

**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 (minutes) \_\_\_\_\_

**\*Encounter Type:**

- |   |   |                                   |                                    |
|---|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> FH Clinic Visit      | <input type="checkbox"/> FH External Provider | <input type="checkbox"/> FH Mail  | <input type="checkbox"/> FH School |
| <input type="checkbox"/> FH Community Setting | <input type="checkbox"/> FH Fax               | <input type="checkbox"/> FH Other | <input type="checkbox"/> FH Text   |
| <input type="checkbox"/> FH Email             | <input type="checkbox"/> FH Home Visit        | <input type="checkbox"/> FH Phone |                                    |

\*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_

\*Provider: \_\_\_\_\_

**\*Assessment Occurrence**

\*Time of Assessment (hh:mm): \_\_\_\_\_ Formula given in hospital: \_\_\_\_\_

Time from Births (days): \_\_\_\_\_ Age: \_\_\_\_\_

Gestation Period/Weeks: \_\_\_\_\_

**Care Category: Growth**

Weight (kg): \_\_\_\_\_ Weight gain/loss since discharge (kg): \_\_\_\_\_

Weight gain/loss since birth (kg): \_\_\_\_\_ Length/Height (cm): \_\_\_\_\_

Percentage of weight gain or loss since birth: \_\_\_\_\_ Head Circumference (cm): \_\_\_\_\_

Growth: ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**Care Category: Nutrition****Breastfeeding details:**

☐ Exclusive bf ☐ Non-exclusive bf ☐ Total bf ☐ No bf ☐ Not assessed

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

Breast milk substitute: ☐ Iron fortified formula ☐ Hypo-allergenic formula ☐ Other

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

Vitamin D Planned: ☐ Yes ☐ No ☐ Not Assessed

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

**Care Category: Nutrition**

**Infant feeding:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Care Category: Physiological**

**Head:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Eyes/Vision:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Ears/Hearing:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Mouth:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Chest:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Care Category: Physiological**

**Abdomen:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Umbilicus:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Genitalia:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Skeletal/Extremities:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Neuromuscular:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

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

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

**Skin:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Vital Signs:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Infant Voids:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Infant Stools:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

## Care Category: General Health

### Immunization/CD

**Immunization** ☐ Yes ☐ No ☐ Unknown

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

**CD Risk Factors Present:** ☐ Yes ☐ No ☐ Unknown ☐ Not Assessed

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

**General Health Status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

## Care Category: Behaviour

**Attachment:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Behaviour Assessment:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Care Category: Support**Follow-up planned with doctor or midwife: ☐ Yes ☐ No ☐ Unknown

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

**Care Category: Lifestyle****Tobacco and Vapor Products**Any member of the household use tobacco: ☐ Yes ☐ No ☐ Not Assessed

Smoker's plans:

- |  |  |
|--|--|
| <input type="checkbox"/> Not Applicable  | <input type="checkbox"/> Smoker not willing to make changes at present |
| <input type="checkbox"/> Interested in quitting and referred to smoking cessation              | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Not interested in quitting but agree to make child's env't smoke-free |  |

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

Any member of the household use electronic cigarettes/vape inside the home: ☐ Yes ☐ 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 Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Age Related Hazards:** ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Personal Safety:**

☐ Not Assessed   ☐ No Apparent Problem   ☐ Refer   ☐ Observe   ☐ Under Continuing Care   ☐ Closed

**Comment:** \_\_\_\_\_**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**General Comments:**

**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 (minutes) \_\_\_\_\_  
 \*Encounter Type:  
☐ FH Clinic Visit ☐ FH External Provider ☐ FH Mail ☐ FH School  
☐ FH Community Setting ☐ FH Fax ☐ FH Other ☐ FH Text  
☐ FH Email ☐ FH Home Visit ☐ FH Phone  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

**\*Assessment Occurrence**

\*Time of Assessment (hh:mm): \_\_\_\_\_ Postpartum days: \_\_\_\_\_

**Care Category: General Health**Prenatal Care

Prenatal education: ☐ Prenatal classes ☐ Self-education ☐ Other ☐ None ☐ Not Assessed

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

**Care Category: Physiological**

Breast Condition: ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:  
☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

