. within a month of the first birthday)	<b>Hib/MenC</b> ( <i>Haemophilus influenzae</i> b [Hib] and meningococcal C vaccine)  <b>MMR and PCV</b> (measles, mumps, rubella vaccine and pneumococcal conjugate vaccine)
3 years 4 months	<b>DTaP/IPV or dTaP/IPV</b> (diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine) PRE-SCHOOL BOOSTER <b>MMR</b> (measles, mumps, rubella vaccine)
12-13 years (girls)	<b>HPV</b> (human papillomavirus vaccine) (three doses over six months)
13-14 years (school yr 9) or 14-15 years (school yr 10)	<b>dT/IPV</b> (low dose diphtheria, tetanus, inactivated polio vaccine) TEENAGE BOOSTER <b>MenC</b> (meningococcal C vaccine)

Some babies will need Hepatitis B and /or BCG vaccines. If in doubt discuss this with your midwife/health visitor.

The immunisations your child is offered may change with time. Your health visitor or practice nurse will talk to you and give you written information about immunisations. This and other information is available on NHS Choices <http://www.nhs.uk/Planners/vaccinations/Pages/aboutvaccinationhub.aspx>

**Do you know if you are immune to rubella (German measles)? If you are not immune you can be immunised, with MMR vaccine, to protect you and future babies.**

## What you can expect after vaccinations

After a vaccination, your baby may cry for a little while, but that usually settles soon with a cuddle or a feed. Most babies don't have any other reaction.

### Reactions at the site of the injection

Some babies have some swelling or redness where the injection was given and it may be sore to touch. This usually only lasts two to three days and doesn't need any treatment.

### Fever

Some babies may also develop a fever (a temperature higher than 37.5°C). For most vaccinations, this occurs within two to three days of the injection. If the vaccine is MMR, the fever comes on 6-10 days after the injection. If your baby feels hot you can take their temperature using a thermometer.

If your baby has a fever

- Make sure that they do not have too much clothing on or bedding over them

- Give them plenty of cool fluids

- Do not** put them in a bath, sponge them down or put a fan on them

Most of the time, a fever does not need treatment. However, if your baby seems miserable, they can have a dose of infant paracetamol or ibuprofen. The dose is on the bottle and it is very important not to give too much. It is not recommended to give medicine before or after a vaccination to prevent a temperature. Aspirin should never be given to children under 16 years old, unless prescribed by a specialist.

### After MMR

The MMR vaccine contains weakened ('attenuated') measles, mumps and rubella viruses. Occasionally children may develop mild measles, mumps or rubella.

After six to ten days, they may have a fever, be off colour and develop a measles rash.

Two to three weeks after the injection, they may have a fever and swollen glands like mumps.

Much less commonly they may have a rash and fever 12-14 days after the vaccine.

None of these reactions are infectious. Any other reaction is very uncommon.

If you are worried about a reaction, especially if your baby has a temperature 39-40°C or above, or has a fit, contact your GP or **NHS Direct on 0845 4647**.

More information about vaccines can be found in the booklet "A guide to immunisations up to 13 months of age" which you can get from your health visitor or practice nurse or you can visit [www.nhs.uk](http://www.nhs.uk).



# Hepatitis B infant immunisation programme

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ...../...../.....  
 G.P:  Code:   
 H.V:  Code:

Mother's surname:

Mother's first name:

Mother's NHS number:

## Indications for hepatitis B immunoglobulin and/or vaccine

### Mother's hepatitis B status

Hepatitis B surface antigen: Pos  Neg  Hepatitis B e antibody: Pos  Neg   
 Acute hepatitis B in pregnancy: Yes  No  Hepatitis B e antigen: Pos  Neg   
 High Viral Load (>10<sup>6</sup> IU/ml): Yes  No   
 Baby's birth weight <1.5 kg Yes  No

Dose	Age	Date	Batch No.	Site	Immuniser		Venue
					Signature	Name in CAPITALS	
Hepatitis B immunoglobulin (if needed)							
Babies should receive a five-dose course of hepatitis B vaccine according to the following schedule:							
1st Dose	Within 24 hours of birth						
2nd Dose	4 weeks						
3rd Dose	8 weeks						
Booster	12 months						
Booster	at same time as pre-school booster						
Baby's serology (at same time as 12 month booster)							
HBsAg Date: ..... Result: ..... HBsAb (if done) Date: ..... Result: .....							

Top copy: remain in PCHR. All subsequent copies return to Immunisation Section as each immunisation is completed

# BCG vaccination

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ...../...../.....  
 G.P:     Code:   
 H.V:     Code:

## For Babies Only

Mother's surname: .....  
 Mother's first name: .....  
 Mother's NHS number: .....



**Reason for BCG (please tick):** (see Department of Health guidelines for specific details)

- Universal neonatal programme
- Parent/grandparent born in a country with a high TB rate\*, please specify country: \_\_\_\_\_
- TB in a relative or close contact
- Travel to a country with a high TB rate\*
- Born or lived in a country with a high TB rate\*
- Other, please specify: \_\_\_\_\_

\* High TB rate = 40/100,000 or higher. For information on TB incidence by country see [www.hpa.org.uk](http://www.hpa.org.uk)

### Administration of prior skin test (if indicated):

Test	Date	Batch No.	Site	Immuniser		
				Signature	Name in CAPITALS	Venue
Mantoux						
Result – Measurement (mm)			Date	Signature	Name in CAPITALS	Venue

### Administration of BCG:

Date	Batch No.	Site	Signature	Immuniser	
				Name in CAPITALS	Venue

# Primary course of immunisations

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B: ..... / ..... / .....

G.P:    Code:

H.V:    Code:

## Breastfeeding

at 1st Imm:  
 Totally  Partially  Not at all

at 2nd Imm:  
 Totally  Partially  Not at all

at 3rd Imm:  
 Totally  Partially  Not at all

Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
<b>8 weeks</b>						
DTaP/IPV/Hib						
PCV						
Rota			By mouth			
<b>12 weeks</b>						
DTaP/IPV/Hib						
Men C						
Rota			By mouth			
<b>16 weeks</b>						
DTaP/IPV/Hib						
PCV						

Top copy: remain in PCHR  
 All subsequent copies return to Immunisation Section as each immunisation is completed

# MMR immunisation – first dose & second year boosters

Please press firmly 

\* Please place a sticker (if available) otherwise write in space provided.

• Surname:

• First names:


• NHS number:    Unit no:

• Address: ..... Sex: M / F

• ..... Post code: ..... D.O.B: ..... / ..... / .....

• G.P:  Code:

• H.V:  Code:

**Breastfeeding** at all at 1st birthday: 

Yes  No

Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
<i>Between 12 and 13 months</i>						
Hib/Men C						
MMR (1st dose)						
PCV						



# MMR immunisation – second dose & pre-school booster *Please press firmly*

\* Please place a sticker (if available) otherwise write in space provided.

• Surname:

• First names:

• NHS number:    Unit no:

• Address: ..... Sex: M / F

• ..... Post code: ..... D.O.B: ..... / ..... / .....

• G.P:  Code:

• H.V:  Code:



Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
MMR (2nd dose)						
DTaP/IPV or dTaP/IPV						
Other						

# MMR immunisation – second dose & pre-school booster Please press firmly

\* Please place a sticker (if available) otherwise write in space provided.

• Surname:

• First names:

• NHS number:    Unit no:

• Address: ..... Sex: M / F

• ..... Post code: ..... D.O.B: ..... / ..... / .....

• G.P:  Code:

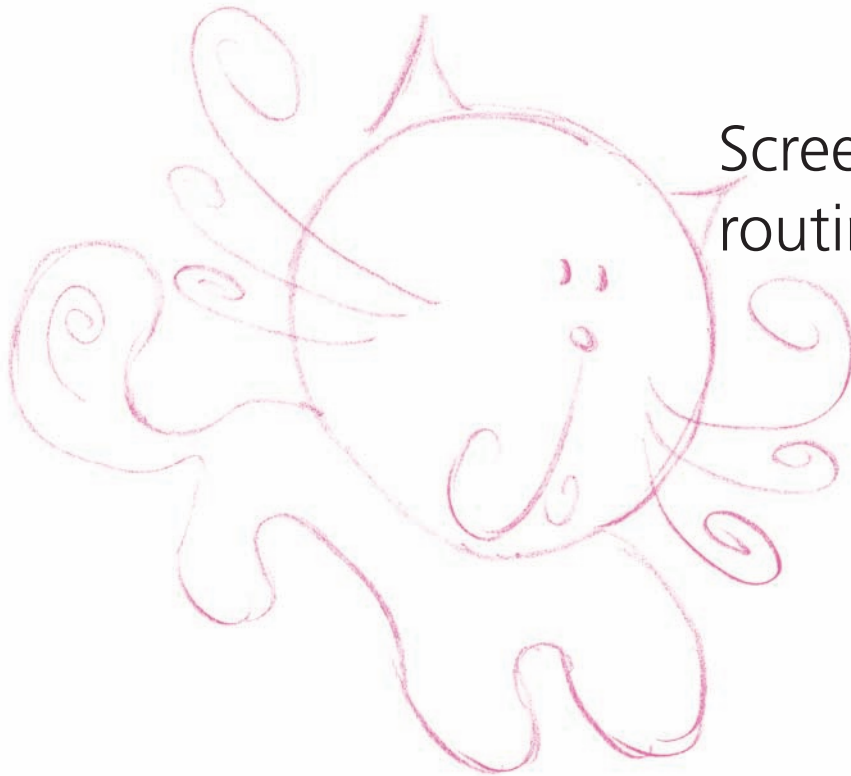
• H.V:  Code:



Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
MMR (2nd dose)						
DTaP/IPV or dTaP/IPV						
Other						

This additional copy should only be used if the MMR (2nd dose) is administered separately, and return to Immunisation Section.





## Screening and routine reviews



# Screening and routine reviews

Your doctor, health visitor, midwife or school nurse will offer simple routine checks for your child.

Some of these are called screening tests and include:

- \* hearing tests within first few weeks after birth
- \* blood tests for certain conditions which could cause health problems (for example phenylketonuria, hypothyroidism and sickle cell disease).

Checks of your baby's:

- \* hips
- \* heart
- \* eyes/vision
- \* testes, if a boy

Other checks or reviews may include:

- \* growth
- \* hearing
- \* general development

Screening tests and other health checks and reviews are done to pick up problems before they have been noticed. They can never be fully accurate in all cases. This means that sometimes there is a false alarm, when you will be told that your baby *may* have a condition. However, further tests may show that in fact she or he does not have the condition.

It also means that sometimes a problem may not be picked up even if it is present. So even if your baby has had a check for a condition and was found to be OK, if you think there may be a problem you should still point it out to your health visitor or GP. Do not assume that because the check was 'normal', there cannot be a problem.

