# FAMILY HEALTH

**Personal Details** 

**Newborn Assessment** 



| DOB (yyyy/mm/dd):  | First Nan Gender:   | ne:   | Health Card No:                                |                      |
|--|---|---|--|----------------------|
| Encounter Deta   | İs  |   |  |                      |
| *Encounter Date (yy  | yy/mm/dd):  |   | Duration (minu                                 | tes)                 |
| *Encounter Type:   | Setting H External  |   |  | FH School<br>FH Text |
| *Responsible Org:  |   | *Location   | 1:   |                      |
| *Provider:   |   |   |  |                      |
| *Assessment O  | currence  |   |  |                      |
| *Time of Assessme  | nt (hh:mm):   | Formula   | given in hospital:                             |                      |
| Time from Births (d  | ays):   |   |  |                      |
| Gestation Period/W   | eeks:   |   |  |                      |
| Weight (kg):<br>Weight gain/loss sin<br>Percentage of weigh<br>Growth:<br>Comment:<br>Reason for<br>Closing:<br>Comment: | the gain or loss since birth:     Not Assessed      No Apparent Pro | Length/H<br>Head Circ<br>oblem Refer<br>cial Constraints<br>o Follow-Up | □ No Longer Relevant<br>□ No Professional Care |                      |
| Care Category:<br>Breastfeeding<br>details:  | Nutrition   | of 🗌 Total bf   | □ No bf □ Not assesse                          | d                    |
| Comment:   |   |   |  |                      |
| Breast milk<br>substitute:   | Iron fortified formula  | ergenic formula   | ] Other  |                      |
| Comment:   |   |   |  |                      |
| Vitamin D Planned:   | Yes No Not Assessed   | t   |  |                      |
| Comment:   |   |   |  |                      |

#### **Newborn Assessment**

#### Client ID:

| are Category:          | Nutrition   |
|------------------------|---|
| nfant feeding:         | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📄 Under Continuing Care 🗌 Closed   |
| Comment:               |   |
| Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health Follow-<br>Up       Other   |
| Comment:               |   |
| are Category:          | Physiological   |
| lead:                  | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📄 Under Continuing Care 🗌 Closed   |
| Comment:               |   |
| Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health<br>Follow-Up       Other   |
| Comment:               |   |
| yes/Vision:            | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📄 Under Continuing Care 🗌 Closed   |
| Comment:               |   |
| Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Transportation Barriers         Merge       Follow-Up       Other |
| Comment:               |   |
| Ears/Hearing:          | ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed   |

Financial Constraints

Financial Constraints

Financial Constraints

No Further Public Health

Lost to Follow-Up

Follow-Up

No Further Public Health

Lost to Follow-Up

Follow-Up

No Longer Relevant

Available

Other

□ No Apparent Problem □ Observe □ Refer □ Under Continuing Care

□ No Apparent Problem □ Observe □ Refer □ Under Continuing Care

No Professional Care

No Longer Relevant

No Longer Relevant

Available

Other

No Professional Care

Available

Other

No Professional Care

Resolved

Resolved

Resolved

Transportation Barriers

Closed

Closed

Transportation Barriers

Transportation Barriers

| Reason for | Declined Services                        | Lost to Follow-Up                  |
|------------|--|------------------------------------|
| Closing:   | Duplicate as a result of Client<br>Merge | No Further Public Health Follow-Up |
|            | Werge                                    | 1 Olow-Op                          |

Cultural/ Lang Barriers

Cultural/ Lang Barriers

Duplicate as a result of Client

Declined Services

Not Assessed

Cultural/ Lang Barriers

Duplicate as a result of Client

Declined Services

□ Not Assessed

Merge

Merge

Comment:

Reason for

Comment:

Comment:

Reason for

Closing:

Comment:

Comment:

Mouth:

Chest:

Closing:

Comment:

# **Care Category: Physiological**

| Abdomen:  | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📄 Under Continuing Care 🗌 Closed  |  |  |
|---|--|--|--|
| Comment:  |  |  |  |
| Reason for<br>Closing:  | Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional CareTransportation BarriersDuplicate as a result of Client<br>MergeNo Further Public Health<br>Follow-UpOther  |  |  |
| Comment:  |  |  |  |
| <u>Umbilicus:</u>   | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed  |  |  |
| Comment:  |  |  |  |
| Reason for<br>Closing:  | Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care<br>AvailableTransportation BarriersDuplicate as a result of Client<br>MergeNo Further Public Health<br>Follow-UpOther   |  |  |
| Comment:  |  |  |  |
| <u>Genitalia:</u>   | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📋 Under Continuing Care 🗌 Closed  |  |  |
| Comment:  |  |  |  |
| Reason for<br>Closing:  | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       No Professional Care       Transportation Barriers         Merge       Follow-Up       Other |  |  |
| Comment:  |  |  |  |
| Skeletal/Extremities: Not Assessed No Apparent Problem Observe Refer Under Continuing Care Closed |  |  |  |
| Comment:  |  |  |  |
| Reason for<br>Closing:  | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other  |  |  |
| Comment:  |  |  |  |
| <u>Neuromuscular:</u>   | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed  |  |  |
| Comment:  |  |  |  |
| Reason for<br>Closing:  | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other  |  |  |
| Comment:  |  |  |  |
| Jaundice:   | Absent (no sign of jaundice) Nose and face Chest Abdomen Legs Sclera Palms   |  |  |
| Comment:  |  |  |  |
| <u>Skin:</u>  | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed  |  |  |
| Comment:  |  |  |  |

#### **Newborn Assessment**

| Reason for<br>Closing:          | Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care<br>AvailableTransportation BarriersDuplicate as a result of Client<br>MergeNo Further Public Health<br>Follow-UpOther  |
|---------------------------------|---|
| Comment:                        |   |
| Vital Signs:                    | 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 📄 Refer 📄 Under Continuing Care 📄 Closed   |
| Comment:                        |   |
| Reason for<br>Closing:          | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Transportation Barriers         Merge       Other       Other       Other     |
| Comment:                        |   |
| Infant Voids:                   | 🗌 Not Assessed 🔄 No Apparent Problem 📄 Observe 📄 Refer 📄 Under Continuing Care 📄 Closed   |
| Comment:                        |   |
| Reason for<br>Closing:          | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other   |
| Comment:                        |   |
| Infant Stools:                  | 🗌 Not Assessed 🔄 No Apparent Problem 📄 Observe 📄 Refer 📄 Under Continuing Care 📄 Closed   |
| Comment:                        |   |
| Reason for<br>Closing:          | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Transportation Barriers         Merge       Follow-Up       Other       Other |
| Comment:                        |   |
| Care Category:                  | General Health  |
| Immunization/CD                 |   |
| Immunization                    | 🗌 Yes 🔲 No 📋 Unknown  |
| Comment:                        |   |
| CD Risk Factors<br>Present:     | Yes No Unknown Not Assessed   |
| Comment:                        |   |
| General Health Sta              | tus: 🗌 Not Assessed 📋 No Apparent Problem 📄 Refer 📄 Observe 📄 Under Continuing Care 📄 Closed  |
| Comment:                        |   |
| Reason for<br>Closing:          | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Transportation Barriers         Merge       Follow-Up       Other       Other |
| Comment:                        |   |
| Care Category:                  | Behaviour   |
| Attachment:<br>FID22 2019-06-25 | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed<br>Page <b>4</b> of <b>6</b>  |

#### **Newborn Assessment**

| Comment:                                 |   |    |  |
|--|---|----|--|
| Reason for<br>Closing:                   | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Transportation Barriers         Merge       Follow-Up       Other       Other |    |  |
| Comment:                                 |   |    |  |
| Behaviour Assess                         | ment: 🗌 Not Assessed 🔄 No Apparent Problem 🗌 Observe 🗌 Refer 🔲 Under Continuing Care 🗌 Close  | ed |  |
| Comment:                                 |   |    |  |
| Reason for<br>Closing:                   | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health<br>Follow-Up       Other   |    |  |
| Comment:                                 |   |    |  |
| Care Category:                           | Support   |    |  |
| Follow-up planned<br>Comment:            | with doctor or midwife:  Yes No Unknown   |    |  |
| Care Category:                           | Lifestyle   | -  |  |
| Tobacco and Vapo                         | or Products   |    |  |
| Any member of the                        | household use tobacco:  |    |  |
| Smoker's plans:                          |   |    |  |
| Sillokei s pialis.                       | <ul> <li>Not Applicable</li> <li>Interested in quitting and referred to smoking cessation</li> <li>Not interested in quitting but agree to make child's env't smoke-free</li> <li>Smoker not willing to make changes at present</li> <li>Other</li> </ul>   |    |  |
| Comment:                                 |   |    |  |
| Any member of the<br>cigarettes/vape ins | household use electronic Ves No Not Assessed  |    |  |
| Comment:                                 |   |    |  |
| Care Category:                           | Safety / Injury Prevention  | -  |  |
| Car Seat/Booster:                        | 🗌 Not Assessed 🔲 No Apparent Problem 🗌 Observe 🔲 Refer 🔲 Under Continuing Care 🗌 Closed   |    |  |
| Comment:                                 |   |    |  |
| Reason for<br>Closing:                   | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health Follow-<br>Up       Other  |    |  |
| Comment:                                 |   |    |  |
| Age Related Haza                         | rds: 🗌 Not Assessed 🔲 No Apparent Problem 🗌 Refer 📄 Observe 📄 Under Continuing Care 📄 Closed  |    |  |
| Comment:                                 |   |    |  |
| Reason for<br>Closing:                   | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health Follow-Up       Other   |    |  |
| Comment:                                 |   |    |  |

| Newborn Assessme       | nt  |   | Client ID:   |
|------------------------|---|---|--|
| Personal Safety:       | Not Assessed No App   | arent Problem   | erve 🔲 Under Continuing Care 🗌 Closed  |
| Comment:               |   |   |  |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-<br/>Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers<br/>Available</li> <li>Other</li> </ul> |
| Comment:               |   |   |  |
| General Comme          | nts:  |   |  |