Breast Feeding: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:  
☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

Client breast feeding: ☐ Yes ☐ No ☐ Not Assessed

CS Incision status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:  
☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**Fundus:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Lochia:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Perineum:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Vital signs:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continual Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Oral health status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Elimination:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**CD/Infection:**Risk factors/CD Present: ☐ Yes ☐ No ☐ Unknown

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

**Care Category: Nutrition**Following recommended daily intake: ☐ Yes ☐ No ☐ Not Assessed

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

Nutritional status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Care Category: Psychosocial**Previous Postpartum depression: ☐ Yes ☐ No ☐ Not Assessed

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

Mental Health Issues: ☐ Yes ☐ No ☐ Not Assessed

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

EPDS refused by client: ☐ Yes ☐ No ☐ Not Applicable

Edinburgh score: \_\_\_\_\_

Client's response to EPDS question #10 regarding thoughts of self harm:

☐ Yes, quite often ☐ Sometimes ☐ Hardly Ever ☐ Never

Mother's response to infant cues and behaviour:

☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Family function: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Emotional adjustment:**
☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Care Category: Behaviour****Parenting knowledge and skill:**
☐ Not Assessed   ☐ No Apparent Problem   ☐ Refer   ☐ Observe   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Care Category: Lifestyle****Activity and Rest****Adequate physical activity:**
☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Adequate rest:**
☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Tobacco and Vapor Products****Tobacco used in the last 6 months:**
☐ Yes   ☐ No   ☐ Not assessed
**Tobacco used in the last 7 days:**
☐ Yes   ☐ No   ☐ Not assessed
**Interested in stopping:**
☐ Yes   ☐ No   ☐ Not assessed
**Referral to Smoking Cessation Program Given:**
☐ Yes   ☐ No   ☐ Not assessed
**Electronic cigarette/Vape use in the last 6 months:**
☐ Yes   ☐ No   ☐ Not assessed

Electronic cigarette/Vape use in the last 7 days: \_\_\_\_\_

Tobacco and Vape Products Comment: \_\_\_\_\_

**Alcohol and Substance Use**Alcohol use: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Substance use: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Finances and Budget: ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Other lifestyle issues: ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Care Category: Support**Personal support system: ☐ Yes ☐ No ☐ Not assessedAware/using community support resources: ☐ Yes ☐ No ☐ Not assessedFollow-up appointment with health professional: ☐ Yes ☐ No ☐ Not assessedSupport/Resources: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Family planning/ Sexuality: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

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### Care Category: Safety / Injury Prevention

Shaken Baby Syndrome Prevention: ☐ Yes ☐ No ☐ Not Assessed

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

Relationship safety: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

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### Disposition and General Comments

Eligible pathway: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

General Comments:

**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 (minutes) \_\_\_\_\_

**\*Encounter Type:**

- |   |   |                                   |                                    |
|---|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> FH Clinic Visit      | <input type="checkbox"/> FH External Provider | <input type="checkbox"/> FH Mail  | <input type="checkbox"/> FH School |
| <input type="checkbox"/> FH Community Setting | <input type="checkbox"/> FH Fax               | <input type="checkbox"/> FH Other | <input type="checkbox"/> FH Text   |
| <input type="checkbox"/> FH Email             | <input type="checkbox"/> FH Home Visit        | <input type="checkbox"/> FH Phone |                                    |

\*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_

\*Provider: \_\_\_\_\_

**Assessment Occurrence**

\*Time of assessment (hh:mm): \_\_\_\_\_

**\*Reason(s) for consultation:**

- |   |                                   |                                 |  |
|---|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Baby behaviour | <input type="checkbox"/> Latch    | <input type="checkbox"/> Weight | <input type="checkbox"/> Feeding Frequency |
| <input type="checkbox"/> Elimination    | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Other  |  |

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

Age: \_\_\_\_\_

**Care Category: Growth**

Weight (kg): \_\_\_\_\_

Weight gain/loss since birth (kg): \_\_\_\_\_

Percentage of weight gain or loss since birth: \_\_\_\_\_

Weight gain/loss since discharge (kg): \_\_\_\_\_

Growth: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

Reason for Closing: \_\_\_\_\_

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

**Care Category: Nutrition**

Breastfeeding details: ☐ Exclusive bf ☐ Non-exclusive bf ☐ Total bf ☐ No bf ☐ Not Assessed