**For more information on screening and routine reviews see *Birth to Five* and [www.screening.nhs.uk](http://www.screening.nhs.uk)**

# Can your baby see?

There is no easy way to test a young baby's eyes accurately, but you can help check there is no serious problem by watching how your baby uses his/her eyes. **Talk to your health visitor or GP as soon as possible if you are ever worried about your child's eyes or vision.**

## At all ages

If you notice any of the following: an opaque or white reflection in the pupil (dark area in centre of the eye), a change in colour of the iris (the coloured part of the eye), or the 'red eye' reflection missing or altered in a photograph, take your child to see a doctor as soon as possible.

### First two months

***Your child's eyes will be examined as part of the routine baby review during this period***

Yes No

Does your baby open his/her eyes and look at you?

Does your baby look at you when you move your head from side to side?

Have you noticed anything unusual about or in your child's eyes?

Does anyone in the family have serious eye disease that started in childhood?

### Babies and toddlers

Does your baby ever seem to have a squint (a 'turn' or a 'lazy' eye)?

Does your baby have any difficulty in seeing small objects (tiny bits of food, crumbs, bits of fluff) or recognising familiar people?

Does anyone in the family have a squint (a 'turn' or a 'lazy' eye), or wear glasses (starting in childhood)?

### Age two to school entry

Your child should be offered a vision test as part of their routine school entry physical examination (between 4 and 5 years). If you are concerned before that test is done, for example that your child may need glasses, talk to your doctor or health visitor.

Does your child have any squint (a 'turn' or a 'lazy' eye) or any difficulty in seeing (e.g. watching T.V., recognising you across a room, bumping into things, being unusually clumsy)?



# Can your baby hear?

## Screening Programmes

### Newborn Hearing

These two lists give pointers about what to look and listen out for as your baby grows to check if he/she can hear. Babies do differ in what they can do at any given age. The ages presented here are approximate only.

### Checklist for Reaction to Sounds

#### Shortly after birth – a baby:

Is startled by a sudden loud noise such as a hand clap or a door slamming. Blinks or opens eyes widely to such sounds or stops sucking or starts to cry.

#### 1 month – a baby:

Starts to notice sudden prolonged sounds like the noise of a vacuum cleaner and may turn towards the noise. Pauses and listens to the noises when they begin.

#### 4 months – a baby:

Quietens or smiles to the sound of familiar voice even when unable to see speaker and turns eyes or head towards voice. Shows excitement at sounds e.g. voices, footsteps etc.

#### 7 months – a baby:

Turns immediately to familiar voice across the room or to very quiet noises made on each side (if not too occupied with other things).

#### 9 months – a baby:

Listens attentively to familiar everyday sounds and searches for very quiet sounds made out of sight.

#### 12 months – a baby:

Shows some response to own name. May also respond to expressions like 'no' and 'bye bye' even when any accompanying gesture cannot be seen.

If at any stage in the baby or child's development you think he/she may have difficulties hearing, contact your health visitor or family doctor.

## Checklist for Making Sounds



### **4 months – a baby:**

Makes soft sounds when awake. Gurgles and coos.

### **6 months – a baby:**

Makes laughter-like sounds. Starts to make sing-song vowel sounds, e.g. a-a, muh, goo, der, aroo, adah.

### **9 months – a baby:**

Makes sounds to communicate in friendliness or annoyance. Babbles (e.g. 'da da da', 'ma ma ma', 'ba ba ba'). Shows pleasure in babbling loudly and tunefully. Starts to imitate other sounds like coughing or smacking lips.

### **12 months – a baby:**

Babbles loudly, often in a conversational-type rhythm. May start to use one or two recognisable words.

### **15 months – a baby:**

Makes lots of speech-like sounds. Uses 2-6 recognisable words meaningfully (e.g. 'teddy' when seeing or wanting the teddy bear).

### **18 months – a baby:**

Makes speech-like sounds with conversational-type rhythm when playing. Uses 6-20 recognisable words. Tries to join in nursery rhymes and songs.

### **24 months – a child:**

Uses 50 or more recognisable words appropriately. Puts 2 or more words together to make simple sentences e.g. more milk. Joins in nursery rhymes and songs. Talks to self during play (may be incomprehensible to others).

### **30 months – a child:**

Uses 200 or more recognisable words. Uses pronouns (e.g. I, me, you). Uses sentences but many will lack adult structure. Talks intelligibly to self during play. Asks questions. Says a few nursery rhymes.

### **36 months – a child:**

Has a large vocabulary intelligible to everyone.

## Screening Programmes

### Newborn Hearing

# Newborn hearing screening programme

## Screening Programmes

Newborn Hearing

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ..... / ..... / .....  
 G.P:  Code:   
 H.V:  Code:

Place: .....  
 (District/Hospital where screened)  
 Hosp  Clinic  Home   
 NICU Protocol: Yes  No

Community screening programme data: Screener ID: ..... Equipment No: .....  
 Consent: Screen: Yes  No  Data: Yes  No

	1st OAE	2nd OAE	AABR
	Date: ..... / ..... / .....	Date: ..... / ..... / .....	Date: ..... / ..... / .....
<b>Right Ear:</b>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Test No. (Community): .....	Test No. (Community): .....	Test No. (Community): .....
	Not Tested: Reason: .....	Not Tested: Reason: .....	Not Tested: Reason: .....
<b>Left Ear:</b>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Test No. (Community): .....	Test No. (Community): .....	Test No. (Community): .....
	Not Tested: Reason: .....	Not Tested: Reason: .....	Not Tested: Reason: .....

