

CHILD HEALTH DETAILS

To assist us in making your admission to the QEC easier for you and your family please **place completed forms in Prepaid envelope and post back to QEC, prior to your admission date.**

NAME OF PROGRAM: Residential **Date of Admission** ____/____/____

Childs Full Name: _____ **Date of Birth** ____/____/____

Medicare No: ____/____/____ **Number listed on Card (eg 1,2,3,)**

Expiry Date ____/____

Health Care Card No: ____/____/____ **Expiry Date:** ____/____/____

Was this child born at term (37+ weeks)? Yes
 No (Please specify below how many weeks) _____

Were there any complications of pregnancy, birth or infancy?
 Yes, (please include in **Family Details – Mother's Form**) No

Has your child had any serious illnesses/injury/s. Yes (if yes, please list below) No

Is your child currently receiving medication. Yes (if yes, please list below) No

Does your child have any known allergies? Yes (if yes, please list below) No

Who is the local Maternal and Child Health Nurse you visit?

Name _____ Telephone _____

Address _____ Postcode _____

Who is this child's main Doctor or/and Paediatrician?

Name _____ Telephone _____

Address _____ Postcode _____

DIET: (APPLICABLE TO RESIDENTIAL CLIENTS)

Do you require a special diet? Eg. Vegetarian, Kosher, soy milk, allergies. Please give details and advise Centre prior to admission on: 03 9549 2732.

This form is completed by:

Name: (Please print) _____

Relationship to child: _____

Signature: _____

Date: ____/____/____

Completed by QEC Staff Member:

Name: _____

Position: _____

Signature: _____

Date: ____/____/____

CHILD'S HEALTH CHECK ON ADMISSION

To be completed by QEC Staff.

General Appearance

On Admission: Weight _____ Head Circumference _____ Length _____

Physical: Skin _____ Head _____ Ears _____ Eyes _____
Mouth _____ Abdomen _____ Hips _____ Feet _____
Hands _____ Genitalia _____ Groin _____ Buttock _____

Development:

Posture and Gross motor _____ Hearing and Speech _____
Vision and Fine motor _____ Social Development _____

Comments _____

Signature _____

Date and time: _____