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

Receiving medications/vitamins: ☐ Yes ☐ No ☐ Not Assessed

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

How soon after delivery did baby attempt to nurse: ☐ Less than 1 hour ☐ 1-3 hours ☐ More than 3 hours ☐ Not Applicable

Number of feedings in past 24 hours: ☐ 1-2 times ☐ 3-4 times ☐ 5-7 times ☐ 8-12 times ☐ 13 or greater times

Number of feedings comments: \_\_\_\_\_

Length of feedings: \_\_\_\_\_

Contentment with feeding: ☐ Yes ☐ No ☐ Not Assessed

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

Latch: ☐ Adequate ☐ Poor ☐ Absent ☐ Not Assessed

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

Coordinated suck: ☐ Yes ☐ No ☐ Not Assessed

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

Audible swallow: ☐ Yes ☐ No ☐ Not Assessed

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

Use of artificial nipples: ☐ Yes ☐ No ☐ Not Assessed ☐ Unknown

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

Use of lactation aids: ☐ Yes ☐ No ☐ Not Assessed ☐ Unknown

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

Infant feeding: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

## Care Category: Physiological

**Mouth:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

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

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

**Skin:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for 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 Merge
 ☐ No Further Public Health Follow-Up
 ☐ Available
 ☐ Other

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

History of phototherapy: ☐ Yes ☐ No ☐ Not Assessed ☐ Unknown

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

Voids in the past 24 hours: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Stools in the past 24 hours: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: General Health

General health status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Behaviour

Attachment: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Behaviour assessment: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

---

**Care Category: Lifestyle****Tobacco and Vapor Products:**Any member of the household use tobacco: ☐ Yes ☐ No ☐ Not Assessed

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

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

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

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

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**General Comments:**

**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 (minutes) \_\_\_\_\_  
 \*Encounter Type:  
☐ FH Clinic Visit ☐ FH External Provider ☐ FH Mail ☐ FH School  
☐ FH Community Setting ☐ FH Fax ☐ FH Other ☐ FH Text  
☐ FH Email ☐ FH Home Visit ☐ FH Phone  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

**Assessment Occurrence**

\*Time of assessment (hh:mm): \_\_\_\_\_  
 \*Reason(s) for consultation:  
☐ General Info/Support ☐ Nipple Pain ☐ Breast Pain ☐ Milk Supply  
☐ Infection ☐ Engorgement ☐ Other

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

**Care Category: General Health**

Medical conditions: ☐ Yes ☐ No ☐ Not Assessed

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

Labour medications: ☐ Yes ☐ No ☐ Not Assessed

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

Taking any prescription or non-prescription drugs: ☐ Yes ☐ No ☐ Not Assessed

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

Doctor/Midwife: \_\_\_\_\_

Previous breastfeeding experience: ☐ Yes ☐ No ☐ Not Assessed

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

**Care Category: Physiological****Breasts:**

Previous breast surgery/trauma: ☐ Yes ☐ No ☐ Not Assessed

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

Breast changes during pregnancy/post delivery: ☐ Yes ☐ No ☐ Not Assessed

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

**Awareness of the let-down reflex:** ☐ Yes ☐ No ☐ Not Assessed

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

**Breast condition:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Breast Pain:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Milk expression:** ☐ Yes ☐ No ☐ Not Assessed

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

### **Nipples:**

**Nipple Condition:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Nipple Pain:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Positioning:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### **Care Category: Nutrition**

**Following recommended daily intake:** ☐ Yes ☐ No ☐ Not Assessed

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

Nutritional status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

### Care Category: Psychosocial

Emotional adjustment: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

### Care Category: Lifestyle

#### Tobacco and Vapor Products:

Tobacco use in the last 6 months: ☐ Yes ☐ No ☐ Not Assessed

Tobacco use in the last 7 days: ☐ Yes ☐ No ☐ Not Assessed

Interested in stopping: ☐ Yes ☐ No ☐ Not Assessed

Referral to Smoking Cessation Program given: ☐ Yes ☐ No ☐ Not Assessed

Electronic Cigarette / Vape use in the last 6 months: ☐ Yes ☐ No ☐ Not Assessed

Electronic Cigarette / Vape use in the last 7 days: ☐ Yes ☐ No ☐ Not Assessed

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

#### Alcohol and Substance Use:

Alcohol use: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

Substance use: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**Care Category: Support**Personal support system: ☐ Yes ☐ No ☐ Not Assessed

