## PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:
- Age at Visit: ___ yrs ___ mths

- Current Family:
  - Birth family  ☐ Adopted  ☐ Foster care  ☐ Guardian care changed since 12 months old  ☐ Foster/Adopted Parents:

## PARENT / GUARDIAN CONCERNS:

### NUTRITION (SINCE 12 MONTHS OLD)

<table>
<thead>
<tr>
<th>Do You Currently Breastfeed? (only check one)</th>
<th>Vitamin D Supplementation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never breastfed</td>
<td>Do you have Vit. D drops at home?</td>
</tr>
<tr>
<td>☐ No, discontinued at: ___ mths</td>
<td>If Yes: Are they given to baby?</td>
</tr>
<tr>
<td>☐ Breast milk in the past 7 days</td>
<td>Rickets Diagnosis: ☐ No ☐ Yes ☐ Unknown</td>
</tr>
</tbody>
</table>

#### How often does your child eat or drink:
- Country Food (trad. meat, berries, etc.):
  - Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more
  - Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more
- Sweetened drinks (candies, pop, etc.):
  - Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more
  - Never ☐ < Once/week ☐ ≥ Once/week ☐ Daily or more

#### Since your child was 12 months old:
- Were there times when the food for you and your family just did not last and there was no money to buy enough food? ☐ Never ☐ Sometimes ☐ Often ☐ Don’t know/Refused
- Has your baby attended an early childhood care program? ☐ Never ☐ Yes (specify): ___________

### DENTAL
- Teeth brushing frequency: ☐ < Daily ☐ Daily ☐ > Daily
- Tooth extractions: ☐ No ☐ Yes
- Oral assessment: ☐ Healthy ☐ Unhealthy
- Tooth decay (including white spots): ☐ No ☐ Yes

### ENVIRONMENT
- Maternal Smoking: ☐ No ☐ Yes → Amount (cig/day): ______
- Location of smoking: ☐ Inside ☐ Outside
- # People smoking inside the house: ______
- # People in house: ______  # Bedrooms in house: ______
- Substance use in household: ☐ No ☐ Yes ☐ Don’t Know/Refused
- Do you have any concerns regarding your child’s safety? ☐ No ☐ Yes
- Nurse suspects abuse: ☐ No ☐ Yes ☐ Unsure
- Social services involved: ☐ No ☐ Yes ☐ Unknown

### PHYSICAL EXAMINATION / MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>N A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes (red reflex)/Visual acuity</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Corneal light reflex</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Ocular-uncover test &amp; inquiry</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Hearing inquiry</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Tonsil size / Teeth</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Heart</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

#### Developmental Assessment:
- Parental concern about delay: ☐ No ☐ Yes
- Tool used: ___________
- General development delay ‘Impression’: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Speech/language delay ‘Impression’: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Referral for support: ☐ P.T. ☐ O.T. ☐ Speech ☐ Other
- Diagnosed developmental condition:

#### SINCE BIRTH:
- Had injury serious enough to seek medical attention: ☐ No ☐ Yes
- If yes: Head injuries: ☐ No ☐ Yes → Injury severity: ☐ Mild ☐ Severe
- Fractures: ☐ No ☐ Yes
- Dental: ☐ No ☐ Yes
- Burns: ☐ No ☐ Yes

### 12 MONTHS OLD:
- Birth Defects detected:
- Ear tube insertion: ☐ No ☐ Yes
- Chronic draining ears: ☐ No ☐ Yes
- # times Antibiotics taken for ear infections: __________
- Reactive airway / Asthma: ☐ No ☐ Yes → If Yes: Age at onset: __________
- Seizures: ☐ No ☐ Yes → If Yes: Meds required ☐ No ☐ Yes
- w/ Fever: ☐ No ☐ Yes ☐ Unknown
- w/ Low blood sugar: ☐ No ☐ Yes ☐ Unknown

### LUNG INFECTIONS:
- # Admissions: __________
- Admission to: Type(s):
  - ☐ Health centre ☐ Pneumonia
  - ☐ Regional hospital ☐ Bronchitis
  - ☐ Tertiary centre ☐ TB
  - ☐ ICU ☐ Unknown ☐ Other

### AMENIA SCREENING
- Hgb (fingerprick): _______
- If needed, do venipunc: ☐ Done ☐ Not done
- Lab Results: (if venipunc - fill in later)
  - Hgb _______
  - MCV _______ Ferritin _______ CRP _______

### ASSESSMENT
- Include notes on abnormal findings
  - ☐ Well infant ☐ Needs follow-up ☐ Needs referral

### VACCINES UP-TO-DATE:
- ☐ No ☐ Yes ☐ Unknown (follow Nunavut Immunization Guide)

### SIGNATURE:

Date: DD MM YYYY
### Nutrition:
- □ 1% to 2% milk (≈500mL [16oz]/day)
- □ Limit 100% pure juice to ≈120–200mL (4-6 oz) /day
- □ Avoid sweet liquids

### Issues:
- □ Second-hand smoke / Amauti
- □ No pacifiers
- □ Encourage reading
- □ Toilet learning
- □ Assess child care / School readiness

### Injury Prevention:
- □ Car seat (child/booster) / Amauti
- □ Bike helmets
- □ Choking / safe toys

### Behaviour and Family Issues:
- □ Discipline / Parenting skills programs
- □ Parent/child interaction
- □ Family conflict/stress

### References:
- Encourage country food
- Nunavut’s Food Guide
- Vit. D deficiency prevention (review NU protocol)
- Socializing opportunities
- Environmental Health including:
  - Sun exposure/ Sunscreens/ Insect repellent
  - Pesticide exposure
  - Serum lead if at risk
- Dental cleaning / Fluoride / Dentist
- No OTC cough/cold medn
- Complementary/ alternative medicine
- Active healthy living / Screen time
- Carbon monoxide/Smoke detectors
- Matches
- Firearm safety/removal
- Water Safety
- Bath Safety
- High risk children
- Siblings
- Refer to local community programs, i.e. Wellness programs

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Physical Examination and Education & Advice: strength of recommendation based on literature review using Canadian Task Force on Preventative Health Care classification: **Good (bold type); Fair (italic type); Consensus (plain type).**

See Nunavut Well-Baby Guidelines/Resources