**Further Management:**  
 Discharge to routine child health surveillance  For further screen: OAE / AABR  Refer to audiology   
 Later follow-up at 8 months (corrected)  State reason: Declined Screen  Risk factor  **give details below:**  
 Risk factor details (if family history, state exact relative): .....  
 Name: ..... Signature: ..... Screener/Screening Co-ordinator/HV\*  
\*delete as applicable

# Developmental dislocation of the hip

## **(Sometimes called “Developmental Dysplasia of the Hip”- DDH)**

In some babies, the top of one or both of the thigh bones may be out of the hip joint, or have a tendency to move out of the joint. It is important to pick this up as soon as possible so that it can be treated. Soon after birth and at about 6-8 weeks your baby's hips will be checked for this problem. Unfortunately, even experts cannot always pick it up, and sometimes it develops later on. There are some things that indicate there could be a problem. If you notice any of the following, you should contact your health visitor or General Practitioner.


- \* A difference in the deep skin creases of the thighs between the two legs
- \* When you change your baby's nappy, one leg cannot be moved out sideways as far as the other.
- \* Your baby drags a leg when crawling
- \* One leg seems to be longer than the other
- \* You can hear or feel a click in one or both hips.
- \* Your child walks with a limp.

# New baby review

- \* A member of the health visiting team will visit you and your family at home, usually when your new baby is between 10-14 days old.
- \* This first visit gives you the chance to discuss any issues about the health and well-being of yourself, your new baby and the rest of the family. This is a chance to ask for any advice or information and to discuss any worries you may have.
- \* The health visiting team is led by a health visitor who is a trained nurse with specialist qualifications in child and family health.

Here are some of the things you may want to discuss:

- \* contacting the health visitor team in the future
- \* child health clinics
- \* feeding
- \* sleeping and crying
- \* advice on reducing the risk of cot death
- \* immunisation
- \* family health (yourself, your partner, your baby's brothers or sisters)
- \* registering your baby's birth
- \* child benefit
- \* home and car safety

 You may find it helpful to write down here anything you would like to discuss at the new baby review:

.....

.....

.....

.....

# New baby review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ..... / ..... / .....  
 G.P:  Code:   
 H.V:  Code:



Date of contact: .....  
 Nature of contact/location: .....  
 .....  
 By whom: .....  
 Weight (if indicated): .....  
 Age: .....




Breast feeding:    Totally     Partially     Not at all     Ethnicity of baby: .....  
 Any concerns about the baby's feeding? .....  
 .....  
 Mother current smoker     Other smoker in household     No smoker in household   
 Any concerns about the baby's health or behaviour? .....  
 .....  
 How is mother / family? .....  
 .....  
 Clinic/surgery to be attended for 6-8 week review: .....  
 Clinic/surgery to be attended for immunisations: .....  
 Follow-up required: No     Yes     GP     Community Paediatrician     Hospital     Other: .....  
 Location/Clinic: ..... Date/Interval: .....  
 Reason: ..... Signature: .....




# 6-8 week review

This review is usually done by your health visitor or a doctor. At this review your baby will have a full physical examination. This is a chance to talk about your baby, their health and general behaviour and discuss any worries, even minor things. Here are some things you may want to talk about when you go for the review. Remember that if you are worried about your child's health growth or development you can contact your health visitor or doctor at any time.



	Yes	No	Not sure
Do you feel well yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all going well feeding your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pleased with your baby's weight gain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby watch your face and follow with his/her eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby turn towards the light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby smile at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your baby can hear you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby startled by loud noises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby easy to look after?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any worries about your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




You may find it helpful to write down here anything you would like to discuss at the 6-8 week review:

.....

.....

## Results of newborn bloodspot screening



Condition	Results received? yes / no / not done	Follow up required? no / yes & reason	If follow up, outcome of follow up
PKU			
Hypothyroidism			
Sickle Cell			
Cystic Fibrosis			
MCADD			
Other			

# 6-8 week review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:...../...../.....

G.P:  Code:

H.V:  Code:



Date of contact: ..... Age: .....

Seen by: .....

Place seen: .....

Length (if indicated): .....cm .....centile

Weight: .....kg .....centile

Head circ.: .....cm .....centile

Breast feeding: Totally  Partially  Not at all

Third dose Vit K? No  Not Needed  Given

Any previous medical problems? Yes  No

If YES specify: .....

6-8 week review



Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Hips	Check for DDH	S P O T R N	
Testes/Genitalia	'O' if testes not fully descended	S P O T R N	
Heart	Murmur, Cyanosis, Femorals	S P O T R N	
Eyes	Cataract, Eye movements	S P O T R N	
Other physical features	General examination, Fontanelle, Palate, Spine	S P O T R N	
Hearing	Stills, Startles, Risk factors	S P O T R N	
Locomotion	Tone, Head control	S P O T R N	
Manipulation		S P O T R N	
Speech/Language	Social smile	S P O T R N	
Behaviour	Parental concerns, Sleep, Feeding	S P O T R N	

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined  
 Top copy: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department

# 1 year review

**Your baby is now one year old and is learning many new skills, such as:**

- \* turning to his/her name and making lots of new sounds
- \* enjoying pat-a-cake games and toys that make noises like rattles
- \* almost walking alone but you need to be close by
- \* picking up small things and exploring them so you need to keep him/her safe
- \* being demanding and pointing to things out of reach
- \* holding a spoon but needing more practice to feed him/herself
- \* using a feeder cup

S/he has his/her first tooth and has got used to tooth brushing with a fluoride toothpaste. S/he has been to the dentist. S/he needs to have his/her next immunisations.