Personal support system comments: \_\_\_\_\_

Aware/using community support resources: ☐ Yes ☐ No ☐ Not AssessedSupport/Resources: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**General Comments:**

**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 (minutes) \_\_\_\_\_  
 \*Encounter Type:  
☐ FH Clinic Visit ☐ FH External Provider ☐ FH Mail ☐ FH School  
☐ FH Community Setting ☐ FH Fax ☐ FH Other ☐ FH Text  
☐ FH Email ☐ FH Home Visit ☐ FH Phone  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

**Assessment Occurrence**

\*Time of Assessment (hh:mm): \_\_\_\_\_

**Care Category: Growth**

Age: \_\_\_\_\_  
 Weight (kg): \_\_\_\_\_  
 Length/Height (cm): \_\_\_\_\_  
 Head circumference (cm): \_\_\_\_\_

Growth: ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**Care Category: Development**

Developmental screening completed: ☐ Yes ☐ No ☐ Unknown

Development screening tool: ☐ ASQ ☐ ASQ SE ☐ Nipissing ☐ Other

Expected motor developmental milestones: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**Expected speech / language milestones:**
☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Expected social /**
**emotional milestones:**   ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Care Category: Nutrition**
**Breastfeeding details:**   ☐ Exclusive bf   ☐ Non-Exclusive bf   ☐ Total bf   ☐ No bf   ☐ Not assessed
**Comment:** \_\_\_\_\_
**Vitamin D:**   ☐ Yes   ☐ No   ☐ Not Assessed

**Breast milk substitute:**   ☐ Iron fortified formula   ☐ Hypo-allergenic formula   ☐ Other
**Comment:** \_\_\_\_\_
**Iron-rich foods:**   ☐ Yes   ☐ No   ☐ Not Assessed
**Comment:** \_\_\_\_\_
**Complementary foods:**   ☐ Yes   ☐ No   ☐ Not Assessed
**Comment:** \_\_\_\_\_
**Healthy feeding relationship:**   ☐ Yes   ☐ No   ☐ Not Assessed
**Comment:** \_\_\_\_\_
**Nutritional status:**   ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed
**Comment:** \_\_\_\_\_

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Care Category: Physiological**
**Head:**   ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Eyes/Vision:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Ears/Hearing:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Oral health status:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Skeletal/Extremities:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Skin:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

Reason for Closing:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cultural/ Lang Barriers               | <input type="checkbox"/> Financial Constraints              | <input type="checkbox"/> No Longer Relevant             | <input type="checkbox"/> Resolved                |
| <input type="checkbox"/> Declined Services                     | <input type="checkbox"/> Lost to Follow-Up                  | <input type="checkbox"/> No Professional Care Available | <input type="checkbox"/> Transportation Barriers |
| <input type="checkbox"/> Duplicate as a result of Client Merge | <input type="checkbox"/> No Further Public Health Follow-Up | <input type="checkbox"/> Other                          |  |

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

**Elimination:**

- ☐
- Not Assessed
- ☐
- No Apparent Problem
- ☐
- Observe
- ☐
- Refer
- ☐
- Under Continuing Care
- ☐
- Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: General Health

**General Health Status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Behaviour

**Attachment:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Sleep/wake patterns:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Physical play/activity:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Behaviour assessment:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Care Category: Lifestyle****Tobacco and Vapor Products**Any member of the household use tobacco: ☐ Yes ☐ No ☐ Not Assessed

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

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

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

Tobacco and Vapor Products use comments: \_\_\_\_\_

**Care Category: Safety / Injury Prevention**Car Seat/Booster: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:** ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

Age Related Hazards: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:** ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

Personal Safety: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:** ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**General Comments:**

**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 (minutes) \_\_\_\_\_  
 \*Encounter Type:  
☐ FH Clinic Visit ☐ FH External Provider ☐ FH Mail ☐ FH School  
☐ FH Community Setting ☐ FH Fax ☐ FH Other ☐ FH Text  
☐ FH Email ☐ FH Home Visit ☐ FH Phone  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

**Assessment Occurrence**

Time of Assessment (hh:mm): \_\_\_\_\_ Age: \_\_\_\_\_  
 Was Age adjusted for Prematurity ☐ Yes ☐ No ☐ Unknown

**\*Care Category: Development**

\*Time of Assessment (hh:mm): \_\_\_\_\_

Was Age adjusted for Prematurity: ☐ Yes ☐ No ☐ Unknown

\*ASQ completed: ☐ Not Applicable ☐ ASQ – 8 ☐ ASQ – 14 ☐ ASQ – 22 ☐ ASQ – 33 ☐ ASQ – 54  
☐ ASQ – 2 ☐ ASQ – 9 ☐ ASQ – 16 ☐ ASQ – 24 ☐ ASQ – 36 ☐ ASQ – 60  
☐ ASQ – 4 ☐ ASQ – 10 ☐ ASQ – 18 ☐ ASQ – 27 ☐ ASQ – 42  
☐ ASQ – 6 ☐ ASQ – 12 ☐ ASQ – 20 ☐ ASQ – 30 ☐ ASQ – 48

\*ASQ SE completed: ☐ Not Applicable ☐ ASQ SE – 12 ☐ ASQ SE – 30  
☐ ASQ SE – 2 ☐ ASQ SE – 18 ☐ ASQ SE – 36  
☐ ASQ SE – 6 ☐ ASQ SE – 24 ☐ ASQ SE – 48  
☐ ASQ SE – 60

Communication Score: \_\_\_\_\_

Communication Score Interpretation: ☐ Above Cut off ☐ Close to Cut off ☐ Below Cut off

Communication Status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other

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

**ASQ Summary****Client ID:** \_\_\_\_\_**Gross Motor Score:** \_\_\_\_\_**Gross Motor Score 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 ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed**Comment:** \_\_\_\_\_

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Problem Solving Score:** \_\_\_\_\_**Problem Solving Score Interpretation:** ☐ Above Cut off ☐ Close to Cut off ☐ Below Cut off**Problem Solving Status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed**Comment:** \_\_\_\_\_

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**Personal Social Score:** \_\_\_\_\_**Personal Social Score Interpretation:** ☐ Above Cut off ☐ Close to Cut off ☐ Below Cut off**ASQ: SE Score:** \_\_\_\_\_**ASQ: SE Score Interpretation:** ☐ Above Cut off ☐ Close to Cut off ☐ Below Cut off**Social Emotional Status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Refer ☐ Observe ☐ Under Continuing Care ☐ Closed**Comment:** \_\_\_\_\_

<b>Reason for Closing:</b>	<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
	<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

**Comment:** \_\_\_\_\_**ASQ: Action Taken:**

- ☐ Learning activities provided
- ☐ Rescreen (specify in comments)
- ☐ Share results with primary health care provider
- ☐ Refer to primary health care provider
- ☐ Refer for further assessment (specify in comments)
- ☐ Refer to early intervention/early childhood special education
- ☐ No further action taken
- ☐ Other (specify in comments)

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

**ASQ:SE Action Taken:**

- ☐ Learning activities provided
- ☐ Rescreen (specify in comments)
- ☐ Share results with primary health care provider
- ☐ Provide parent education materials
- ☐ Provide information about available parenting classes or support groups
- ☐ Have another caregiver complete ASQ-SE. Specify caregiver in comments (e.g. teacher)
- ☐ Administer developmental screening (e.g. ASQ-3)
- ☐ Refer to early intervention/early childhood special education
- ☐ Refer for social-emotional, behavioral, or mental health evaluation
- ☐ No further action taken
- ☐ Other (specify in comments)

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

**General Comments:**

**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 (minutes) \_\_\_\_\_  
 \*Encounter Type: \_\_\_\_\_  
☐ FH Clinic Visit ☐ FH External Provider ☐ FH Mail ☐ FH School  
☐ FH Community Setting ☐ FH Fax ☐ FH Phone ☐ FH Text  
☐ FH Email ☐ FH Home Visit ☐ FH Other  
 \*Responsible Org: \_\_\_\_\_ \*Location: \_\_\_\_\_  
 \*Provider: \_\_\_\_\_

