# 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 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): Weight gain/loss sin Percentage of weigh Growth: Comment: Reason for Closing: Comment:	the gain or loss since birth:     Not Assessed      No Apparent Pro	Length/H Head Circ oblem Refer cial Constraints o Follow-Up	□ No Longer Relevant □ No Professional Care	
Care Category: Breastfeeding details:	Nutrition	of 🗌 Total bf	□ No bf □ Not assesse	d
Comment:				
Breast milk 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 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:	
are Category:	Physiological
lead:	🗌 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       Other
Comment:	
yes/Vision:	🗌 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       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 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 Closing:	Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional CareTransportation BarriersDuplicate as a result of Client MergeNo Further Public Health Follow-UpOther		
Comment:			
<u>Umbilicus:</u>	□ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed		
Comment:			
Reason for Closing:	Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care AvailableTransportation BarriersDuplicate as a result of Client MergeNo Further Public Health Follow-UpOther		
Comment:			
<u>Genitalia:</u>	🗌 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       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 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 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 Closing:	Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care AvailableTransportation BarriersDuplicate as a result of Client MergeNo Further Public Health Follow-UpOther
Comment:	
Vital Signs:	🗌 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       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 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 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 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 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: FID22 2019-06-25	□ Not Assessed □ No Apparent Problem □ Observe □ Refer □ Under Continuing Care □ Closed Page <b>4</b> of <b>6</b>

#### **Newborn Assessment**

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       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 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       Other		
Comment:			
Care Category:	Support		
Follow-up planned 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 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 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       Other		
Comment:			
Age Related Haza	rds: 🗌 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       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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow- Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>Resolved</li> <li>No Professional Care</li> <li>Transportation Barriers 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 ☐ FH Home Visit	☐ FH Oth □ 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 Merge Follow-Up	c Health Availa □ 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 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 Closing:	Declined Services     Lost to Follow-U     Duplicate as a result of Client No Further Publi	·	ofessional Care 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 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 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of Client Merge</li> <li>No Further Public Health 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 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 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 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 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 to infant cues and behaviour: Comment:		Refer Under Continuing Care Closed
Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health 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 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 knowledg skill:		] Not Assessed 🗌 No Apparent Problem 🗌 Refer 🗌 Observe 🔲 Under Continuing Care 🗌 Closed	
Co	omment:		
	ason for 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 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 Follow-Up       Other	rs
Co	omment:		
Adequate	rest:	] Not Assessed 🗌 No Apparent Problem 🗌 Observe 🗌 Refer 📄 Under Continuing Care 🗌 Closed	
Co	omment:		
	ason for 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 Closing:		☐ Financial Constraints ☐ Lost to Follow-Up ☐ No Further Public Health Follow-Up	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:		<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:		<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 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 Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 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 Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved     Transportation Barriers	
Comment:					

#### Postpartum Assessment

Client ID:	

Commont						der Continuing Care 🗌 Closed
Comment: Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Merge</li> </ul>	Lost to F	her Public He	[ alth	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved Transportation Barriers
Comment:						
	Safety / Injury Pre		Not Asse	ssed		
Comment:						
Relationship safety:						uing Care 🗌 Closed
Comment: Reason for Closing:	Cultural/ Lang Barriers Declined Services Duplicate as a result of Merge	Lost to F	, her Public He	alth	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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: 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 ☐ FH Ott ☐ FH Ph	ner 🗌	] FH School ] FH Text
*Responsible Org:			*Location:		
*Provider:					
Assessment O	ccurrence				
*Time of assessme	ent (hh:mm):				
*Reason(s) for cor	sultation:				
Baby ber		Latch	☐ Weight ☐ 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Merge</li> </ul>	Financial Constra Lost to Follow-Up Client No Further Public Follow-Up	) — No Pro	nger Relevant ofessional Care 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 Closing:	<ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res Merge</li> </ul>	ult of Client	Financial Constrain Lost to Follow-Up No Further Public H Follow-Up	[	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res Merge</li> </ul>	ult of Client	Financial Constrain Lost to Follow-Up No Further Public H Follow-Up	[	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing: FID15 2019-06-25	Cultural/ Lang Bar		Financial Constrain 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 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved Transportation Barriers
Comment:				
General health star Comment: 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 Merge		Available	
Comment:				
Care Category:	Behaviour			
Attachment:	Not Assessed	No Apparent Problem 🗌 Obse	erve 🗌 Refer 🔲 Under (	Continuing Care 🗌 Closed
Comment:				
Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 □ FH Ot		FH School 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: Breast condition:	□ Not Assessed □ No Apparent Problem □ Observe	Refer Under Continuing Care Closed
Comment:		
Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of Client Merge</li> <li>No Further Public Health 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Lost to Follow-Up</li> <li>Duplicate as a result of Client Merge</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	Cultural/ Lang Declined Servi Duplicate as a Client Merge	ces	Lost to F	Ier Public Hea	llth	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	Cultural/ Lang Declined Servi Duplicate as a Client Merge	ces	Lost to F	Ier Public Hea	llth	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	Cultural/ Lang Barrier Declined Service Duplicate as a re Merge	S	Lost to F	er Public Hea	lth	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	Cultural/ Lang Ba Declined Service Duplicate as a re Merge	S	Lost to F	er Public Hea	lth	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved Transportation Barriers
Comment:							

Breastfeeding	-	Mother	Assessment
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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 Closing:	<ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res Client Merge</li> </ul>		☐ Financial C ☐ Lost to Foll ☐ No Further Follow-Up		<ul> <li>No Longer Rele</li> <li>No Professiona 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 ☐ FH Othe ☐ FH Phor	er 🗌	FH School 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	☐ Financial Constrain ☐ Lost to Follow-Up ☐ No Further Public 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	☐ Financial Constrain ☐ Lost to Follow-Up ☐ No Further Public 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>		<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of 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 ☐ No Professional Care Available ☐ Other	Resolved     Transportation Barriers
	Comment:				
<u>Skin:</u>		Not Assessed	o Apparent Problem 🔲 Observe	🗌 Refer 🔲 Under Contir	nuing Care 🔲 Closed
	Comment:				
	Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 g but agree to make child's env't si 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 Closing:	<ul> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Interce Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	No Professional Care Available	Transportation Barriers
Comment:				
Age Related Haza	rds: 🗌 Not Assessed 🗌	No Apparent Problem	rve 🗌 Refer 🔲 Under Co	ontinuing Care 🗌 Closed
Comment:				
Reason for Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 ] FH Home Visit	☐ FH Oth ☐ FH Pho		ext
—	:	-	—		
*Provider:					
Assessment O	ccurrence				
	ent (hh:mm):		۸de.		
			Was Age adjusted for		
			Was Age aujusted for		
*Care Categor *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 - 18 ☐ ASQ - 27	<ul> <li>□ ASQ - 33</li> <li>□ ASQ - 36</li> <li>□ ASQ - 42</li> <li>□ ASQ - 48</li> </ul>	☐ ASQ – 54 ☐ ASQ – 60
*ASQ SE completed:	<ul> <li>Not Applicable</li> <li>ASQ SE - 2</li> <li>ASQ SE - 6</li> </ul>		SE – 12 SE – 18 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 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 Closing:	<ul> <li>☐ Cultural/ Lang Barriers</li> <li>☐ Declined Services</li> <li>☐ Duplicate as a result of 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 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 Closing:	Cultural/ Lang E Declined Servic Duplicate as a r Client Merge	es 🗌 Lost to Fo		<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	<ul> <li>Resolved</li> <li>Transportation Barriers</li> </ul>
Comment:					
Problem Solving	Score:				
Problem Solving S 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 Closing:	Cultural/ Lang B Declined Servic Duplicate as a r Client Merge	es 🗌 Lost to Fo		<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved     Transportation Barriers
Comment:					
Personal Social S	core:				
Personal Social S 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 Closing:	Cultural/ Lang E Declined Servic Duplicate as a r Client Merge	es 🗌 Lost to Fo		<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved     Transportation Barriers
Comment:					
ASQ: Action 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 FH Fax 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 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: Sexual health status: Comment:		m 🗌 Observe 🔲 Refer 🔲 Under Continuing Care 🗌 Closed

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

Client ID:	
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	Reason for Closing:	Cultural/ Lang BarriersFinancial ConstraintsNo Longer RelevantResolvedDeclined ServicesLost to Follow-UpNo Professional Care AvailableTransportation BarriersDuplicate as a result of ClientNo Further Public Health Follow- UpOther
	Comment:	
Develo	opment:	□ 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       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 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       Other
	Comment:	
Care	Category	Physiological
	/ision:	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 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 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 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       Other

<b>Client ID:</b>	
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	Comment:						
<u>Skin:</u>		Not Assessed	🗌 No Appa	arent Proble	em 🗌 Observe	🗌 Refer 🔄 Under Contin	uing Care 🗌 Closed
	Comment:						
	Reason for Closing:	<ul> <li>Cultural/ Lang Barri</li> <li>Declined Services</li> <li>Duplicate as a resu Merge</li> </ul>		Lost to F	al Constraints Follow-Up ner Public Health Jp	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Support Serv	•	🗌 Yes	🗌 No	Not Assessed		
	Comment:						
Gener status	al health :	Not Assessed	🗌 No Арр	parent Prob	lem 🗌 Observe	Refer Under Conti	nuing Care 🔲 Closed
	Comment:						
	Reason for Closing:	<ul> <li>Cultural/ Lang Bar</li> <li>Declined Services</li> <li>Duplicate as a res Merge</li> </ul>		Lost to F		<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	☐ Cultural/ Lang Bar ☐ Declined Services ☐ Duplicate as a res Merge		Lost to F	ll Constraints Follow-Up ner Public Health Jp	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 status	osocial :	Not Assessed	🗌 No Ар	parent Prob	olem 🗌 Observe	Refer Under Cont	inuing Care 🗌 Closed
(	Comment:						
	Reason for Closing:	Cultural/ Lang Bar Declined Services Duplicate as a res Merge		Lost to F	al Constraints Follow-Up ner Public Health Jp	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved     Transportation Barriers

Child an	d Youth	Assess	ment
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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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	Financial	ollow-Up er Public Heal	th	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	Financial Lost to Fo	ollow-Up er Public Heal	th	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 cigarettes/vape: Tobacco and Vapo comments:	ur household use electronic 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 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 Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care 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 Closing:	<ul> <li>Cultural/ Lang Barriers</li> <li>Declined Services</li> <li>Duplicate as a result of Client Merge</li> </ul>	<ul> <li>Financial Constraints</li> <li>Lost to Follow-Up</li> <li>No Further Public Health Follow-Up</li> </ul>	<ul> <li>No Longer Relevant</li> <li>No Professional Care Available</li> <li>Other</li> </ul>	Resolved     Transportation Barriers
Comment:				

**General Comments:**