

Early Childhood Assessment Form

Name:

HCN:

Date of Birth:

(First, Middle, Last)

(YYYY/MM/DD)

Standard Assessment

Additional Assessment

06/2015 PHNF 402

Encounter Date (yyyy/mm/dd)						
Age						
Immunization Only (✓)						
General Health	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Parental Concern	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Targeted Questions	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Growth	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Feeding Relationship	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Breastfeeding	EXB NEB NBF	EXB NEB NBF	EXB NEB NBF	EXB NEB NBF	EXB NEB NBF	EXB NEB NBF
Formula Feeding/Milk (type)	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Nutrients of Concern	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Elimination	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Complementary Feeding	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Oral Health	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
Physical Sleep/Cry	NAP	NAP	NAP	NAP	NAP	NAP
Head to Toe	NAP	NAP	NAP	NAP	NAP	NAP
Hearing	NAP	NAP	NAP	NAP	NAP	NAP
Vision	NAP	NAP	NAP	NAP	NAP	NAP
Developmental Screen	NAP	NAP	NAP	NAP	NAP	NAP
Speech/Language	NAP	NAP	NAP	NAP	NAP	NAP
Sexual Health	NAP	NAP	NAP	NAP	NAP	NAP
Health Ed/Injury Prevention	NAP	NAP	NAP	NAP	NAP	NAP
Family Dynamics	NAP	NAP	NAP	NAP	NAP	NAP
Violence/Abuse	NAP	NAP	NAP	NAP	NAP	NAP
Seasonal	NAP	NAP	NAP	NAP	NAP	NAP
Second Hand Smoke						
Handouts (Initials)						
PHN Signature						

Code for charting screening/counselling: NA: Not assessed (only applies to Standard Assessments)
NAP: No Apparent Problem **REF:** Referred **CLS:** Closed – referral completed, concern no longer exists
OBS: Observe for future referral **UCC:** Under Continued Care by another health professional
Breastfeeding: **EXB:** exclusive **NEB:** non exclusive **NBF:** no breastfeeding **X:** see narrative for comments **XM:** see mother’s record

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Elimination	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
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Oral Health	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP	NA NAP
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Health Ed/Injury Prevention	NAP	NAP	NAP	NAP	NAP	NAP
Family Dynamics	NAP	NAP	NAP	NAP	NAP	NAP
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Seasonal	NAP	NAP	NAP	NAP	NAP	NAP
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