**\*General**

\*Time of Assessment (hh:mm): \_\_\_\_\_  
 Method of contact: \_\_\_\_\_  
 Attending school / work: ☐ School ☐ Work ☐ School and Work ☐ Neither  
 School and grade: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Have a primary care provider: ☐ Yes ☐ No ☐ Not Assessed  
 Comments: \_\_\_\_\_

**Care Category: General**

Weight (kg): \_\_\_\_\_ Length/Height (cm): \_\_\_\_\_  
 BMI: \_\_\_\_\_  
 Growth: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed  
 Comment: \_\_\_\_\_  
 Reason for Closing: ☐ Cultural/ Lang Barriers ☐ Financial Constraints ☐ No Longer Relevant ☐ Resolved  
☐ Declined Services ☐ Lost to Follow-Up ☐ No Professional Care Available ☐ Transportation Barriers  
☐ Duplicate as a result of Client Merge ☐ No Further Public Health Follow-Up ☐ Other  
 Comment: \_\_\_\_\_

**Care Category: Development**

Sexual health status: ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed  
 Comment: \_\_\_\_\_

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Development:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Nutrition

**Following recommended daily intake:** ☐ Yes ☐ No ☐ Not Assessed

**Nutritional status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Physiological

**Eyes/Vision:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Ears/Hearing:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Oral health status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Skin:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: General Health

**Healthy personal hygiene:** ☐ Yes ☐ No ☐ Not Assessed

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

**Chronic health condition:** ☐ Yes ☐ No ☐ Not Assessed

**Connected to Nursing Support Services:** ☐ Yes ☐ No ☐ Not Assessed

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

**General health status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Behaviour

**Behaviour assessment:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Psychosocial

**Positive self image:** ☐ Yes ☐ No ☐ Not Assessed

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

**Psychosocial status:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Lifestyle

#### Activity and Rest

Adequate physical activity:

☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

Adequate rest: ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed

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

Reason for Closing:

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

#### Tobacco and Vapor Products:

Tobacco use in the last 6 months: ☐ Yes   ☐ No   ☐ Not Assessed

Tobacco use in the last 7 days: ☐ Yes   ☐ No   ☐ Not Assessed

Interested in stopping: ☐ Yes   ☐ No   ☐ Not Assessed

Referral to Smoking Cessation Program given: ☐ Yes   ☐ No   ☐ Not Assessed

Any member of the 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/vape use in the last 6 months: ☐ Yes   ☐ No   ☐ Not Assessed

Electronic cigarette/vape use in the last 7 Days: ☐ Yes   ☐ No   ☐ Not Assessed

Any member of your household use electronic cigarettes/vape: ☐ Yes   ☐ No   ☐ Not Assessed

Tobacco and Vapor Products use comments: \_\_\_\_\_

#### Alcohol and Substance Use:

Alcohol use: ☐ Not Assessed   ☐ No Apparent Problem   ☐ Observe   ☐ Refer   ☐ Under Continuing Care   ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Substance use:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Family / Household alcohol and substance use:** ☐ Yes ☐ No ☐ Not Assessed

**Other lifestyle issues:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### Care Category: Safety/Injury Prevention

**Age related hazards:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

**Personal safety:** ☐ Not Assessed ☐ No Apparent Problem ☐ Observe ☐ Refer ☐ Under Continuing Care ☐ Closed

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

**Reason for Closing:**

<input type="checkbox"/> Cultural/ Lang Barriers	<input type="checkbox"/> Financial Constraints	<input type="checkbox"/> No Longer Relevant	<input type="checkbox"/> Resolved
<input type="checkbox"/> Declined Services	<input type="checkbox"/> Lost to Follow-Up	<input type="checkbox"/> No Professional Care Available	<input type="checkbox"/> Transportation Barriers
<input type="checkbox"/> Duplicate as a result of Client Merge	<input type="checkbox"/> No Further Public Health Follow-Up	<input type="checkbox"/> Other	

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

### General Comments: