				Surname			GivenName		
	NUNAVUTWELLBABYRECORD								
				irth			_ ChildHCP#:		
	EVIDENCBASEDNFANT/CHILDEALTH		DI	D MM YYYY	M	F			
	MAINTENANC G UIDE:		InformationSource(andrelation)						
	2 2 VE A D (C) D								
2-3YEAR S LI				ContactName(if different)			ContactPhoneNumber:		
PASTPROBLEM'SRISKFACTOR'SFAMILYHISTORY: Ageat Visit		Ageat Visit	·						
		, igoat their	Birth Mother HCP#			Hom	HomeCommunity/HealthCentre		
		yrsmths							
				CurrentFamily.	Birth	family	/ Adopted	Fostercare	
			Guardiancarechangecsince12 monthsold						
TBExposure	Factor/AdaptocParents:								

Sinceyour child was 12 mont	thsold:							
		andvour	family just o	did not lasta	and there was no money to	buvenoual	nfood?	
		•••••		•				
lasyour babyattendedan earlychildhoodcareprogram?			NO	Yes(specify):				
Teethbrushingfrequency:	< Daily	Daily	> Dailv	Oralassessment: Toothdecay(includingwhite spots):		Healthy	Unhealthy	
Toothextractions:	No	Yes	,			No	Yes	
	Werethere times when the formula the syour babyattended an eartest Teethbrushingfrequency:	Never Hasyour babyattendedan earlychildho Teethbrushingfrequency: < Daily	Were there times when the food for you and your Never Someth Hasyour baby attended an early childhood carepotents. Somethers are the something the sound of the s	Were there times when the food for you and your family just of Never Sometimes Hasyour babyattended an early childhood care program? Teethbrushing frequency: < Daily Daily > Daily	Werethere times when the food for you and your family just did not last a Never Sometimes Often Hasyour babyattended an early childhood care program? No Teethbrushing frequency: < Daily Daily > Daily Oralasse	Werethere times when the food for you and your family just did not last and there was no money to Never Sometimes Often Don't know/Refused Hasyour baby attended an early childhood care program? No Yes(specify): Teethbrushing frequency: < Daily Daily > Daily Oralasses sment:	Were there times when the food for you and your family just did not last and there was no money to buy enough Never Sometimes Often Don't know/Refused Hasyour babyattended an early childhood care program? No Yes(specify): Teethbrushing frequency: < Daily Daily > Daily Oralassessment: Healthy	Werethere times when the food for you and your family just did not last and there was no money to buy enough food? Never Sometimes Often Don't know/Refused Hasyour baby attended an early childhood care program? No Yes(specify): Teethbrushing frequency: < Daily Daily > Daily Oralassessment: Healthy Unhealthy

Height

Sweeteneddrinks(cry(strant)s.pop, etc.): Never

<Once/week

<Once/week

nce/week

Once/week

ENVIRONMENT Maternal Smoking: No Yes WAmount (cig/day): Y¢ o k}\W; &&pĐÀ(dfq"Đ 0

PARENTGUARDIANCONCERNS:

EDUCATION Nutrition: ANDADVICE 1%to 2%milk [~500mL(16oz)/day] Encourageountryfood Limit 100%pure juice to ~120 200 mL(4 6 oz)/day Nunavut'sFoodGuide (similar topics Avoidsweetliquids Vit. D deficiencyprevention(reviewNUprotocol) for 18mth, <u>Issue</u>s 2 Byr & 4 5yr Socializinopportunities Secondhandsmoke/ Amauti Dental cleaning/ Fluoride/ Dentist visits) No OT Cough/cold medn Nopacifiers EnvironmentaHealthincluding: Encourageeading Sunexposure/Suncreens/Insectrepellent Complementary alternative medicine 3 if discussed Toiletlearning Pesticidexposure Activehealthyliving/ Screentime andno Assesschild care/ Schoolreadiness Serumleadif at risk concerns Injury Prevention Circleif Carseat(child/booster) / Amauti Carbonmonoxide/Smokedetectors Firearmsafety/removal concerns **Bikehelmets** Matches Water Safety Choking safetoys **Bath Safety** Leaveblankif not assessed Behaviourand FamilyIssues

High risk children

Siblings

Parentalfatigue/stress/depression

Discipline Parentingskillsprograms

Parent/childinteraction

Familyconflict/stress