



collaborative n of children age 0 to 5 years	ed	Sainte-Justine Le centre hospitaller universitalire mère-enfant  Université de Montréal  ALE DE LA NUNAVIK REGIONAL SERVICES BOARD OF HEALTH NUNAVIK AND SOCIAL SERVICES		
Joint Follow-	up: 18 mont	ths	A	

SANTÉ ET DES SERVICES BOARD OF HEALTH SOCIAUX DU NUNAVIK AND SOCIAL SERVICES						
Joint Follow-up: 18 mo ♂ Boy □ ♀ Girl □ Date of the visit:		Accompanied by:				
Parental Concerns						
Life Context						
	Difficulties in feedin	g the family?:				
Health Monitoring						
O Number of bouts of otitis in past few months?: _						
	Current Lifestyle Habit	S				
Nutrition  Breast-feeding: nbr of times/day:  3.25% milk (max 20 oz. or 600 ml/day) - Quantity:  Other types of milk? (avoid up to 2 years):  Still drinking from the bottle?  Drinks from  Drink juice? (avoid)  Water offered  Vitamin D: 800 IU/day if breastfed or 400 IU/day if	☐ Other supportion ☐ Difficulty volumes and during meals? ☐ Difficulty volumes and during meals? ☐ Difficulty volumes and during meals? ☐ Use an	□ Vegetarianism? □ Other supplements/natural products? □ Proportion of foods from the 3 food groups: □ Difficulty with some textures?: □ Variations in appetite (small portions, quality) □ Use of utensils				
Sleep (nbr of hours/24h)?: Is exposed to screens? Yes  No  Various physical activities (nbr of hours/d)?:						
Development Surveillance (age corrected if premature)						
Cognitive  Spontaneously turns a small bottle upside down to remove an object.  Scribbles with a pencil on paper (can go beyond the limits of the paper).  Voluntarily pushes a button to activate a toy while waiting for a reaction (e.g. music, light).  Imitates what adults do, using real objects (e.g., talking on the phone, sweeping the broom, etc.).  Begins to play pretend: plays out simple actions that are part of his daily routine (e.g., holds an empty spoon to his mouth as if he were eating).	Physical and Motor  Walks unaided. Crouches down to pick up a toy without without falling. Walks up the stairs standing upright sid alternating feet, or with support (holdin and/or the handrail). Holds an object with one hand and stab hand (e.g., holds a stick in one hand and with the other hand). Can put small objects (e.g., small piece of a bottle. Uses a spoon to eat, but can make mess finish a meal.	gestures (e.g., "Come," "Give," "Sit down").  Uses at least 18 words to communicate.  Uses the words "dad", "mom", or equivalent to refer to or to address the right parent.  Repeats heard words to learn them (pronunciation may be imprecise).				

## Development Surveillance (age corrected if premature) • Continued Social and Emotional **Red Flags** Plays next to other children (each with his or her own toy). Moves one side of his body little or not at all in relation to the other (asymmetrical use: avoids using one hand, keeps one hand more closed than the other). Demonstrates affection for significant adults or other children. Does not point with a finger to ask or show. Seeks the adult's help with a task or activity that is difficult for the child Does not look at the other person when talking to them (lack of eye contact). (e.g., handing the toy to the adult). Can tolerate something new or frustrating with the support of an adult Does not turn around when his or her first name or nickname is called. or a transitional object. Does not show any interest in the adults or children around him/her. Seems to hear poorly. Seems to have poor eyesight. Loses a skill he or she had already acquired (regression). **Physical Examination** (age corrected on growth charts if premature) Height: Perc: CP: Perc: General appearance: ☐ ENT Anterior fontanelles closed ☐ Summary neuro-examination: Tonus: \_\_\_\_\_ Deep tendon reflex: \_\_\_\_\_ Eardrums: \_ ☐ Red reflex ☐ Corneal reflex ☐ Dentition (cavities?): External genital organs ☐ Sacred Region: \_\_\_\_\_ ☐ Heart ☐ Modified cover test Teguments: \_\_\_\_\_ Lungs **D** Eye pursuit Suspicious lesions?: ☐ Abdomen ☐ Gait: **Observations** ☐ Communication gestures: \_\_\_\_\_ ☐ Interactions: \_\_\_\_\_ ☐ Understanding the instructions: ☐ Behaviors: Promotion of Healthy Lifestyles and Preventive Advices ■ Encourage continued breast-feeding Avoid screens up to 2 years (TV, tablet, ☐ Encouraging a smoke-free environment cell phone) Avoid juice, offer water instead ☐ Safety (burns, sun protection and seasonal **Encouraging physical activity more than** protection, choking, poisoning, drowning, Offer a variety of foods from the 3 food groups: 3 hours/day (promotion of active lifestyle) constant supervision, exposure to arsenicvegetables and fruits, whole grain products and treated wood, firearms storage). Encouraging good sleep hygiene protein foods (between 11-14 hours/24 h) Encouraging pacifier and bottle weaning ☐ Promote healthy eating behaviours: provide ☐ Stimulation in day-care if underprivileged nutritious meals and snacks at regular times, ☐ Encouraging a good playing posture on the environment eat at the table and not in front of the screen, Encouraging reading awareness avoid rewarding with food, respect the child's Stimulation of development (see guide) hunger and satiety cues ☐ Supporting parenting skills: attitude Promoting immunization: support for Recommend tooth brushing 2 times a day with relative temper tantrums, discipline reluctant parents fluoride toothpaste (the size of a grain of rice) (consistency and coherence between parents), patience with toilet training, etc. **Impressions and Conducts Impressions Conducts** General conduct Physical health: Immunization: Refused Postponed Combined MMR-Varicella ☐ Meningococcal C vaccine Growth: Hepatitis A - Hepatitis B vaccine ☐ Regular visits to the dentist (in priority Development: if cavities) O Blood lead test? (\*) ☐ Hearing test if retarded language skills Other impression(s): or questionable sensitivity Tools or resources for parents:

Next appointment:

Signature: