

**Getting to know your baby**

(0 -18 months)

***Please fill out this form and bring it to your appointment. We can help you fill it out at the appointment if needed.***

**Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be the legal guardian) Date: \_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best days for appointments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY:**

Parent/ Carer 1: Parent/ Carer 2:

Who lives at home? (Please include age of brothers/ sisters)

Are there any guardianship, custody or access arrangements involving your baby?

Has your family experienced any stressful events (e.g. death in family, separation, family violence etc)?

Has anyone in your family had speech, language or learning problems?

What language/s do you speak at home?

**MY CHILD:**

**Name: Date of birth:**

Things my baby is good at/ likes doing:

What are your concerns about your baby?





**OTHER IMPORTANT PEOPLE:**

G.P. Name and Practice:

Name of childcare:

Does your child see a Paediatrician/ Specialist:

Other:

**HEALTH:**

Were there any difficulties with your pregnancy or your baby’s birth?

What was your baby’s birth weight?

Has your baby had any illnesses, accidents or operations?

Does your baby have any allergies?

Does your baby take any medications?

Hearing Tests Where: When:

Result:



**EATING AND NUTRITION:**

Do you have any concerns about your baby’s weight/ growth?

Is your baby a good feeder? (Breast, bottle, solids)

Does your baby feed himself /herself with finger food or a spoon?



**EARLY DEVELOPMENT (0-6 months):**

Does your baby look at you and follow your movements?

Does your baby respond to familiar people and voices?

Does your baby hold onto toys?

Does your baby enjoy tummy time

- For how long?

- How many times each day?



**SPEECH AND LANGUAGE DEVELOPMENT:**

Does your baby make sounds often? Does your baby copy sounds or words that you make?

Does your baby say any words? (e.g. “Dadda” for Dad, “Mumma” for Mum).

Does your baby look at you when you say his/her name?

Does your baby give you a toy / food when you ask for it?

Does your baby clap, wave or point?

Can your baby touch 1-2 body parts (e.g. hair, or feet) when you ask him / her to?



**BEHAVIOUR/ROUTINE:**

Do you have any concerns about your baby’s behaviour? (Does your baby settle

easily, does your baby happily go to other people?)

Tell us about your baby’s sleeping habits (e.g. Times of sleep, settling to sleep, waking through the night, snoring)

Does your baby have any strong or unusual reactions to noise, taste, touch, movement?



**PLAY AND SOCIAL SKILLS:**

Does your baby like to play games like Peek-a-boo?

What does your baby like to play with?

Does your baby put a toy phone to their ear, or push a car along?



**MOTOR SKILLS:**

Do you have any concerns about your baby’s posture (head, spine, arms, legs and feet)?

Does your baby roll- back to tummy?

- tummy to back?

- over both right and left sides?

Does your baby move on tummy to get to toys? (e.g. pivot to the side, get onto hands and knees)

Does your baby like to stand with your support?

Does your baby sit - with support?

- alone when placed in a sitting position?

Does your baby move independently from

- Lying to sitting?

- Lying to crawling position?

- Crawling to standing with support?

- Squatting to standing alone?

Does your baby

- Commando crawl or crawl on all fours?

- Walk around holding onto furniture or your hands?

- Walk while pushing a trolley?

- Walk independently?



Other comments/ things you want us to know**:**

**OFFICE USE ONLY:** Discussed and provided family with copy of:

🞏 Client feedback 🞏 Client rights and responsibilities 🞏 Keeping your information private

🞏 Using an advocate 🞏 Infection Control 🞏 Australian Charter of Health Care Rights (Vic)

Brochures:

🞏 Our Services 🞏 Your Community Health Dental Services 🞏 Your Community Health Membership form

🞏 Alerts updated on Trakcare

Would you like to work with us to develop a personalised health and wellbeing plan? Y/ N