# FAMILY HEALTH

Postpartum Assessment

| Provincial P | ublic Health Inform | ation System |
|--------------|---------------------|--------------|
|              |                     | PPHIS        |
|              |                     |              |

| Personal Detail        | S   |                            |                                  |                                      |
|------------------------|---|----------------------------|----------------------------------|--------------------------------------|
| Last Name:             | First Name:   |                            | Client ID:                       |                                      |
| DOB (yyyy/mm/dd):      | Gender:   |                            | Health Card No:                  | :                                    |
| Address:               |   |                            | Phone No:                        |                                      |
| . <u></u>              |   |                            |                                  |                                      |
| Encounter Deta         | ils   |                            |                                  |                                      |
| *Encounter Date (y     | yyy/mm/dd):   | -                          | Duration (minu                   | utes)                                |
| *Encounter Type:       |   |                            |                                  |                                      |
| FH Clinic Visit        |   |                            |                                  | FH School                            |
| FH Community           | y Setting ☐ FH Fax<br>☐ FH Home Visit   | ☐ FH Oth<br>□ FH Pho       |                                  | FH Text                              |
| *Responsible Ora:      |   |                            |                                  |                                      |
| *Provider:             |   |                            |                                  |                                      |
|                        |   | -                          |                                  |                                      |
| *Assessment O          | ccurrence   |                            |                                  |                                      |
| *Time of Assessme      | ent (hh:mm):  | Postpartum days:           |                                  |                                      |
| Care Category:         | General Health  |                            |                                  |                                      |
| Prenatal Care          |   |                            |                                  |                                      |
|                        |   |                            |                                  |                                      |
| Prenatal education     | Prenatal classes Self-education   | ] Other 🗌 None             | Not Assess                       | sed                                  |
| Comment:               |   |                            |                                  |                                      |
| Care Category:         | Physiological   |                            |                                  |                                      |
| Breast Condition:      | ☐ Not Assessed ☐ No Apparent Problem ☐  | Refer Dobserve             | Under Continui                   | ng Care 🗌 Closed                     |
| Comment:               |   |                            |                                  |                                      |
| Comment:               | Cultural/ Lang Barriers  Financial Constru  | aints 🗆 No Lor             | nger Relevant                    | Resolved                             |
|                        | Declined Services   |                            | ofessional Care                  | Transportation Barriers              |
| Closing:               | Duplicate as a result of Client No Further Publi<br>Merge Follow-Up   | c Health Availa<br>□ Other | ble                              |                                      |
| Comment:               | Weige Tonow-op  |                            |                                  |                                      |
|                        |   |                            |                                  |                                      |
| Breast Feeding:        | Not Assessed No Apparent Problem  | ]Observe 🗌 Refer [         | Under Continui                   | ng Care 🗌 Closed                     |
| Comment:               |   |                            |                                  |                                      |
| Reason for             | Cultural/ Lang Barriers  Cultural/ Lang Barri |                            | nger Relevant<br>ofessional Care | Resolved     Transportation Barriers |
| Closing:               | Duplicate as a result of Client INo Further Publi   | c Health Availa            |                                  |                                      |
|                        | Merge Follow-Up   | Other                      |                                  |                                      |
| Comment:               |   |                            |                                  |                                      |
| Client breast feedir   | ng: 🗌 Yes 🗌 No 🗌 Not Assessed   |                            |                                  |                                      |
| CS Incision status:    | □ Not Assessed □ No Apparent Problem [  | Observe 🗌 Refer            | Under Continui                   | ng Care 🗌 Closed                     |
| Comment:               |   |                            |                                  |                                      |
| _                      | Cultural/ Lang Barriers   |                            | nger Relevant                    | Resolved                             |
| Reason for<br>Closing: | Declined Services     Lost to Follow-U     Duplicate as a result of Client No Further Publi   | ·                          | ofessional Care<br>ble           | Transportation Barriers              |
| C C                    | Merge Follow-Up   |                            |                                  |                                      |

## Postpartum Assessment

Client ID: \_\_\_\_\_

| Comment:               |  |   |
|------------------------|--|---|
| Fundus:                | □ Not Assessed □ No Apparent Problem □ Observe   | Refer Under Continuing Care Closed  |
| Comment:               |  |   |
| Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints         Declined Services       Lost to Follow-Up         Duplicate as a result of Client       No Further Public Health         Merge       Follow-Up             | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> <li>Resolved</li> <li>Transportation Barriers</li> </ul> |
| Comment:               |  |   |
| Lochia:                | □ Not Assessed □ No Apparent Problem □ Observe   | Refer Under Continuing Care Closed  |
| Comment:               |  |   |
| Reason for<br>Closing: | □ Cultural/ Lang Barriers       □ Financial Constraints         □ Declined Services       □ Lost to Follow-Up         □ Duplicate as a result of Client       □ No Further Public Health         Merge       Follow-Up | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> </ul>  |
| Comment:               |  |   |
| Perineum:              | □ Not Assessed □ No Apparent Problem □ Observe   | Refer Under Continuing Care Closed  |
| Comment:               |  |   |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of Client<br/>Merge</li> <li>No Further Public Health<br/>Follow-Up</li> </ul>                   | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers</li> <li>Available</li> <li>Other</li> </ul> |
| Comment:               |  |   |
| Vital signs:           | Not Assessed No Apparent Problem Observe   | Refer Under Continual Care Closed   |
| Comment:               |  |   |
| Reason for<br>Closing: | □ Cultural/ Lang Barriers       □ Financial Constraints         □ Declined Services       □ Lost to Follow-Up         □ Duplicate as a result of Client       □ No Further Public Health Follow-Up                     | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> </ul>                                  |
| Comment:               |  |   |
| Oral health status:    | Not Assessed No Apparent Problem Observe   | Refer     Under Continuing Care     Closed  |
| Comment:               |  |   |
| Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints         Declined Services       Lost to Follow-Up         Duplicate as a result of Client       No Further Public Health         Merge       Follow-Up             | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers</li> <li>Available</li> <li>Other</li> </ul> |
| Comment:               |  |   |
| Elimination:           | Not Assessed No Apparent Problem Observe   | Refer Under Continuing Care Closed  |
| Comment:               |  |   |
| Reason for<br>Closing: | □ Cultural/ Lang Barriers       □ Financial Constraints         □ Declined Services       □ Lost to Follow-Up         □ Duplicate as a result of Client       □ No Further Public Health         Merge       Follow-Up | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers</li> <li>Available</li> <li>Other</li> </ul> |
| Commont                |  |   |

| Postpartum Asses  | sment   | Client ID:  |
|---|---|---|
| CD/Infection:   |   |   |
| Risk factors/CD Pre   | esent: 🗌 Yes 🗌 No 🗍 Unknown   |   |
| Comment:  |   |   |
| Care Category:  | Nutrition   |   |
|   | ended daily intake: 🗌 Yes 📄 No 📄 Not Assessed   |   |
| Comment:  | ,   |   |
| Nutritional status:   | Not Assessed No Apparent Problem Observe  |   |
| Comment:  |   |   |
| Reason for<br>Closing:  | □ Cultural/ Lang Barriers       □ Financial Constraints         □ Declined Services       □ Lost to Follow-Up         □ Duplicate as a result of Client       □ No Further Public Health         Merge       Follow-Up              | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers</li> <li>Available</li> <li>Other</li> </ul> |
| Comment:  |   |   |
| Care Category:  | Psychosocial  |   |
| Previous Postpartu  | m depression: 🗌 Yes 🗌 No 📄 Not Assessed   |   |
| Comment:  |   |   |
| Mental Health Issue   | es: 🗌 Yes 🗌 No 🗌 Not Assessed   |   |
| Comment:  |   |   |
| EPDS refused by cl  | ient:   |   |
| Edinburgh score:  |   |   |
| Client's response to  | D EPDS question #10 regarding thoughts of self harm:  | Ever 🗍 Never  |
| Mother's response<br>to infant cues and<br>behaviour:<br>Comment: |   | Refer Under Continuing Care Closed  |
| Reason for<br>Closing:  | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> </ul>  |
| Comment:  |   |   |
| Family function:  | □ Not Assessed □ No Apparent Problem □ Observe  | Refer 🔲 Under Continuing Care 🗌 Closed  |
| Comment:  |   |   |
| Reason for<br>Closing:  | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> </ul>  |
| Comment:  |   |   |

| Emotional adjustmer             |                    | ] Not Assessed 🗌 No Apparent Problem 🗌 Observe 🗌 Refer 🔲 Under Continuing Care 🗌 Closed   |    |
|---------------------------------|--------------------|---|----|
| Co                              | mment:             |   |    |
|                                 | ason for<br>osing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other |    |
| Co                              | omment:            |   |    |
| Care Cat                        | tegory:            | ehaviour  |    |
| Parenting<br>knowledg<br>skill: |                    | ] Not Assessed 🗌 No Apparent Problem 🗌 Refer 🗌 Observe 🔲 Under Continuing Care 🗌 Closed   |    |
| Co                              | omment:            |   |    |
|                                 | ason for<br>osing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other |    |
| Co                              | omment:            |   |    |
| Care Cat                        | tegory:            | ifestyle  |    |
| Activity a                      | nd Rest            |   |    |
| Adequate activity:              |                    | ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed   |    |
| Co                              | omment:            |   |    |
|                                 | ason for<br>osing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barrie         Duplicate as a result of Client       No Further Public Health<br>Follow-Up       Other      | rs |
| Co                              | omment:            |   |    |
| Adequate                        | rest:              | ] Not Assessed 🗌 No Apparent Problem 🗌 Observe 🗌 Refer 📄 Under Continuing Care 🗌 Closed   |    |
| Co                              | omment:            |   |    |
|                                 | ason for<br>osing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Available       Other |    |
| Co                              | omment:            |   |    |
| Tobacco                         | and Vapo           | Products  |    |
| Tobacco ι                       | used in th         | last 6 months:  |    |
| Tobacco ι                       | used in th         | last 7 days:  |    |
| Interested                      | l in stopp         | g:  |    |
| Referral to                     | o Smoking          | Cessation Program Given: 🗌 Yes 🗌 No 🗌 Not assessed  |    |
| Electronic                      | cigarette          | /ape use in the last 6 months:  Yes No Not assessed   |    |

| Postpartum Asses       | sment  |  | Client ID:  |                                      |  |
|------------------------|--|--|---|--------------------------------------|--|
|                        |  |  |   |                                      |  |
| Electronic cigarette   | e/Vape use in the last 7 days: _   |  |   |                                      |  |
| Tobacco and Vape       | Products Comment:  |  |   |                                      |  |
| Alcohol and Subs       | tance Use  |  |   |                                      |  |
| Alcohol use:           | 🗌 Not Assessed 🔲 No Appar  | rent Problem   | Refer 🔲 Under Continuir   | ng Care 🔲 Closed                     |  |
| Comment:               |  |  |   |                                      |  |
| Reason for<br>Closing: |  | ☐ Financial Constraints<br>☐ Lost to Follow-Up<br>☐ No Further Public Health<br>Follow-Up                            | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |  |
| Comment:               |  |  |   |                                      |  |
| Substance use:         | Not Assessed No Appar  | rent Problem   | Refer 🗌 Under Continuin   | ng Care 🔲 Closed                     |  |
| Comment:               |  |  |   |                                      |  |
| Reason for<br>Closing: |  | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |  |
| Comment:               |  |  |   |                                      |  |
| Finances and Budg      | get: 🗌 Not Assessed 🗌 No A   | Apparent Problem   | ] Observe 🔲 Under Cont  | inuing Care 🗌 Closed                 |  |
| Comment:               |  |  |   |                                      |  |
| Reason for<br>Closing: |  | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |  |
| Comment:               |  |  |   |                                      |  |
| Other lifestyle issu   | es: 🗌 Not Assessed 🗌 No A  | Apparent Problem   | ] Observe 🔲 Under Cont  | inuing Care 🗌 Closed                 |  |
| Comment:               |  |  |   |                                      |  |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client</li> <li>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |  |
| Comment:               |  |  |   |                                      |  |
| Care Category:         | Support  |  |   |                                      |  |
| Personal support s     | ystem:   | Yes No Not ass   | essed   |                                      |  |
| Aware/using comm       | unity support resources:   | Yes No Not ass   | essed   |                                      |  |
| Follow-up appointr     | nent with health professional:   | Yes No Not ass   | essed   |                                      |  |
| Support/Resources      | s: 🗌 Not Assessed 🗌 No App   | parent Problem   Observe  [  | Refer 🗌 Under Continu   | uing Care 🗌 Closed                   |  |
| Comment:               |  |  |   |                                      |  |
| Reason for<br>Closing: | Cultural/ Lang Barriers Declined Services Duplicate as a result of Client Merge  | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |  |
| Comment:               |  |  |   |                                      |  |

#### Postpartum Assessment

| Client ID: |  |
|------------|--|
|            |  |

| Commont                               |  |           |                    |           |   | der Continuing Care 🗌 Closed         |
|---------------------------------------|--|-----------|--------------------|-----------|---|--------------------------------------|
| Comment:<br>Reason for<br>Closing:    | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Merge</li> </ul> | Lost to F | her Public He      | [<br>alth | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                              |  |           |                    |           |   |                                      |
|                                       | Safety / Injury Pre  |           | Not Asse           | ssed      |   |                                      |
| Comment:                              |  |           |                    |           |   |                                      |
| Relationship<br>safety:               |  |           |                    |           |   | uing Care 🗌 Closed                   |
| Comment:<br>Reason for<br>Closing:    | Cultural/ Lang Barriers Declined Services Duplicate as a result of Merge   | Lost to F | ,<br>her Public He | alth      | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
| Comment:                              |  |           |                    |           |   |                                      |
| Disposition and                       | l General Commen   | ts        |                    |           |   |                                      |
|                                       | □ A □ B [  | ] C 🗌 D   | 🗌 E                | 🗌 F       |   |                                      |
| Eligible pathway:                     |  |           |                    |           |   |                                      |
| Eligible pathway:<br>General Comments |  |           |                    |           |   |                                      |
|                                       | <u>s:</u>  |           |                    |           |   |                                      |
|                                       | <u>s:</u>  |           |                    |           |   |                                      |

# FAMILY HEALTH

Breastfeeding Baby Assessment



| Personal Detai   | ls   |   |                                |  |                                  |
|--|--|---|--------------------------------|--|----------------------------------|
| Last Name:   |  | First Name:   |                                | Client ID:                               |                                  |
| DOB (yyyy/mm/dd)   |  | Gender:   |                                | Health Card N                            | lo:                              |
| Address:   |  |   |                                | Phone No:                                |                                  |
|  |  |   |                                |  |                                  |
| Encounter Deta   | ails   |   |                                |  |                                  |
| *Encounter Date ()   | /yyy/mm/dd):   |   |                                | Duration (mi                             | nutes)                           |
| *Encounter Type:   |  |   |                                |  |                                  |
| <ul> <li>FH Clinic Visi</li> <li>FH Communi</li> <li>FH Email</li> </ul> |  | <ul> <li>FH External Provider</li> <li>FH Fax</li> <li>FH Home Visit</li> </ul> | ☐ FH Ma<br>☐ FH Ott<br>☐ FH Ph | ner 🗌                                    | ] FH School<br>] FH Text         |
| *Responsible Org:  |  |   | *Location:                     |  |                                  |
| *Provider:   |  |   |                                |  |                                  |
| Assessment O   | ccurrence  |   |                                |  |                                  |
| *Time of assessme  | ent (hh:mm):   |   |                                |  |                                  |
| *Reason(s) for cor   | sultation:   |   |                                |  |                                  |
| Baby ber   |  | Latch   | ☐ Weight<br>☐ Other            | t  | Feeding Frequency                |
|  |  |   |                                |  |                                  |
| Comment:   |  |   |                                |  |                                  |
| Age:   |  |   |                                |  |                                  |
| Care Category:   | Growth   |   |                                |  |                                  |
| Weight (kg):   |  |   |                                |  |                                  |
| Weight gain/loss s   |  |   |                                |  |                                  |
|  | ght gain or loss since bir   | th:   |                                |  |                                  |
| Weight gain/loss s   | ince discharge (kg):   |   |                                |  |                                  |
| Growth:  | Not Assessed   | No Apparent Problem   | Observe 🗌 Refer                | Under Contir                             | nuing Care 🗌 Closed              |
| Comment:   |  |   |                                |  |                                  |
| Reason for<br>Closing:   | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Merge</li> </ul> | Financial Constra<br>Lost to Follow-Up<br>Client No Further Public<br>Follow-Up | ) — No Pro                     | nger Relevant<br>ofessional Care<br>able | Resolved Transportation Barriers |
| Comment:   |  |   |                                |  |                                  |
| Care Category:   | Nutrition  |   |                                |  |                                  |
| Breastfeeding deta   | ails: 🗌 Exclu  | sive bf 🛛 Non-exclusi   | ve bf 🛛 Total bf               | No bf                                    | Not Assessed                     |
| Comment:   |  |   |                                |  |                                  |
| Receiving medicat  | ions/vitamins: 🗌 Yes   | 🗌 No 📄 Not Asse   | essed                          |  |                                  |
| Comment:   |  |   |                                |  |                                  |
|  | livery did baby attempt to   | o nurse: 🔲 Less than 1 h  | nour 🗌 1-3 hours               | More than 3                              | 3 hours 🗌 Not Applicable         |

## **Breastfeeding - Baby Assessment**

| Number of feedings                         | s in past 24 hours:   | 1-2 times     | 3-4 times  | 🗌 5-7 time | es 🗌 8-12 times   | ☐ 13 or greater times  |
|--|---|---------------|--|------------|---|--|
| Number of feedings                         | s comments:   |               |  |            |   |  |
| Length of feedings                         | :   | _             |  |            |   |  |
| Contentment with f                         | eeding: 🗌 Yes   | 🗌 No 🗌        | ] Not Assessed   |            |   |  |
| Comment:                                   |   |               |  |            |   |  |
| Latch:                                     | 🗌 Adequa  | ate 🗌 Poc     | or 🗌 Absent  | 🗌 Not A    | Assessed  |  |
| Comment:                                   |   |               |  |            |   |  |
| Coordinated suck:                          | 🗌 Yes   | 🗌 No 🗌        | ] Not Assessed   |            |   |  |
| Comment:                                   |   |               |  |            |   |  |
| Audible swallow:                           | 🗌 Yes   | 🗌 No 🗌        | ] Not Assessed   |            |   |  |
| Comment:                                   |   |               |  |            |   |  |
| Use of artificial nip                      | ples: 🗌 Yes   | 🗆 No 🗌        | Not Assessed   | 🗌 Unknow   | vn  |  |
| Comment:                                   |   |               |  |            |   |  |
|  |   |               |  |            |   |  |
| Use of lactation aid                       | Is: 🗌 Yes   | 🗌 No 🗌        | ] Not Assessed   |            | vn  |  |
| Comment:                                   |   |               |  |            |   |  |
| Infant feeding:                            | Not Assessed  | No Appare     | nt Problem   | Observe    | Refer 🗌 Under Cont  | inuing Care  |
| Comment:                                   |   |               |  |            |   |  |
| Reason for<br>Closing:                     | <ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res<br/>Merge</li> </ul> | ult of Client | Financial Constrain<br>Lost to Follow-Up<br>No Further Public H<br>Follow-Up | [          | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers   |
| Comment:                                   |   |               |  |            |   |  |
| Care Category:                             | Physiological   |               |  |            |   |  |
| <u>Mouth:</u>                              | Not Assessed  | No Apparer    | nt Problem   | bserve 🗌 I | Refer 🔲 Under Conti   | nuing Care 🔲 Closed  |
| Comment:                                   |   |               |  |            |   |  |
| Reason for<br>Closing:                     | <ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res<br/>Merge</li> </ul> | ult of Client | Financial Constrain<br>Lost to Follow-Up<br>No Further Public H<br>Follow-Up | [          | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers   |
| Comment:                                   |   |               |  |            |   |  |
| Jaundice:                                  | Absent (no sign   | of jaundice)  | Nose and face  | Chest      | 🗌 Abdomen 🗌 L   | .egs 🗌 Sclera 🔲 Palms  |
| Comment:                                   |   |               |  |            |   |  |
| <u>Skin:</u>                               | Not Assessed  | No Apparer    | nt Problem 🗌 C   | bserve 🗌 I | Refer 🔲 Under Conti   | nuing Care 🗌 Closed  |
| Comment:                                   |   |               |  |            |   |  |
| Reason for<br>Closing:<br>FID15 2019-06-25 | Cultural/ Lang Bar  |               | Financial Constrain<br>Lost to Follow-Up                                     | -          | ☐ No Longer Relevant ☐ No Professional Care   | <ul> <li>Resolved</li> <li>Transportation Barriers</li> <li>Page 2 of 4</li> </ul> |

## **Breastfeeding - Baby Assessment**

| Client | ID: |  |
|--------|-----|--|
|        |     |  |

|   | Duplicate as a result of Client Merge   | No Further Public Health<br>Follow-Up  | Available   |                                      |
|---|---|--|---|--------------------------------------|
| Comment:                                      |   |  |   |                                      |
| History of photothe                           | erapy: 🗌 Yes 🗌 No   | Not Assessed   | own   |                                      |
| Comment:                                      |   |  |   |                                      |
| Voids in the past 2                           | 4 hours: 🗌 Not Assessed   | No Apparent Problem  | Dbserve 🗌 Refer 🗌 Und   | ler Continuing Care 🗌 Closed         |
| Comment:                                      |   |  |   |                                      |
| Reason for<br>Closing:                        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                                      |   |  |   |                                      |
| Stools in the past 24 hours:                  | 🗌 Not Assessed 🗌 No Ap  | parent Problem 🗌 Observe   | 🗌 Refer 📋 Under Continu   | uing Care 🗌 Closed                   |
| Comment:                                      |   |  |   |                                      |
| Reason for<br>Closing:                        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                                      |   |  |   |                                      |
| General health star<br>Comment:<br>Reason for | tus: Not Assessed N   | O Apparent Problem  Obser  Financial Constraints  Lost to Follow-Up  | rve Refer Under Co  | ontinuing Care Closed                |
| Closing:                                      | Duplicate as a result of Client<br>Merge  |  | Available   |                                      |
| Comment:                                      |   |  |   |                                      |
| Care Category:                                | Behaviour   |  |   |                                      |
| Attachment:                                   | Not Assessed  | No Apparent Problem 🗌 Obse   | erve 🗌 Refer 🔲 Under (  | Continuing Care 🗌 Closed             |
| Comment:                                      |   |  |   |                                      |
| Reason for<br>Closing:                        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                                      |   |  |   |                                      |
| Behaviour assess                              | ment: 🗌 Not Assessed 🗌  | No Apparent Problem 🛛 Obse   | erve 🗌 Refer 🔲 Under (  | Continuing Care 🗌 Closed             |
| Comment:                                      |   |  |   |                                      |
| Reason for<br>Closing:                        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |

| Care Category    | : Lifestyle   |
|------------------|---|
| Tobacco and Var  | por Products:   |
| Any member of th | e household use tobacco: 🗌 Yes 📄 No 📄 Not Assessed  |
| Smoker's p       | <ul> <li>Not Applicable</li> <li>Interested in quitting and referred to smoking cessation</li> <li>Not interested in quitting but agree to make child's env't smoke-free</li> <li>Smoker not willing to make changes at present</li> <li>Other</li> </ul> |
|                  |   |
| Comment:         |   |
| Any member of th |   |

#### **General Comments:**



## FAMILY HEALTH

**Breastfeeding - Mother Assessment** 



| 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):                                     |                            | _                     | Duration (min  | utes)                |
| *Encounter Type:  |                            |                       |                |                      |
| <ul> <li>FH Clinic Visit</li> <li>FH Community Setting</li> </ul> | FH External Provide FH Fax | er ☐ FH Ma<br>□ FH Ot |                | FH School<br>FH Text |
| FH Email  | FH Home Visit              | ☐ FH Ph               |                |                      |
| *Responsible Org:   |                            | *Location:            |                |                      |
| *Provider:  |                            | _                     |                |                      |
| Assessment Occurrence   |                            |                       |                |                      |
| *Time of assessment (hh:mm):                                      |                            | -                     |                |                      |
| *Reason(s) for consultation:                                      |                            |                       |                |                      |
| General Info/Support Infection                                    | Nipple Pain Engorgement    | ☐ Breast              | t Pain         | Milk Supply          |
|   |                            |                       |                |                      |
| Comment:  |                            |                       |                |                      |
| Care Category: General Health                                     | 1                          |                       |                |                      |
| Medical conditions: Yes N   | lo                         |                       |                |                      |
| Comment:  |                            |                       |                |                      |
| Labour medications: 🗌 Yes 🗌 N                                     | No 🗌 Not Assessed          |                       |                |                      |
| Comment:  |                            |                       |                |                      |
| Taking any prescription or non-prescr                             | iption drugs: 🗌 Yes 🛛      | 🗌 No 🔄 Not Assess     | sed            |                      |
| Comment:  |                            |                       |                |                      |
| Doctor/Midwife:   |                            |                       |                |                      |
| Previous breastfeeding experience:                                | □ Yes □ No [               | Not Assessed          |                |                      |
|   |                            | _                     |                |                      |
| Comment:  |                            |                       |                |                      |
| Care Category: Physiological                                      |                            |                       |                |                      |
| <u>Breasts:</u>   |                            |                       |                |                      |
| Previous breast surgery/trauma:                                   | 🗌 Yes 🗌 No 🛛               | Not Assessed          |                |                      |
| Comment:  |                            |                       |                |                      |
| Breast changes during pregnancy/pos                               | t delivery: 🗌 Yes [        | No Not Assess         | sed            |                      |
| Comment:  |                            |                       |                |                      |

## **Breastfeeding - Mother Assessment**

FID16 2019-06-25

Client ID: \_\_\_\_\_

| Awareness of the let          | t-down reflex: Yes No Not Assesse   | ed  |
|-------------------------------|---|---|
| Comment:<br>Breast condition: | □ Not Assessed □ No Apparent Problem □ Observe  | Refer Under Continuing Care Closed  |
| Comment:                      |   |   |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers</li> <li>Available</li> <li>Other</li> </ul> |
| Comment:                      |   |   |
| Breast Pain:                  | □ Not Assessed □ No Apparent Problem □ Observe  | Refer Under Continuing Care Closed  |
| Comment:                      |   |   |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>No Further Public Health<br/>Follow-Up</li> </ul>                                | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> <li>Resolved</li> <li>Transportation Barriers</li> </ul> |
| Comment:                      |   |   |
| Milk expression:              | Yes No Not Assessed   |   |
| Comment:                      |   |   |
| <u>Nipples:</u>               |   |   |
| Nipple Condition:             | □ Not Assessed □ No Apparent Problem □ Observe  | Refer Under Continuing Care Closed  |
| Comment:                      |   |   |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care</li> <li>Available</li> <li>Other</li> </ul>  |
| Comment:                      |   |   |
| Nipple Pain:                  | □ Not Assessed □ No Apparant Prolem □ Observe   | Refer Under Continuing Care Closed  |
| Comment:                      |   |   |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> <li>Resolved</li> <li>Transportation Barriers</li> </ul>      |
| Comment:                      |   |   |
| Positioning:                  | □ Not Assessed □ No Apparent Problem □ Observe  | Refer Under Continuing Care Closed  |
| Comment:                      |   |   |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>No Further Public Health<br/>Follow-Up</li> </ul>                                | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> <li>Resolved</li> <li>Transportation Barriers</li> </ul>      |
| Comment:                      |   |   |
| Care Category: I              | Nutrition   |   |
| Following recomme             |   | d   |

## **Breastfeeding - Mother Assessment**

| Comment:  |  |          |              |                |         |   |                                  |
|---|--|----------|--------------|----------------|---------|---|----------------------------------|
| Nutritional status:                                   | Not Assesse  | d 🗌 No A | pparent Pro  | blem 🗌 O       | bserve  | Refer Under Cont  | tinuing Care 🗌 Closed            |
| Comment:  |  |          |              |                |         |   |                                  |
| Reason for<br>Closing:                                | Cultural/ Lang<br>Declined Servi<br>Duplicate as a<br>Client Merge                 | ces      | Lost to F    | Ier Public Hea | llth    | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:  |  |          |              |                |         |   |                                  |
| Care Category:  | Psychosocial   |          |              |                |         |   |                                  |
| Emotional adjustm                                     | ent: 🗌 Not Assess  | ed 🗌 No  | Apparent P   | roblem         | Observe | 🗌 Refer 🔲 Under Co  | ontinuing Care 🗌 Closed          |
| Comment:  |  |          |              |                |         |   |                                  |
| Reason for<br>Closing:                                | Cultural/ Lang<br>Declined Servi<br>Duplicate as a<br>Client Merge                 | ces      | Lost to F    | Ier Public Hea | llth    | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:  |  |          |              |                |         |   |                                  |
| Care Category:  | Lifestyle  |          |              |                |         |   |                                  |
| Tobacco and Vapo                                      | -  |          |              |                |         |   |                                  |
| Tobacco use in the                                    |  | □ Yes    | □ No         | Not As         | sessed  |   |                                  |
|   |  |          |              |                | aaaad   |   |                                  |
| Tobacco use in the                                    | last 7 days:   | ∐ Yes    | 🗌 No         | Not As         |         |   |                                  |
| Interested in stopp                                   | ing:   | 🗌 Yes    | 🗌 No         | Not As         | sessed  |   |                                  |
| Referral to Smoking                                   | Referral to Smoking Cessation Program given:       Yes       No       Not Assessed |          |              |                |         |   |                                  |
| Electronic Cigarette / Vape use in the last 6 months: |  |          |              |                |         |   |                                  |
| Electronic Cigarette / Vape use in the last 7 days:   |  |          |              |                |         |   |                                  |
| Comment:  |  |          |              |                |         |   |                                  |
| Alcohol and Subs                                      | tance Use:   |          |              |                |         |   |                                  |
| Alcohol use:  | Not Assessed   | 🗌 No App | parent Probl | em 🗌 Obs       | serve 🗌 | ] Refer 🔲 Under Contin  | uing Care 🔲 Closed               |
| Comment:  |  |          |              |                |         |   |                                  |
| Reason for<br>Closing:                                | Cultural/ Lang Barrier<br>Declined Service<br>Duplicate as a re<br>Merge           | S        | Lost to F    | er Public Hea  | lth     | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:  |  |          |              |                |         |   |                                  |
| Substance use:  | Not Assessed   | 🗌 No Арр | parent Probl | em 🗌 Obs       | serve 🗌 | ] Refer 🔲 Under Contin  | uing Care 🔲 Closed               |
| Comment:  |  |          |              |                |         |   |                                  |
| Reason for<br>Closing:                                | Cultural/ Lang Ba<br>Declined Service<br>Duplicate as a re<br>Merge                | S        | Lost to F    | er Public Hea  | lth     | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:  |  |          |              |                |         |   |                                  |

| Breastfeeding | - | Mother | Assessment |
|---------------|---|--------|------------|
|---------------|---|--------|------------|

Client ID: \_\_\_\_\_

# **Care Category: Support**

| Personal support sys                  | tem:   | 🗌 Yes   | 🗌 No   | Not Assessed |   |              |                                  |
|---------------------------------------|--|---------|--|--------------|---|--------------|----------------------------------|
| Personal support sys                  |  |         |  |              |   |              |                                  |
| Aware/using community support resourc |  | ces:    | 🗌 Yes  | 🗌 No         | Not Assessed  | ł            |                                  |
| Support/Resources:                    | Not Assessed   | 🗌 No Ap | oparent Proble   | em 🗌 Observe | 🗌 Refer 🔲 Un  | nder Continu | uing Care 🗌 Closed               |
| Comment:                              |  |         |  |              |   |              |                                  |
| Reason for<br>Closing:                | <ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res<br/>Client Merge</li> </ul> |         | ☐ Financial C<br>☐ Lost to Foll<br>☐ No Further<br>Follow-Up |              | <ul> <li>No Longer Rele</li> <li>No Professiona<br/>Available</li> <li>Other</li> </ul> |              | Resolved Transportation Barriers |
| Comment:                              |  |         |  |              |   |              |                                  |
|                                       |  |         |  |              |   |              |                                  |

## **General Comments:**

Early Childhood Assessment



| Personal Detail  | s   |  |                                     |                 |                                  |
|--|---|--|-------------------------------------|-----------------|----------------------------------|
| Last Name:   |   | First Name:  |                                     | Client ID:      |                                  |
| DOB (yyyy/mm/dd):  |   | Gender:  |                                     | Health Card No  | o:                               |
| Address:   |   |  |                                     | Phone No:       |                                  |
|  |   |  |                                     |                 |                                  |
| Encounter Deta   | ails  |  |                                     |                 |                                  |
| *Encounter Date (y   | yyy/mm/dd):   |  |                                     | Duration (min   | nutes)                           |
| *Encounter Type:   |   |  |                                     |                 |                                  |
| <ul> <li>FH Clinic Visit</li> <li>FH Communit</li> <li>FH Email</li> </ul> |   | <ul> <li>FH External Provider</li> <li>FH Fax</li> <li>FH Home Visit</li> </ul>  | ☐ FH Mail<br>☐ FH Othe<br>☐ FH Phor | er 🗌            | FH School<br>FH Text             |
| *Responsible Org:  |   |  | *Location:                          |                 |                                  |
| *Provider:   |   |  |                                     |                 |                                  |
| Assessment Oc  | currence  |  |                                     |                 |                                  |
|  | ent (hh:mm):  |  |                                     |                 |                                  |
| Care Category:   | Growth  |  |                                     |                 |                                  |
| Age:   |   |  |                                     |                 |                                  |
| Weight (kg):   |   |  |                                     |                 |                                  |
| Length/Height (cm  | ):  |  |                                     |                 |                                  |
| Head circumferend  | e (cm):   |  |                                     |                 |                                  |
| Growth:  | Not Assessed  | lo Apparent Problem  | Refer 🗌 Observe 🗌                   | ] Under Continu | uing Care 🗌 Closed               |
| Comment:   |   |  | _                                   |                 |                                  |
| Reason for<br>Closing:   | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | ☐ Financial Constrain<br>☐ Lost to Follow-Up<br>☐ No Further Public<br>Follow-Up | No Profes                           | sional Care     | Resolved Transportation Barriers |
| Comment:   |   |  |                                     |                 |                                  |
| Care Category:   | Development   |  |                                     |                 |                                  |
| Developmental scr  | eening completed:   | 🗌 Yes 🗌 No   | 🗌 Unknown                           |                 |                                  |
| Developm   | ent screening tool:   |  | Q SE 🗌 Nipissing                    | Other           |                                  |
| Expected motor de milestones:  |   | essed 🗌 No Apparent P  | roblem 🗌 Observe 🗌 R                | efer 🗌 Under (  | Continuing Care 🗌 Closed         |
| Comment:   |   |  |                                     |                 |                                  |
| Reason for<br>Closing:   | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | ☐ Financial Constrain<br>☐ Lost to Follow-Up<br>☐ No Further Public<br>Follow-Up | No Profes                           | sional Care     | Resolved Transportation Barriers |
| Comment:   |   |  |                                     |                 |                                  |