***Birth to Five* gives information about what children are usually doing at this age.**

Other things you may want to talk about at the review are:

- \* your child's growth or weight
- \* vision or hearing
- \* sleep and routines
- \* behaviour
- \* encouraging your child's development
- \* childcare if you want to go back to work or training
- \* your own health

You may find it helpful to write down here anything you would like to discuss at the 1 year review:



# 1 year review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:...../...../.....

G.P:  Code:

H.V:  Code:



Date of contact: .....

Nature of contact/location: .....

.....

By whom: .....

Weight (if indicated): .....

Age: .....



Date of last breastfeed: ...../...../.....

Mother current smoker  Other smoker in household  No smoker in household

.....

.....

.....

.....

.....

.....

.....

.....

.....

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

## 2-2½ year review

**Your child is 2-2½ years old and is learning many new skills, such as:**

- \* wanting to explore everything and be more independent
- \* wanting to run and climb and always being on the go
- \* enjoying messy play but not sharing!
- \* starting to join up words and trying to repeat words you say. Favourite words are “NO” and “MINE!”
- \* enjoying books and joining in with songs and rhymes
- \* liking being close to you and having cuddles and hugs
- \* playing with other children
- \* using a spoon at mealtimes and using a feeder cup
- \* starting to show an interest in potty training
- \* turning from laughter to anger very quickly, which can be hard work

S/he has got used to tooth brushing with a fluoride toothpaste.

S/he has been to the dentist.

***Birth to Five* gives information about what children are usually doing at this age.**

Other things you may want to talk about at the review are:

- \* speech and language
- \* learning
- \* diet
- \* behaviour
- \* safety
- \* your own health

You may find it helpful to write down here anything you would like to discuss at the 2-2½ year review:

.....

.....





# Health review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:...../...../.....

G.P:  Code:

H.V:  Code:



Date of contact: .....

Nature of contact/location: .....

By whom: .....

Weight (if indicated): .....

Age: .....



Large dotted writing area for notes.

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

# Health review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:...../...../.....

G.P:  Code:

H.V:  Code:



Date of contact: .....

Nature of contact/location: .....

By whom: .....

Weight (if indicated): .....

Age: .....



Large area with horizontal dotted lines for writing notes.

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....



# School Health Service

- \* The School Health Service offers advice and support throughout your child's school years.
- \* The school nurse or doctor can help if you have concerns about your child's health or development that may affect their education. They also support school staff in meeting children's special needs in school.
- \* Tests of eyesight and hearing are usually offered during the first year at school as well as a general health assessment including height and weight. If you have any concerns, discuss these with the school nurse.
- \* As your child gets older he or she will be able to talk to the school nurse about their health or about any worries they may have.
- \* It is important that your child's immunisations are up to date before starting school. If you are unsure please check with your health visitor or general practitioner.

Please note anything you would like to discuss with the school nurse: .....

.....

.....

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.....

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.....

.....

.....







## Your child's firsts and growth charts

# Your child's developmental firsts

Babies want to explore the world around them. Your baby grows and learns faster in the first year than at any other time. There are many things that all babies and young children do, but not always at the same age or in the same order. Use these pages to note down when your child does things for the first time.

## Finding out about moving...

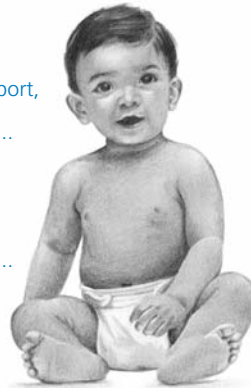


Lifts head clear of ground,  
aged:.....



Rolls over,  
aged:.....

Sits with support,  
aged:.....



Sits alone,  
aged:.....

Crawls,  
aged:.....  
and/or  
Bottom shuffles,  
aged:.....



Stands holding on,  
aged:.....

Stands alone,  
aged:.....



Walks holding on,  
aged:.....

Walks alone,  
aged:.....



First outdoor walk,  
aged:.....

See *Birth to Five* for more information on children's development.

Finding out about hands... 



Stares at hands,  
aged:.....

Grabs and holds things  
using whole hand,  
aged:.....



Picks up small  
things using finger  
and thumb,  
aged:.....



Drops things on purpose,  
aged:.....

Reaches out for things  
such as your hair,  
aged:.....



Feeds with a spoon,  
aged:.....



Finger feeds,  
aged:.....



Holds pencil and makes marks,  
aged:.....

Opens cupboards,  
aged:.....

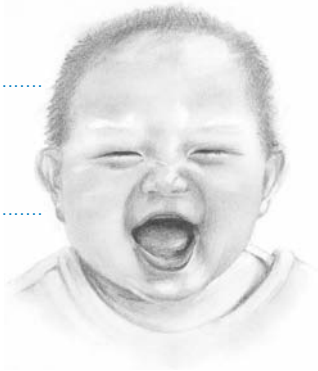


Finding out about words...



