

My health checks



Health checks

Regular health and development checks are recommended for all babies and young children to see that they are growing and developing normally, and to find health problems so that they can be treated early.

Newborn

A newborn baby (1 to 4 weeks) health check is usually done by a Child and Family Health Service nurse as part of the 'universal contact' visit, which is offered to all parents or caregivers of newborns.

2 weeks and 6 weeks

See your doctor for your baby's 2 weeks and 6 weeks health checks (a medical check is recommended within the first 6 weeks of birth).

6 to 9 months and 18 to 24 months

Check your child's development against the developmental milestones on pages 7-11. If you have any concerns about your child's health and/or development contact the Child and Family Health Service on 1300 733 606 to book an appointment for a health check for your child.

At 6 to 9 months and 18 to 24 months parents will be offered the Ages and Stages Developmental Questionnaire, which supports the identification of developmental delay.

Preschool

You will be offered a preschool health check for your child when they attend kindergarten or preschool. The kindergarten or preschool will provide you with information about the health check and how to make an appointment.



1 to 4-week health check

Offered by the Child and Family Health Service.
Please tick boxes if checked.

Health check	1-4 weeks	
Date completed	/	/
Age		
Weight	g	%
Length	cm	%
Head circumference	cm	%
Head shape, including fontanelles	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Mouth/palate	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Reflexes	<input type="checkbox"/>	
Femoral pulses	<input type="checkbox"/>	
Hips	<input type="checkbox"/>	
Limbs and spine; hands, feet, toes	<input type="checkbox"/>	
Abdomen and umbilicus	<input type="checkbox"/>	
Genitalia and inguinal area	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Immunisation (as per schedule)	Y / N	
Breastfeeding	Y / N	

Information for parents (include referrals if needed)

After this visit:

Health check completed by:

2-week health check

See your doctor for this check. Please tick boxes if checked.

Health check	2 weeks	
Date completed	/ /	
Age		
Weight	g	%
Length	cm	%
Head circumference	cm	%
Head shape, including fontanelles	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Mouth/palate	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Reflexes	<input type="checkbox"/>	
Femoral pulses	<input type="checkbox"/>	
Hips	<input type="checkbox"/>	
Limbs and spine	<input type="checkbox"/>	
Abdomen and umbilicus	<input type="checkbox"/>	
Genitalia and inguinal area	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Immunisation (as per schedule)	Y / N	
Breastfeeding	Y / N	

Information for parents (include referrals if needed)

After this visit:

Health check completed by:

6-week health check

See your doctor for this check. Please tick boxes if checked.

Health check	6 weeks	
Date completed	/ /	
Age		
Weight	g	%
Length	cm	%
Head circumference	cm	%
Head shape, including fontanelles	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Mouth/palate	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Reflexes	<input type="checkbox"/>	
Femoral pulses	<input type="checkbox"/>	
Hips	<input type="checkbox"/>	
Limbs and spine	<input type="checkbox"/>	
Abdomen and umbilicus	<input type="checkbox"/>	
Genitalia and inguinal area	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Immunisation (as per schedule)	Y / N	
Breastfeeding	Y / N	

Information for parents (include referrals if needed)

After this visit:

Health check completed by:

6 to 9-month health check

Offered by the Child and Family Health Service.
Please tick boxes if checked.

Health check	6-9 months	
Date completed	/ /	
Age		
Weight	g	%
Length	cm	%
Head circumference	cm	%
Head shape, including fontanelles	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Dental – Lift the lip	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Hips (abduction)	<input type="checkbox"/>	
Limbs and spine	<input type="checkbox"/>	
Genitalia and inguinal area	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Development	<input type="checkbox"/>	
Immunisation (as per schedule)	Y / N	
Breastfeeding	Y / N	

Information for parents (include referrals if needed)

After this visit:

Health check completed by:

18 to 24-month health check

Offered by the Child and Family Health Service.
Please tick boxes if checked.

Health check	18-24 months	
Date completed	/	/
Age		
Weight	g	%
Length	cm	%
Head circumference	cm	%
Eyes	<input type="checkbox"/>	
Dental – Lift the lip	<input type="checkbox"/>	
Gait	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Development	<input type="checkbox"/>	
Immunisation (as per schedule)	Y / N	
Breastfeeding	Y / N	

Information for parents (include referrals if needed)

After this visit:

Health check completed by:

3 years and preschool health checks

Offered by the Child and Family Health Service. Please tick boxes if checked.

Health check	3 years	
Date completed	/	/
Age		
Weight	g	%
Length	cm	%
Eyes	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Dental – Lift the Lip	<input type="checkbox"/>	
Testes fully descended R/L	<input type="checkbox"/>	
Gait	<input type="checkbox"/>	
Development	<input type="checkbox"/>	
Immunisation (as per schedule)	<input type="checkbox"/>	

Information for parents (include referrals if needed)

After this visit: _____

Health check completed by: _____

Health check	Preschool	
Date completed	/	/
Age		
Weight	g	%
Height	cm	%
Head circumference	cm	%
Distance vision	<input type="checkbox"/>	
Hearing (audiometer)	<input type="checkbox"/>	
Dental – Lift the Lip	<input type="checkbox"/>	
Development	<input type="checkbox"/>	
Immunisation (as per schedule)	<input type="checkbox"/>	

Information for parents (include referrals if needed)

After this visit: _____

Health check completed by: _____
