

## Personal Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Client ID: \_\_\_\_\_  
 DOB (yyyy/mm/dd): \_\_\_\_\_ Gender: \_\_\_\_\_ Health Card No: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 \_\_\_\_\_

## Encounter Details

\*Encounter Date (yyyy/mm/dd): \_\_\_\_\_  
 \*Encounter Type:  
 FH Clinic Visit  FH External Provider  FH Mail  FH School  
 FH Community Setting  FH Fax  FH Other  
 FH Email  FH Home Visit  FH Phone  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

## \*Assessment Occurrence

\*Time of Assessment (hh:mm): \_\_\_\_\_ Formula given in hospital: \_\_\_\_\_  
 Time from Births (days): \_\_\_\_\_ Adjusted age (days): \_\_\_\_\_  
 Gestation Period/Weeks: \_\_\_\_\_

## Care Category: Growth

Weight (kg): \_\_\_\_\_ Weight gain/loss since discharge (kg): \_\_\_\_\_  
 Weight gain/loss since birth (kg): \_\_\_\_\_ Length/Height (cm): \_\_\_\_\_  
 Percentage of weight gain or loss since birth: \_\_\_\_\_ Head Circumference (cm): \_\_\_\_\_  
 Growth:  Not Assessed  Refer  Observe  UCC  Closed

## Comment: \_\_\_\_\_

Reason for Closing:  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

## Comment: \_\_\_\_\_

## Care Category: Nutrition

**Breastfeeding details:**  Exclusive bf  Non-exclusive bf  Total bf  No bf  Not assessed

## Comments: \_\_\_\_\_

**Breast milk substitute:**  Iron filled fomula  Hypo-allergenic formula  Other

## Comments: \_\_\_\_\_

**Vitamin D Planned:**  Yes  No  Not Assessed

## Comment: \_\_\_\_\_

Care Category: Nutrition

**Infant feeding:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

Care Category: Physiological

**Head:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Eyes/Vision:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Ears/Hearing:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Mouth:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Chest:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

Care Category: Physiological

**Abdomen:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Umbilicus:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Genitalia:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Skeletal/Extremities:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Neuromuscular:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Jaundice:**  Absent (no sign of jaundice)  Nose and face  Chest  Abdomen  Legs  Sclera  Palms

**Comment:** \_\_\_\_\_

**Skin:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**  Cultural/ Lang Barriers  Financial Constr  No Longer Rel  Other  Transportation Barriers  
 Decl Serv  Lost to F/U  No Prof Care Avail  Resolved

**Comment:** \_\_\_\_\_

**Vital Signs:**     Not Assessed     NAP     Observe     Refer     UCC     Closed

**Comment:** \_\_\_\_\_

**Reason for Closing:**     Cultural/ Lang Barriers     Financial Constr     No Longer Rel     Other     Transportation Barriers  
 Decl Serv     Lost to F/U     No Prof Care Avail     Resolved

**Comment:** \_\_\_\_\_

**Infant Voids:**     Not Assessed     NAP     Observe     Refer     UCC     Closed

**Comment:** \_\_\_\_\_

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 Decl Serv     Lost to F/U     No Prof Care Avail     Resolved

**Comment:** \_\_\_\_\_

**Infant Stools:**     Not Assessed     NAP     Observe     Refer     UCC     Closed

**Comment:** \_\_\_\_\_

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 Decl Serv     Lost to F/U     No Prof Care Avail     Resolved

**Comment:** \_\_\_\_\_

Care Category: General Health

**Immunization/CD**

**Immunization Planned:**     Yes     No     Unknown

**Comments:** \_\_\_\_\_

**CD Risk Factors Present:**     Yes     No     Unknown

**Comments:** \_\_\_\_\_

Care Category: Behaviour

**Attachment:**     Not Assessed     NAP     Observe     Refer     UCC     Closed

**Comment:** \_\_\_\_\_

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 Decl Serv     Lost to F/U     No Prof Care Avail     Resolved

**Comment:** \_\_\_\_\_

**Behaviour Assessment:**     Not Assessed     NAP     Observe     Refer     UCC     Closed

**Comment:** \_\_\_\_\_

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 Decl Serv     Lost to F/U     No Prof Care Avail     Resolved

**Comment:** \_\_\_\_\_

Care Category: Support

Follow-up planned with doctor or midwife:  Yes  No  Unknown

Comments: \_\_\_\_\_

Care Category: Lifestyle

**Tobacco and Vapor Products**

Any member of the household use tobacco:  Yes  No  Not Assessed

Smoker's plans:  Not Applicable  
 Interested in quitting and referred to smoking cessation  Smoker not willing to make changes at present  
 Not interested in quitting but agree to make child's env't smoke-Free  Other

Comments: \_\_\_\_\_

Any member of the household use electronic cigarettes/vape inside the home:  Yes  No  Not Assessed

Comments: \_\_\_\_\_

Care Category: Safety / Injury Prevention

**Car Seat/Booster:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

Comment: \_\_\_\_\_

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Comment: \_\_\_\_\_

**Age Related Hazards:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

Comment: \_\_\_\_\_

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Comment: \_\_\_\_\_

**Personal Safety:**  Not Assessed  NAP  Observe  Refer  UCC  Closed

Comment: \_\_\_\_\_

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Comment: \_\_\_\_\_

General Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_