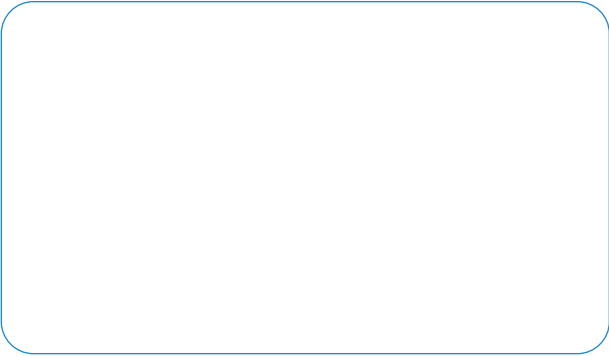




## Basic Information and Identification of Risk Factors

File n°: \_\_\_\_\_ Date: \_\_\_\_\_



Parents			
♀ ♂		Mother	Father
	Age (8) (9) (10)		
	Smoking		
	Alcohol (8) (9)		
	Cannabis (8) (9)		
	Illicit drug i.v. (2) (5) (8) (7) (9)		

Type of Family	Housing
<input type="checkbox"/> Two parents <input type="checkbox"/> Single parent (8) (9) (10) Type of custody: _____ <input type="radio"/> Adoption: _____	<input type="checkbox"/> Number of persons in household?: _____

Family History		
<input type="checkbox"/> Loss of hearing during childhood (16)	<input type="checkbox"/> Tuberculosis (2)	<input type="checkbox"/> Lead exposure/poisoning (11)
<input type="checkbox"/> Genetic or metabolic problem (16)	<input type="checkbox"/> Carrier of hepatitis B (5)	<input type="checkbox"/> Asthma, eczema and/or other signs of allergy (14)
<input type="checkbox"/> Retinoblastoma (15)	<input type="checkbox"/> Carrier of hepatitis C (7)	_____
<input type="checkbox"/> Congenital cataracts (15)	<input type="checkbox"/> Parental dyslipidemia (> 6.2 mmol/L) (13)	<input type="checkbox"/> Mental disorder: _____
<input type="checkbox"/> Strabismus and/or vision disorders (preschool) (15)	<input type="checkbox"/> ACHD (< 55 years ♂ et < 65 years ♀) (13)	<input type="checkbox"/> Previous maternal depression?/Perinatal depression? (9) (10)
<input type="checkbox"/> Parental obesity (17)	<input type="checkbox"/> Retarded development (9): _____	<input type="checkbox"/> Congenital hip dysplasia in first-degree relatives (18)
Parental Health: _____	Sibling Health: _____	

Prenatal History	
G ___ P ___ A ___	<input type="checkbox"/> Diabetes (9) <input type="checkbox"/> Toxemia <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Anticonvulsive? (9): _____
	<input type="checkbox"/> HBP <input type="checkbox"/> Alcohol (quantity) (8) (9): _____ <input type="checkbox"/> Drugs (8) (9): _____ <input type="checkbox"/> Tobacco: _____
Maternal infection:	<input type="checkbox"/> Toxoplasmosis (9) (15) (16) <input type="checkbox"/> Rubella (9) (15) (16) <input type="checkbox"/> CMV (9) (15) (16) <input type="checkbox"/> Herpes (9) (15) (16)
	<input type="checkbox"/> Syphilis (9) (15) (16) <input type="checkbox"/> Hepatitis B (5) <input type="checkbox"/> Hepatitis C (7) <input type="checkbox"/> HIV (2) (3) (4) (6) (15) <input type="checkbox"/> Other
Foetal anomaly in ultrasound: _____	Breech position 3 <sup>rd</sup> trimester? (18) _____
Other complications: _____	

Childbirth
<input type="checkbox"/> Term <input type="checkbox"/> Nbr of weeks of pregnancy _____ (3) (9) (12) (15) <input type="checkbox"/> Vaginal <input type="checkbox"/> Vacuum-assisted <input type="checkbox"/> Forceps
<input type="checkbox"/> Caesarian (reason): _____
Complications: _____

## Neonatal Period

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: \_\_\_\_\_ Transfer \_\_\_\_\_

Weight: \_\_\_\_\_ (3) (9) (12) (15) Height: \_\_\_\_\_ Cranial perimeter (9): \_\_\_\_\_ Apgar: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (9) (15)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Craniofacial or external-ear deformation (16) | <input type="checkbox"/> Assisted ventilation > 48 hours (16)            | <input type="checkbox"/> Jaundice (whole blood) (16)    |
| <input type="checkbox"/> Genetic syndrome including hearing loss (16)  | <input type="checkbox"/> Prolonged O <sub>2</sub> (> 5 days) (15)        | <input type="checkbox"/> Intensive care > 48 hours (16) |
| <input type="checkbox"/> Bacterial or viral meningitis (16)            | <input type="checkbox"/> IV medication (aminoglycosides, diuretics) (16) | <input type="checkbox"/> Hearing test? (16)             |
| <input type="checkbox"/> History of unstable hip joint (18)            | Other, specify: _____  |   |

## Child's Personal History

- |          |                   |   |
|----------|-------------------|---|
| 1. _____ | Hospitalizations: | <input type="checkbox"/> Chronic lung or heart diseases (3) (4)                                   |
| 2. _____ | 1. _____          | <input type="checkbox"/> Chronic diseases (diabetes, cirrhosis, nephropathy) (2) (3) (4)          |
| 3. _____ | 2. _____          | <input type="checkbox"/> Chronic discharge SCF (3) <input type="checkbox"/> Cochlear implants (3) |
| 4. _____ | Surgeries:        | <input type="checkbox"/> Splenectomy or sickle-cell anemia (3) (6)                                |
| 5. _____ | 1. _____          | <input type="checkbox"/> Immunosuppression, HIV infection (2) (3) (4) (6)                         |
|          | 2. _____          | <input type="checkbox"/> Extended ASA treatment (4)   |

	Médication	Allergies	Specific vaccines
1.			<input type="checkbox"/> Pneumococcus (polysaccharide)
2.			<input type="checkbox"/> Influenza
3.			<input type="checkbox"/> Meningococcus type A, C, Y, W <sub>135</sub>
4.			<input type="checkbox"/> Meningococcus type B
5.			<input type="checkbox"/> Synagis _____ <input type="checkbox"/> B.C.G. _____

Identified Risk Factors and Potential Related Health Problems	Actions (ref.: guide)	Identified Risk Factors and Potential Related Health Problems	Actions (ref.: guide)
<input type="checkbox"/> (1) Hemoglobinopathies (A)	Electrophoresis of Hb	<input type="checkbox"/> (10) Perinatal depression	Questionnaires, DSM-5, case management
<input type="checkbox"/> (2) Tuberculosis (A)	TST or BCG vaccine	<input type="checkbox"/> (11) Lead poisoning	Blood lead
<input type="checkbox"/> (3) Pneumococcus infection (A)	Vaccine	<input type="checkbox"/> (12) Iron-deficiency anemia (B)	Complete blood count, ferritin
<input type="checkbox"/> (4) Influenza (B)	Vaccine	<input type="checkbox"/> (13) Dyslipidemia	Cholesterol test, HDL, LDL, TG > 2 years?
<input type="checkbox"/> (5) Hepatitis B (A)	Vaccine	<input type="checkbox"/> (14) Allergies	Dietetic measures
<input type="checkbox"/> (6) Meningococcus infection (B)	Vaccine	<input type="checkbox"/> (15) Vision problems (B)	Screening, referral
<input type="checkbox"/> (7) Hepatitis C	Serum assay	<input type="checkbox"/> (16) Hearing problems (B)	Screening, referral
<input type="checkbox"/> (8) Social inequalities in health	Specific programs (ex.: SIPPE) Enrolment in day-care	<input type="checkbox"/> (17) Obesity	Screening (BMI), education, reference
<input type="checkbox"/> (9) Retarded development (A)	Targeted screening, referral	<input type="checkbox"/> (18) Congenital hip dysplasia	Imaging + consultation in orthopedics

## Social Determinants

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## Dates

## Additional Notes


(\* If the child is at risk, see guide. Recommendations: **bold = A**, *italic = B*, regular = C or I, underlined = MSSSQ good clinical prevention practices.  
 By Gilles Brunet, MD, Gilles Cossette, IPSPL, Dominique Cousineau, MD, FRCPC, and Danièle Lemieux, MD, Lise Bélanger, MD, FRCPC, Alena Valderrama, MD, FRCPC.  
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