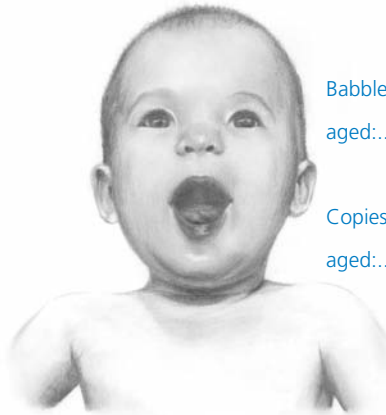
Smiles,  
aged:.....

Laughs,  
aged:.....

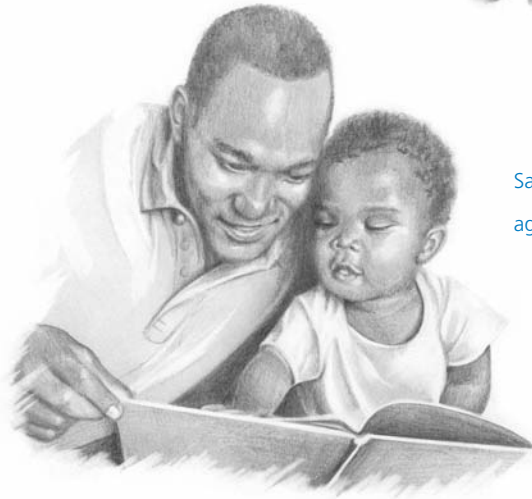


Babbles,  
aged:.....

Copies noises,  
aged:.....



Says "mama" – to anyone,  
aged:.....

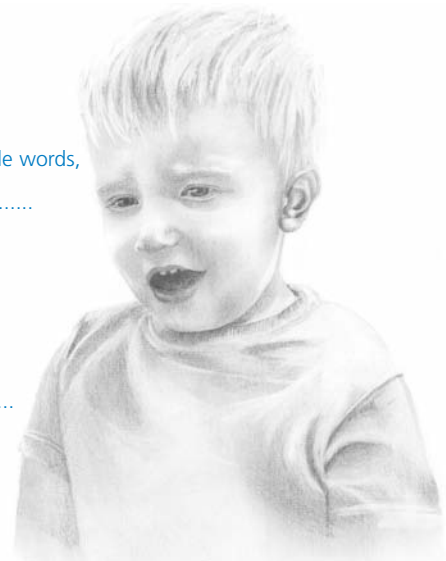


Says recognisable word,  
aged:.....

Helps turn pages  
in a book,  
aged:.....

Joins two  
recognisable words,  
aged:.....

Speaks in  
sentences,  
aged:.....



See *Birth to Five* for more information on children's development.

Finding out about people...



Stares at your face,  
aged:.....



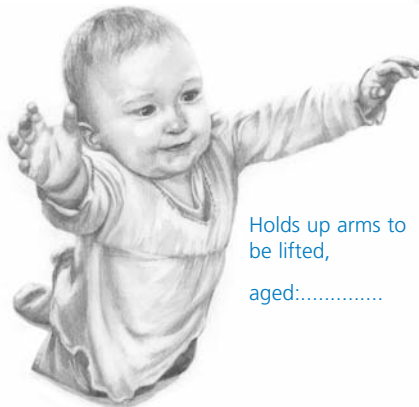
Moves eyes to  
watch you,  
aged:.....



Smiles for special people,  
aged:.....



Cries when you  
leave the room,  
aged:.....



Holds up arms to  
be lifted,  
aged:.....



Usually sleeps  
through the night,  
aged:.....

Favourite games...

Aged:

Aged:

.....

Comments:.....

.....

Other firsts...



A large light blue rectangular area containing 20 horizontal dotted lines for writing.

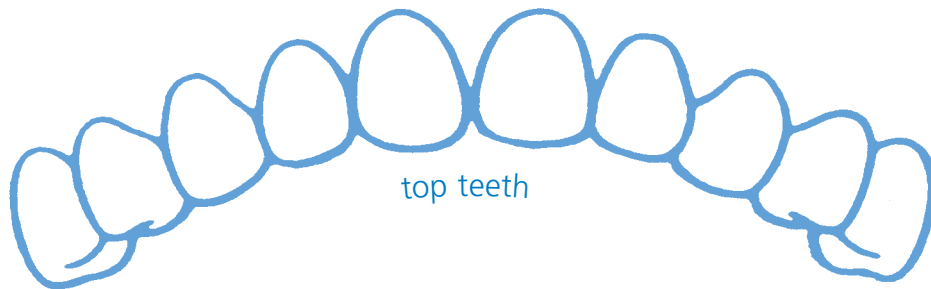


# Dental health

You can take your child to see an NHS dentist for preventive advice as soon as he/she is born.

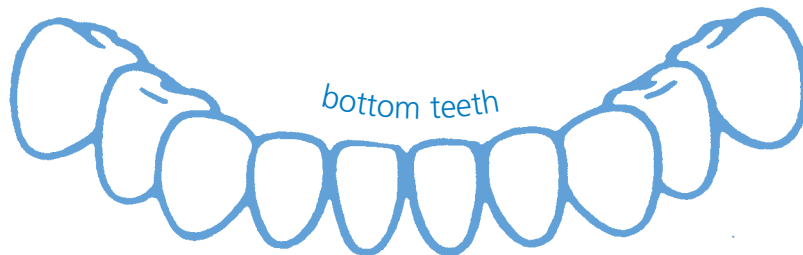
**NHS dental treatment for children is free.**

Put your child's age in months on the chart below as each tooth appears... 



Age first tooth came through:

.....



For more information on caring for your child's teeth see *Birth to Five*.  
Can also be viewed by searching for *Birth to Five* at [www.dh.gov.uk](http://www.dh.gov.uk)

























# Height conversion chart

cm	ft	in	ft	in	cm	ft	in	cm	ft	in	cm	ft	in	cm	ft	in
30.5	1	0.0	2	1.4	64.5	3	3.0	99.0	3	3.0	133.5	4	4.6	168.0	5	6.1
31.0	1	0.2	2	1.6	65.0	3	3.2	99.5	3	3.2	134.0	4	4.8	168.5	5	6.3
31.5	1	0.4	2	1.8	100.0	3	3.4	100.0	3	3.4	134.5	4	5.0	169.0	5	6.5
32.0	1	0.6	2	2.0	100.5	3	3.6	100.5	3	3.6	135.0	4	5.1	169.5	5	6.7
32.5	1	0.8	2	2.2	101.0	3	3.8	101.0	3	3.8	135.5	4	5.3	170.0	5	6.9
33.0	1	1.0	2	2.4	101.5	3	4.0	101.5	3	4.0	136.0	4	5.5	170.5	5	7.1
33.5	1	1.2	2	2.6	102.0	3	4.2	102.0	3	4.2	136.5	4	5.7	171.0	5	7.3
34.0	1	1.4	2	2.8	102.5	3	4.4	102.5	3	4.4	137.0	4	5.9	171.5	5	7.5
34.5	1	1.6	2	3.0	103.0	3	4.6	103.0	3	4.6	137.5	4	6.1	172.0	5	7.7
35.0	1	1.8	2	3.2	103.5	3	4.7	103.5	3	4.7	138.0	4	6.3	172.5	5	7.9
35.5	1	2.0	2	3.4	104.0	3	4.9	104.0	3	4.9	138.5	4	6.5	173.0	5	8.1
36.0	1	2.2	2	3.6	104.5	3	5.1	104.5	3	5.1	139.0	4	6.7	173.5	5	8.3
36.5	1	2.4	2	3.8	105.0	3	5.3	105.0	3	5.3	139.5	4	6.9	174.0	5	8.5
37.0	1	2.6	2	4.0	105.5	3	5.5	105.5	3	5.5	140.0	4	7.1	174.5	5	8.7
37.5	1	2.8	2	4.1	106.0	3	5.7	106.0	3	5.7	140.5	4	7.3	175.0	5	8.9
38.0	1	3.0	2	4.3	106.5	3	5.9	106.5	3	5.9	141.0	4	7.5	175.5	5	9.1
38.5	1	3.2	2	4.5	107.0	3	6.1	107.0	3	6.1	141.5	4	7.7	176.0	5	9.3
39.0	1	3.4	2	4.7	107.5	3	6.3	107.5	3	6.3	142.0	4	7.9	176.5	5	9.5
39.5	1	3.6	2	4.9	108.0	3	6.5	108.0	3	6.5	142.5	4	8.1	177.0	5	9.7
40.0	1	3.7	2	5.1	108.5	3	6.7	108.5	3	6.7	143.0	4	8.3	177.5	5	9.9
40.5	1	3.9	2	5.3	109.0	3	6.9	109.0	3	6.9	143.5	4	8.5	178.0	5	10.1
41.0	1	4.1	2	5.5	109.5	3	7.1	109.5	3	7.1	144.0	4	8.7	178.5	5	10.3
41.5	1	4.3	2	5.7	110.0	3	7.3	110.0	3	7.3	144.5	4	8.9	179.0	5	10.5
42.0	1	4.5	2	5.9	110.5	3	7.5	110.5	3	7.5	145.0	4	9.1	179.5	5	10.7
42.5	1	4.7	2	6.1	111.0	3	7.7	111.0	3	7.7	145.5	4	9.3	180.0	5	10.9
43.0	1	4.9	2	6.3	111.5	3	7.9	111.5	3	7.9	146.0	4	9.5	180.5	5	11.1
43.5	1	5.1	2	6.5	112.0	3	8.1	112.0	3	8.1	146.5	4	9.7	181.0	5	11.3
44.0	1	5.3	2	6.7	112.5	3	8.3	112.5	3	8.3	147.0	4	9.9	181.5	5	11.5
44.5	1	5.5	2	6.9	113.0	3	8.5	113.0	3	8.5	147.5	4	10.1	182.0	5	11.7
45.0	1	5.7	2	7.1	113.5	3	8.7	113.5	3	8.7	148.0	4	10.3	182.5	5	11.9
45.5	1	5.9	2	7.3	114.0	3	8.9	114.0	3	8.9	148.5	4	10.5	183.0	5	12.1
46.0	1	6.1	2	7.5	114.5	3	9.1	114.5	3	9.1	149.0	4	10.7	183.5	5	12.3
46.5	1	6.3	2	7.7	115.0	3	9.3	115.0	3	9.3	149.5	4	10.9	184.0	5	12.5
47.0	1	6.5	2	7.9	115.5	3	9.5	115.5	3	9.5	150.0	4	11.1	184.5	5	12.7
47.5	1	6.7	2	8.1	116.0	3	9.7	116.0	3	9.7	150.5	4	11.3	185.0	5	12.9
48.0	1	6.9	2	8.3	116.5	3	9.9	116.5	3	9.9	151.0	4	11.4	185.5	5	13.1
48.5	1	7.1	2	8.5	117.0	3	10.1	117.0	3	10.1	151.5	4	11.6	186.0	5	13.3
49.0	1	7.3	2	8.7	117.5	3	10.3	117.5	3	10.3	152.0	4	11.8	186.5	5	13.5
49.5	1	7.5	2	8.9	118.0	3	10.5	118.0	3	10.5	152.5	5	0.0	187.0	5	13.7
50.0	1	7.7	2	9.1	118.5	3	10.7	118.5	3	10.7	153.0	5	0.2	187.5	5	13.9
50.5	1	7.9	2	9.3	119.0	3	10.9	119.0	3	10.9	153.5	5	0.4	188.0	5	14.1
51.0	1	8.1	2	9.5	119.5	3	11.1	119.5	3	11.1	154.0	5	0.6	188.5	5	14.3
51.5	1	8.3	2	9.7	120.0	3	11.2	120.0	3	11.2	154.5	5	0.8	189.0	5	14.5
52.0	1	8.5	2	9.9	120.5	3	11.4	120.5	3	11.4	155.0	5	1.0	189.5	5	14.7
52.5	1	8.7	2	10.1	121.0	3	11.6	121.0	3	11.6	155.5	5	1.2	190.0	5	14.9
53.0	1	8.9	2	10.3	121.5	3	11.8	121.5	3	11.8	156.0	5	1.4	190.5	5	15.1
53.5	1	9.1	2	10.4	122.0	4	0.0	122.0	4	0.0	156.5	5	1.6	191.0	5	15.3
54.0	1	9.3	2	10.6	122.5	4	0.2	122.5	4	0.2	157.0	5	1.8	191.5	5	15.5
54.5	1	9.5	2	10.8	123.0	4	0.4	123.0	4	0.4	157.5	5	2.0	192.0	5	15.7
55.0	1	9.7	2	11.0	123.5	4	0.6	123.5	4	0.6	158.0	5	2.2	192.5	5	15.9
55.5	1	9.9	2	11.2	124.0	4	0.8	124.0	4	0.8	158.5	5	2.4	193.0	5	16.1
56.0	1	10.0	2	11.4	124.5	4	1.0	124.5	4	1.0	159.0	5	2.6	193.5	5	16.3
56.5	1	10.2	2	11.6	125.0	4	1.2	125.0	4	1.2	159.5	5	2.8	194.0	5	16.5
57.0	1	10.4	2	11.8	125.5	4	1.4	125.5	4	1.4	160.0	5	3.0	194.5	5	16.7
57.5	1	10.6	2	12.0	126.0	4	1.6	126.0	4	1.6	160.5	5	3.2	195.0	5	16.9
58.0	1	10.8	2	12.2	126.5	4	1.8	126.5	4	1.8	161.0	5	3.4	195.5	5	17.1
58.5	1	11.0	2	12.4	127.0	4	2.0	127.0	4	2.0	161.5	5	3.6	196.0	5	17.3
59.0	1	11.2	2	12.6	127.5	4	2.2	127.5	4	2.2	162.0	5	3.8	196.5	5	17.5
59.5	1	11.4	2	12.8	128.0	4	2.4	128.0	4	2.4	162.5	5	4.0	197.0	5	17.7
60.0	1	11.6	2	13.0	128.5	4	2.6	128.5	4	2.6	163.0	5	4.2	197.5	5	17.9
60.5	1	11.8	2	13.2	129.0	4	2.8	129.0	4	2.8	163.5	5	4.4	198.0	5	18.1
61.0	2	0.0	3	1.4	129.5	4	3.0	129.5	4	3.0	164.0	5	4.6	198.5	5	18.3
61.5	2	0.2	3	1.6	130.0	4	3.2	130.0	4	3.2	164.5	5	4.8	199.0	5	18.5
62.0	2	0.4	3	1.8	130.5	4	3.4	130.5	4	3.4	165.0	5	5.0	199.5	5	18.7
62.5	2	0.6	3	2.0	131.0	4	3.6	131.0	4	3.6	165.5	5	5.2	200.0	5	18.9
63.0	2	0.8	3	2.2	131.5	4	3.8	131.5	4	3.8	166.0	5	5.4			
63.5	2	1.0	3	2.4	132.0	4	4.0	132.0	4	4.0	166.5	5	5.6			
64.0	2	1.2	3	2.6	132.5	4	4.2	132.5	4	4.2	167.0	5	5.7			
64.5	2	1.4	3	2.8	133.0	4	4.4	133.0	4	4.4	167.5	5	5.9			

<b>Age</b>	<b>Reason for contact</b>	<b>Date/time due</b>	<b>Place</b>
Within 72 hours	Full physical examination		
5-8 days	Blood sample for screening tests (heel prick)		
10-14 days (usually)	New baby review		
In 1st month	Hearing screening		
6-8 weeks	Full physical examination		
8 weeks	1st set of immunisations		
12 weeks	2nd set of immunisations		
16 weeks	3rd set of immunisations		
8-12 months	Health review		
12-13 months	1st dose MMR vaccine and booster immunisations		
2-2½ years	Health review		
3 years 4 months	2nd dose MMR vaccine (can be given earlier) and pre-school booster immunisations		
4-5 years	Vision check		
School entry (reception class)	Height, weight and hearing check		
10-11 years	Height and weight check		
12-13 years (girls only)	HPV vaccine		
13-18 years	Teenage booster immunisations		

This is a list of the minimum contacts that are provided for your child during their pre-school and school aged years. This may vary according to your child's needs and to local policy.