## Early Childhood Assessment

| Expected speech / milestones: |   | ssed 🗌 No Apparent Problem   | Observe Refer Under   | Continuing Care 🗌 Closed             |
|-------------------------------|---|--|---|--------------------------------------|
| Comment:                      |   |  |   |                                      |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                      |   |  |   |                                      |
| Expected social /             |   |  |   |                                      |
| emotional milestor            | nes: 🗌 Not Assessed 🗌   | No Apparent Problem D  | oserve 🗌 Refer 🔲 Under C  | ontinuing Care 🗌 Closed              |
| Comment:                      |   |  |   |                                      |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
| Comment:                      |   |  |   |                                      |
| Care Category:                | Nutrition   |  |   |                                      |
| Breastfeeding deta            | ils: Exclusive bf   | Non-Exclusive bf   | Total bf No b   | of 🗌 Not assessed                    |
| Comment:                      |   |  |   |                                      |
| Vitamin D:                    | 🗌 Yes 🗌 No  | Not Assessed   |   |                                      |
| Breast milk substit           | ute: 🗌 Iron fortified formu   | la 🔲 Hypo-allergenic formula   | Othe  | er                                   |
| Comment:                      |   |  |   |                                      |
| Iron-rich foods:              | 🗌 Yes 🗌 No 🗌  | ] Not Assessed   |   |                                      |
| Comment:                      |   |  |   |                                      |
| Complementary for             | ods: 🗌 Yes 🗌 No   | Not Assessed   |   |                                      |
| Comment:                      |   |  |   |                                      |
| Healthy feeding rel           | ationship: 🗌 Yes 🗌  | No Not Assessed  |   |                                      |
| Comment:                      |   |  |   |                                      |
| Nutritional status:           | Not Assessed  | o Apparent Problem 🛛 Obser   | ve 🔲 Refer 📋 Under Conti  | nuing Care 🗌 Closed                  |
| Comment:                      |   |  |   |                                      |
| Reason for<br>Closing:        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
| Comment:                      |   |  |   |                                      |
| Care Category:                | Physiological   |  |   |                                      |
| <u>Head:</u>                  | Not Assessed  | o Apparent Problem 🔲 Obser   | ve 🔲 Refer 📋 Under Conti  | nuing Care 🔲 Closed                  |

|               | Comment:               |   |  |   |                                      |
|---------------|------------------------|---|--|---|--------------------------------------|
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> |  | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|               | Comment:               |   |  |   |                                      |
| Eyes/\        | <u>/ision:</u>         | Not Assessed  | lo Apparent Problem 🛛 Observe  | 🗌 Refer 🔲 Under Contir  | nuing Care 🗌 Closed                  |
|               | Comment:               |   |  |   |                                      |
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>   | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
|               | Comment:               |   |  |   |                                      |
| Ears/H        | learing:               | □ Not Assessed □ N  | o Apparent Problem   | 🗌 Refer 🔲 Under Contir  | nuing Care 🗌 Closed                  |
|               | Comment:               |   |  |   |                                      |
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>   | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|               | Comment:               |   |  |   |                                      |
| <u>Oral h</u> | ealth staus:           | Not Assessed  | lo Apparent Problem 🔲 Observe  | 🗌 Refer 🔲 Under Contir  | nuing Care 🗌 Closed                  |
|               | Comment:               |   |  |   |                                      |
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>   | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers     |
|               | Comment:               |   |  |   |                                      |
| Skolot        | al/Extremitie          | es: 🗌 Not Assessed 🛛  | ] No Apparent Problem 🔲 Obser  | rve 🔲 Refer 🦳 Under Co  | ontinuing Care                       |
| OKEIEI        | Comment:               |   | ] No Apparent Problem [] Obser   |   | ontinuing Care 📋 Closed              |
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>   | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Folloup</li> </ul>       | ☐ No Longer Relevant<br>☐ No Professional Care<br>Available<br>☐ Other                            | Resolved     Transportation Barriers |
|               | Comment:               |   |  |   |                                      |
| <u>Skin:</u>  |                        | Not Assessed  | o Apparent Problem 🔲 Observe   | 🗌 Refer 🔲 Under Contir  | nuing Care 🔲 Closed                  |
|               | Comment:               |   |  |   |                                      |
|               | Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>   | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|               | Comment:               |   |  |   |                                      |
| <u>Elimin</u> | ation:                 | Not Assessed N  | lo Apparent Problem 🛛 Observe  | 🗌 Refer 🔲 Under Contir  | nuing Care 🗌 Closed                  |
|               | Comment:               |   |  |   |                                      |

#### Client ID: Early Childhood Assessment Cultural/ Lang Barriers Financial Constraints No Longer Relevant Resolved Reason for Declined Services No Professional Care Transportation Barriers Lost to Follow-Up Closing: Available Duplicate as a result of No Further Public Health Other Client Merge Follow-Up Comment: **Care Category: General Health** General Health Status: Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care Closed Comment: Cultural/ Lang Barriers Financial Constraints □ No Longer Relevant Resolved Reason for No Professional Care Declined Services Lost to Follow-Up Transportation Barriers Closing: Available Duplicate as a result of No Further Public Health C Other Client Merge Follow-Up Comment: Care Category: Behaviour Attachment: Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed Comment: Cultural/ Lang Barriers Financial Constraints No Longer Relevant Resolved Reason for Declined Services Lost to Follow-Up No Professional Care Transportation Barriers Closing: Available No Further Public Health Duplicate as a result of Client Merge Follow-Up Other Comment: Sleep/wake patterns: Not Assessed No Apparent Problem Observe Refer Under Continuing Care Closed Comment: Cultural/ Lang Barriers Financial Constraints No Longer Relevant Resolved Reason for Declined Services No Professional Care Transportation Barriers Lost to Follow-Up Closing: Available Duplicate as a result of No Further Public Health Client Merge Follow-Up Other Comment: Physical play/activity: Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed Comment: Cultural/ Lang Barriers Financial Constraints No Longer Relevant Resolved **Reason for** Declined Services Lost to Follow-Up No Professional Care Transportation Barriers Closing: Available Duplicate as a result of No Further Public Health Other Client Merge Follow-Up Comment: Behaviour assessment: Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed Comment: Cultural/ Lang Barriers Financial Constraints No Longer Relevant Resolved Reason for Declined Services Lost to Follow-Up No Professional Care Transportation Barriers Closing: Available Duplicate as a result of No Further Public Health Client Merge Follow-Up Other

Comment:

# **Care Category: Lifestyle**

| Tobacco and Vap        | or Products   |  |   |                                  |
|------------------------|---|--|---|----------------------------------|
| Any member of the      | household use tobacco:  | Yes No Not A   | ssessed   |                                  |
| Smoker's plans:        | Not interested in quitting  | Id referred to smoking cessation<br>g but agree to make child's env't si<br>ake changes at present                   | moke-free   |                                  |
| Comment:               |   |  |   |                                  |
| Any member of the      | household use electronic of   | cigarettes/vape inside the home  | 🗌 Yes 🗌 No 📋  | ] Not Assessed                   |
| Tobacco and Vapo       | Products use comments:  |  |   |                                  |
| Care Category:         | Safety / Injury Preve   | ntion  |   |                                  |
| Car Seat/Booster:      |   | Apparent Problem   | Refer Under Contin  | uing Care 🗌 Closed               |
| Comment:               | Cultural/ Lang Barriers   | Financial Constraints  | No Longer Relevant  | Resolved                         |
| Reason for<br>Closing: | <ul> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul>                                  | <ul> <li>Interce Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul>   | No Professional Care<br>Available   | Transportation Barriers          |
| Comment:               |   |  |   |                                  |
| Age Related Haza       | rds: 🗌 Not Assessed 🗌   | No Apparent Problem  | rve 🗌 Refer 🔲 Under Co  | ontinuing Care 🗌 Closed          |
| Comment:               |   |  |   |                                  |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:               |   |  |   |                                  |
| Personal Safety:       | Not Assessed No   | Apparent Problem   | Refer Under Contin  | uing Care 🗌 Closed               |
| Comment:               |   |  |   |                                  |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved Transportation Barriers |
| Comment:               |   |  |   |                                  |
| General Comme          | ents:   |  |   |                                  |

# FAMILY HEALTH

**ASQ Summary** 



| Personal Deta                     | ils   |   |                                    |  |                                     |
|-----------------------------------|---|---|------------------------------------|--|-------------------------------------|
| Last Name:                        |   | First Name:   |                                    | Client ID:   |                                     |
| DOB (yyyy/mm/dd)                  | ):  | Gender:   |                                    | Health Card No:  |                                     |
| Address:                          |   |   |                                    | Phone No:  |                                     |
|                                   |   |   |                                    |  |                                     |
| Encounter Det                     | ails  |   |                                    |  |                                     |
| *Encounter Date (                 | yyyy/mm/dd):  |   |                                    | Duration (minutes)   |                                     |
| *Encounter Type:                  |   |   |                                    |  |                                     |
| FH Clinic Vis                     |   | FH External Provider  |                                    |  |                                     |
| FH Commun FH Email                | ity Setting   | ] FH Fax<br>] FH Home Visit   | ☐ FH Oth<br>☐ FH Pho               |  | ext                                 |
| —                                 | :   | -   | —                                  |  |                                     |
| *Provider:                        |   |   |                                    |  |                                     |
| Assessment O                      | ccurrence   |   |                                    |  |                                     |
|                                   | ent (hh:mm):  |   | ۸de.                               |  |                                     |
|                                   |   |   | Was Age adjusted for               |  |                                     |
|                                   |   |   | Was Age aujusted for               |  |                                     |
| *Care Categor<br>*Time of Assessm | y: Development  |   |                                    |  |                                     |
| Was Age adjusted                  |   | Yes No  | Unknown                            |  |                                     |
| *ASQ completed:                   |   | $SQ - 8 \qquad \Box ASQ - SQ - 9 \qquad \Box ASQ - SQ - 10 \qquad \Box ASQ - SQ - 12 \qquad \Box ASQ - SQ $ | - 16 ☐ ASQ - 24<br>- 18 ☐ ASQ - 27 | <ul> <li>□ ASQ - 33</li> <li>□ ASQ - 36</li> <li>□ ASQ - 42</li> <li>□ ASQ - 48</li> </ul>             | ☐ ASQ – 54<br>☐ ASQ – 60            |
| *ASQ SE<br>completed:             | <ul> <li>Not Applicable</li> <li>ASQ SE - 2</li> <li>ASQ SE - 6</li> </ul>  |   | SE – 12<br>SE – 18<br>SE – 24      | <ul> <li>☐ ASQ SE - 30</li> <li>☐ ASQ SE - 36</li> <li>☐ ASQ SE - 48</li> <li>☐ ASQ SE - 60</li> </ul> | 5<br>3                              |
| Communication S                   | Score:  |   |                                    |  |                                     |
| Communication S                   | core Interpretation:  | Above Cut off   | Close to Cut off                   | Below Cut off  |                                     |
| Communication S                   | Status: 🗌 Not Assessed 🛛  | ] No Apparent Problem   | n 🗌 Observe 🗌 Re                   | efer 🔲 Under Contin  | uing Care 🔲 Closed                  |
| Comment:                          |   |   |                                    |  |                                     |
| Reason for<br>Closing:            | <ul> <li>☐ Cultural/ Lang Barriers</li> <li>☐ Declined Services</li> <li>☐ Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public He</li> </ul>  | No Pro                             | ofessional Care  | Resolved<br>Transportation Barriers |

Comment:

| ASQ Summary                          | ,   |                    |                      | Clier   | nt ID:  |
|--------------------------------------|---|--------------------|----------------------|---|---|
|                                      |   |                    |                      |   |   |
| Gross Motor Scor                     | e:  |                    |                      |   |   |
| Gross Motor Scor                     | e Interpretation:   | Above Cut off      | Close to Cut off     | Below Cut off   |   |
| Fine Motor Score:                    |   |                    |                      |   |   |
| Fine Motor Score                     | Interpretation:   | Above Cut off      | Close to Cut off     | Below Cut off   |   |
| Gross Motor/Fine                     | Motor Status:   | □ Not Assessed □ N | o Apparent Problem 🗌 | Refer 🗌 Observe 🗌 Unde  | er Continuing Care 🗌 Closed                                   |
| Comment:                             |   |                    |                      |   |   |
| Reason for<br>Closing:               | Cultural/ Lang E<br>Declined Servic<br>Duplicate as a r<br>Client Merge   | es 🗌 Lost to Fo    |                      | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | <ul> <li>Resolved</li> <li>Transportation Barriers</li> </ul> |
| Comment:                             |   |                    |                      |   |   |
| Problem Solving                      | Score:  |                    |                      |   |   |
| Problem Solving S<br>Interpretation: | Score   | Above Cut off      | Close to Cut off     | Below Cut off   |   |
| Problem Solving                      | Status:   | Not Assessed       | o Apparent Problem 🗌 | Refer 🗌 Observe 🗌 Unde  | er Continuing Care 🗌 Closed                                   |
| Comment:                             |   |                    |                      |   |   |
| Reason for<br>Closing:               | Cultural/ Lang B<br>Declined Servic<br>Duplicate as a r<br>Client Merge   | es 🗌 Lost to Fo    |                      | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
| Comment:                             |   |                    |                      |   |   |
| Personal Social S                    | core:   |                    |                      |   |   |
| Personal Social S<br>Interpretation: | core  | Above Cut off      | Close to Cut off     | Below Cut off   |   |
| ASQ: SE Score:                       |   |                    |                      |   |   |
| ASQ: SE Score In                     | terpretation:   | Above Cut off      | Close to Cut off     | Below Cut off   |   |
| Social Emotional                     | Status:   | Not Assessed       | o Apparent Problem 🗌 | Refer 🗌 Observe 🗌 Unde  | er Continuing Care 🗌 Closed                                   |
| Comment:                             |   |                    |                      |   |   |
| Reason for<br>Closing:               | Cultural/ Lang E<br>Declined Servic<br>Duplicate as a r<br>Client Merge   | es 🗌 Lost to Fo    |                      | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
| Comment:                             |   |                    |                      |   |   |
| ASQ: Action<br>Taken:                | <ul> <li>Learning activities provided</li> <li>Rescreen (specify in comments)</li> <li>Share results with primary health care provider</li> <li>Refer to primary health care provider</li> <li>Refer for further assessment (specify in comments)</li> <li>Refer to early intervention/early childhood special education</li> <li>No further action taken</li> <li>Other (specify in comments)</li> </ul> |                    |                      |   |   |

Comment:

# **ASQ Summary**

| <ul> <li>Refer to early intervention/early childhood special education</li> <li>Refer for social-emotional, behavioral, or mental health evaluation</li> <li>No further action taken</li> </ul>  | ASQ:SE Action Taken: | <ul> <li>Learning activities provided</li> <li>Rescreen (specify in comments)</li> <li>Share results with primary health care provider</li> <li>Provide parent education materials</li> <li>Provide information about available parenting classes or support groups</li> <li>Have another caregiver complete ASQ-SE. Specify caregiver in comments (e.g. teacher)</li> <li>Administer developmental screening (e.g. ASQ-3)</li> </ul> |
|--|----------------------|---|
| <ul> <li>Administer developmental screening (e.g. ASQ-3)</li> <li>Refer to early intervention/early childhood special education</li> <li>Refer for social-emotional, behavioral, or mental health evaluation</li> <li>No further action taken</li> </ul>   |                      | Provide information about available parenting classes or support groups   |
| <ul> <li>Refer to early intervention/early childhood special education</li> <li>Refer for social-emotional, behavioral, or mental health evaluation</li> <li>No further action taken</li> </ul>  |                      | Have another caregiver complete ASQ-SE. Specify caregiver in comments (e.g. teacher)  |
| <ul> <li>Refer for social-emotional, behavioral, or mental health evaluation</li> <li>No further action taken</li> </ul>   |                      | Administer developmental screening (e.g. ASQ-3)   |
| No further action taken  |                      | Refer to early intervention/early childhood special education   |
|  |                      | Refer for social-emotional, behavioral, or mental health evaluation   |
| $\Box$ Other (second for a second secon |                      | No further action taken   |
| U Other (specify in comments)  |                      | Other (specify in comments)   |

Comment:

## **General Comments:**

**Child and Youth Assessment** 



| <b>Personal Details</b>   | 5  |   |
|---|--|---|
| Last Name:  | First Name:  | Client ID:  |
| DOB (yyyy/mm/dd): Gender:   |  | Health Card No:   |
| Address:  |  | Phone No:   |
|   |  |   |
| Encounter Deta  | ils  |   |
| *Encounter Date (yy   | yy/mm/dd):   | Duration (minutes)  |
| *Encounter Type:  |  |   |
| <ul> <li>FH Clinic Visit</li> <li>FH Community</li> <li>FH Email</li> </ul> | Setting FH External Prov<br>FH Fax<br>FH Home Visit  | vider Definition FH Mail Definition FH School FH Phone FH Text FH Other |
| *Responsible Org:   |  | *Location:  |
| *Provider:  |  |   |
| *General  |  |   |
| *Time of Assessme   | nt (hh:mm):  |   |
| Method of contact:  |  |   |
| Attending school / v  | vork: 🗌 School 🔲 Work 🔲 School and V   | /ork 🗌 Neither  |
| School and g  | grade:   |   |
| Additional C  | omments:   |   |
|   | e provider: 🗌 Yes 🗌 No 📄 Not Assesse   |   |
| Comments:   |  |   |
| Care Category:  |  |   |
| Weight (kg):  |  | Length/Height (cm):   |
| BMI:  |  |   |
| Growth:   | Not Assessed No Apparent Problen   | n 🗌 Observe 🔲 Refer 🔲 Under Continuing Care 🗌 Closed                    |
| Comment:  |  |   |
| Reason for<br>Closing:  | <ul> <li>Cultural/ Lang Barriers</li> <li>Financial C</li> <li>Declined Services</li> <li>Lost to Fol</li> <li>Duplicate as a result of Client</li> <li>No Further</li> <li>Merge</li> <li>Up</li> </ul> | low-Up No Professional Care Transportation Barriers                     |
| Comment:  |  |   |
| Care Category:<br>Sexual health<br>status:<br>Comment:                      |  | m 🗌 Observe 🔲 Refer 🔲 Under Continuing Care 🗌 Closed                    |

#### **Child and Youth Assessment**

| Client ID: |  |
|------------|--|
|------------|--|

|               | Reason for<br>Closing: | Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care<br>AvailableTransportation BarriersDuplicate as a result of ClientNo Further Public Health Follow-<br>UpOther  |
|---------------|------------------------|---|
|               | Comment:               |   |
| Develo        | opment:                | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed   |
|               | Comment:               |   |
|               | Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health Follow-<br>Up       Other       Other  |
|               | Comment:               |   |
| Care          | Category: I            | lutrition   |
| Follow        | ring recomme           | ided daily intake: 🗌 Yes 📄 No 📄 Not Assessed  |
| Nutriti       | onal status:           | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed   |
|               | Comment:               |   |
|               | Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health Follow-<br>Up       Other              |
|               | Comment:               |   |
| Care          | Category               | Physiological   |
|               | /ision:                | Not Assessed No Apparent Problem Observe Refer Under Continuing Care Closed   |
|               | Comment:               |   |
|               | Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care Available       Transportation Barriers Available         Duplicate as a result of Client Merge       No Further Public Health Follow-Up       Other |
|               | Comment:               |   |
| Ears/H        | learing:               | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed   |
|               | Comment:               |   |
|               | Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client       No Further Public Health       Other                                     |
|               | Comment:               |   |
| <u>Oral h</u> | ealth staus:           | □ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing CareCare □ Closed   |
|               | Comment:               |   |
|               | Reason for<br>Closing: | Cultural/ Lang Barriers       Financial Constraints       No Longer Relevant       Resolved         Declined Services       Lost to Follow-Up       No Professional Care       Transportation Barriers         Duplicate as a result of Client<br>Merge       No Further Public Health<br>Follow-Up       Other               |

| <b>Client ID:</b> |  |
|-------------------|--|
|-------------------|--|

|                 | Comment:                     |  |           |              |  |   |                                      |
|-----------------|------------------------------|--|-----------|--------------|--|---|--------------------------------------|
| <u>Skin:</u>    |                              | Not Assessed   | 🗌 No Appa | arent Proble | em 🗌 Observe   | 🗌 Refer 🔄 Under Contin  | uing Care 🗌 Closed                   |
|                 | Comment:                     |  |           |              |  |   |                                      |
|                 | Reason for<br>Closing:       | <ul> <li>Cultural/ Lang Barri</li> <li>Declined Services</li> <li>Duplicate as a resu<br/>Merge</li> </ul> |           | Lost to F    | al Constraints<br>Follow-Up<br>ner Public Health<br>Jp | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Care (          | Category: G                  | eneral Health  |           |              |  |   |                                      |
| Health          | y personal hyg               | jiene:   | 🗌 Yes     | 🗌 No         | Not Assessed   |   |                                      |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Chron           | ic health condi              | tion:  | 🗌 Yes     | 🗌 No         | Not Assessed   |   |                                      |
|                 | Connected to<br>Support Serv | •  | 🗌 Yes     | 🗌 No         | Not Assessed   |   |                                      |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Gener<br>status | al health<br>:               | Not Assessed   | 🗌 No Арр  | parent Prob  | lem 🗌 Observe  | Refer Under Conti   | nuing Care 🔲 Closed                  |
|                 | Comment:                     |  |           |              |  |   |                                      |
|                 | Reason for<br>Closing:       | <ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res<br/>Merge</li> </ul>    |           | Lost to F    |  | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Care (          | Category: B                  | ehaviour   |           |              |  |   |                                      |
| Behav           |                              | Not Assessed   | 🗌 No App  | parent Prob  | lem 🗌 Observe  | 🗌 Refer 📋 Under Conti   | nuing Care 🗌 Closed                  |
|                 | Comment:                     |  |           |              |  |   |                                      |
|                 | Reason for<br>Closing:       | ☐ Cultural/ Lang Bar<br>☐ Declined Services<br>☐ Duplicate as a res<br>Merge                               |           | Lost to F    | ll Constraints<br>Follow-Up<br>ner Public Health<br>Jp | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Care (          | Category: P                  | sychosocial  |           |              |  |   |                                      |
| Positiv         | ve self image:               | 🗌 Yes 🗌 No   | Not A     | Assessed     |  |   |                                      |
|                 | Comment:                     |  |           |              |  |   |                                      |
| Psych<br>status | osocial<br>:                 | Not Assessed   | 🗌 No Ар   | parent Prob  | olem 🗌 Observe   | Refer Under Cont  | inuing Care 🗌 Closed                 |
| (               | Comment:                     |  |           |              |  |   |                                      |
|                 | Reason for<br>Closing:       | Cultural/ Lang Bar<br>Declined Services<br>Duplicate as a res<br>Merge                                     |           | Lost to F    | al Constraints<br>Follow-Up<br>ner Public Health<br>Jp | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |

| Child an | d Youth | Assess | ment |
|----------|---------|--------|------|
|----------|---------|--------|------|

Comment:

| Care Category:   | Lifestyle   |                         |                            |      |   |                                      |
|--|---|-------------------------|----------------------------|------|---|--------------------------------------|
| Activity and Rest  |   |                         |                            |      |   |                                      |
| Adequate physical activity:  | Not Assessed No App   | arent Problem           | n 🗌 Obser                  | ve 🗌 | Refer 🔲 Under Continu   | uing Care 🔲 Closed                   |
| Comment:   |   |                         |                            |      |   |                                      |
| Reason for<br>Closing:   | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | Financial               | ollow-Up<br>er Public Heal | th   | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
| Comment:   |   |                         |                            |      |   |                                      |
| Adequate rest:   | 🗌 Not Assessed 📋 No App   | arent Problem           | n 🗌 Obser                  | ve 🗌 | Refer 🔲 Under Continu   | uing Care 🔲 Closed                   |
| Comment:   |   |                         |                            |      |   |                                      |
| Reason for<br>Closing:   | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | Financial<br>Lost to Fo | ollow-Up<br>er Public Heal | th   | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers |
| Comment:   |   |                         |                            |      |   |                                      |
| Tobacco and Vap  | or Products:  |                         |                            |      |   |                                      |
| Tobacco use in the   | e last 6 months:  |                         | 🗌 Yes                      | 🗌 No | Not Assessed  |                                      |
| Tobacco use in the   | e last 7 days:  |                         | Yes                        | 🗌 No | Not Assessed  |                                      |
| Interested in stopp  | ing:  |                         | Yes                        | 🗌 No | Not Assessed  |                                      |
| Referral to Smokin   | g Cessation Program given:  |                         | Yes                        | 🗌 No | Not Assessed  |                                      |
| Any member of the  | e household use tobacco:  |                         | Yes                        | 🗌 No | Not Assessed  |                                      |
| Smoker's plans:       Not Applicable         Interested in quitting and referred to smoking cessation         Not interested in quitting but agree to make child's env't smoke-free         Smoker not willing to make changes at present         Other         Smoker's plan         comment: |   |                         |                            |      |   |                                      |
| Electronic cigarette   | e/vape use in the last 6 months   | :                       | 🗌 Yes                      | 🗌 No | Not Assessed  |                                      |
| Electronic cigarette   | e/vape use in the last 7 Days:  |                         | Yes                        | 🗌 No | Not Assessed  |                                      |
| Any member of you<br>cigarettes/vape:<br>Tobacco and Vapo<br>comments:   | ur household use electronic<br>r Products use   |                         | Yes                        | □ No | Not Assessed  |                                      |
| Alcohol and Substance Use:   |   |                         |                            |      |   |                                      |
| Alcohol use: Not Assessed No Apparent Problem Observe Refer Under Continuing Care Closed   |   |                         |                            |      |   |                                      |
| Comment:   |   |                         |                            |      |   |                                      |

| Client | ID: |  |
|--------|-----|--|
|        |     |  |

|                        | Cultural/ Lang Barriers<br>Declined Services<br>Duplicate as a result of Client<br>Merge                                  | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
|------------------------|---|--|---|---|
| Comment:               |   |  |   |   |
| Substance use:         | ] Not Assessed 📋 No App   | arent Problem 🗌 Observe 🗌  | Refer 🔲 Under Continu   | uing Care 🔲 Closed  |
| Comment:               |   |  |   |   |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
| Comment:               |   |  |   |   |
| Family / Household a   | Icohol and substance use:   | 🗌 Yes 🗌 No 🗌 Not   | Assessed  |   |
| Other lifestyle issues | : 🗌 Not Assessed 🗌 No   | Apparent Problem 🗌 Observe   | 🗌 Refer 🔲 Under Co  | ntinuing Care 🗌 Closed  |
| Comment:               |   |  |   |   |
|                        | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client<br/>Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
| Comment:               |   |  |   |   |
| Care Category: S       | afety/Injury Preventior   | 1  |   |   |
| Age related hazards:   | Not Assessed No A   | Apparent Problem 🗌 Observe   | Refer Under Co  | ntinuing Care 🗌 Closed  |
| Comment:               |   |  |   |   |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | <ul> <li>Resolved</li> <li>Transportation Barriers</li> </ul> |
| Comment:               |   |  |   |   |
| Personal safety:       | Not Assessed No A   | Apparent Problem 🔲 Observe   | Refer Under Con   | ntinuing Care 🗌 Closed  |
| Comment:               |   |  |   |   |
| Reason for<br>Closing: | <ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of<br/>Client Merge</li> </ul> | <ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health<br/>Follow-Up</li> </ul> | <ul> <li>No Longer Relevant</li> <li>No Professional Care<br/>Available</li> <li>Other</li> </ul> | Resolved     Transportation Barriers                          |
| Comment:               |   |  |   |   |
|                        |   |  |   |   |

**General Comments:**