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ABN 23 237 300 347

FAMILY HEALTH DETAILS

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

Mother's Full Name: _____ **Date of birth:** ____/____/____

Child 1 Full Name: _____ **Date of birth:** ____/____/____ **Child 2**

Full Name: _____ **Date of birth:** ____/____/____

Fathers Full Name: _____ **Date of birth:** ____/____/____ Please

list any illness (physical/emotional), injuries or disabilities for parent/child:

Please list any tablets or medications for parent/child:

Please list known allergies for parent/child:

Please fill in details of Mother's pregnancy/ies.

Year	Planned or Unplanned	Outcome TOP-miscarriage live birth/still birth	Was child born at term?	Type of delivery: Normal, Forceps Caesarean, Breech?

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 _____

With the following please complete and indicate Circle (O) for Mother and Square (□) for Father.

CHILD ONE

Name: _____

Very Happy	Happy	Mixed	Unhappy	Very Unhappy
				

Please indicate the number to describe how you feel

- | | | | | | |
|--|---|---|---|---|---|
| 1. How do you feel about the job of being a parent? | 1 | 2 | 3 | 4 | 5 |
| 2. How do you feel with the way you get along with your child? | 1 | 2 | 3 | 4 | 5 |
| 3. How do you feel about the way your child behaves? | 1 | 2 | 3 | 4 | 5 |

CHILD TWO

Name: _____

Very Happy	Happy	Mixed	Unhappy	Very Unhappy
				

Please indicate the number to describe how you feel

- | | | | | | |
|--|---|---|---|---|---|
| 1. How do you feel about the job of being a parent? | 1 | 2 | 3 | 4 | 5 |
| 2. How do you feel with the way you get along with your child? | 1 | 2 | 3 | 4 | 5 |
| 3. How do you feel about the way your child behaves? | 1 | 2 | 3 | 4 | 5 |

This form is completed by

Name: (Please print) _____

Relationship to child: _____

Signature: _____

Date: ____/____/____

Completed by QEC Staff Member

Name: _____

Position: _____

Signature: _____

Date: ____/____/____