



The 'OK' Health Check

For assessing and planning the
Health Care Needs of Children
Client Assessment Sheets

Name
Address
Date

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Pregnancy, birth and the early years

1. Has the child been diagnosed as having a particular clinical syndrome or congenital condition?

2. Relevant factors surrounding the pregnancy

3. Was there anything significant or relevant about the child's birth?

4. How did the child develop in those early years? What particular milestones did he/she attain?

5. What were the first indicators that the child might be having difficulties?

6. When was help/advice first sought, and from whom?

Education and schooling

7. When did the child start school and what were his/her experiences?

8. What school(s) did the child attend, were they special schools or mainstream schools?

9. Has the child had a statement of educational needs, who was the Educational Psychologist who did it, when was that?

Communication

10. How does the child communicate?

11. Are they able to make needs known?

12. Does the child receive Language Therapy?

13. Particular likes or dislikes (Including people).

Body Measurements

Difference +/-

14. Weight last time:	15. Weight now:	12.
16. Height last time:	17. Height now:	15.

Body Mass	Yes	No	Don't Know
18. Do you consider the child to be overweight?			
19. Do you consider the child to be underweight?			

Please comment on the above as appropriate.

Current Medication ⁽²⁰⁾

Dosage

Current Medication ⁽²⁰⁾	Dosage

List the known potential side effects of the above medication for which carers should be alerted to observe.

21. Date of last review of medication

22. Doctor who conducted the review

Feet	Yes	No	Don't Know
54. Is there an obvious problem in relation to the shape of the feet?			
55. Is there any evidence of skin problems on the feet or between the toes, any signs of itching or discomfort?			
56. Is there any evidence of circulation problems to the feet?			

Comment on the above.

Oral Hygiene	Yes	No	Don't Know
57. Does the child have regular dental checks?			
58. Is there any obvious problem with teeth or gums?			
59. Does the child appear to have any difficulty chewing?			
60. Does the child have persistently offensive breath?			
61. Does the child dribble excessively?			
62. Does the child appear to have painful or sensitive teeth?			

Comment on the above.

Any ENT investigations/treatment

Date of last dental examination

Name of Dentist

Eyes and Vision	Yes	No	Don't Know
63. Does the child have any obvious eye/vision defect?			
64. Is there any behaviour which might suggest the child has discomfort or other problem of the eyes?			
65. Is there any behaviour which suggests problems of vision?			
66. Does the child wear spectacles? If 'yes', comment on condition.			
67. Has the child had their eyes and vision checked?			

Give details of any of above eye and vision items.

Ears and Hearing	Yes	No	Don't Know
68. Does the child have any obvious ear problem?			
69. Does the child's behaviour suggest a hearing problem?			
70. Does the child have a history of ear problems?			
71. Does the child use a hearing aid? If 'yes' comment on its use and condition.			
72. Does the child appear to have any balance problems?			

Comment on the above.

Date of last ears/hearing examination

Sleep	Yes	No	Don't Know
73. Does the child have a disturbed sleep pattern?			
74. Does the child often stay awake much of the night?			
75. Does the child often sleep much of the day?			
76. Bedtime routines, problems			

Comment on the above.

Do parents want any help with sleep issues?

Mental Health	Yes	No	Don't Know
77. Does the child appear to experience frequent emotional distress?			
78. Does the child display apparently irrational mood swings?			
79. Does the child appear to experience altered perceptions?			
80. Does the child appear to have any irrational fears or anxieties?			
81. Does the child indulge in any obsessional behaviours?			

Comment on the above.

Do parents want help with any of these issues?

Lifestyle Risks	Yes	No	Don't Know
82. Does the child take sufficient regular exercise?			
83. Does the child indulge in any behaviours likely to threaten health?			
84. Does the child indulge in self injurious behaviours?			

Comment on the above.

Stressors Detail any specific stressors the child may currently be experiencing.

Other Health Issues (not included elsewhere)

Summary

Briefly summarise the items which require further action or investigation.

Action Plan Briefly detail immediate, high priority actions, and interventions that are necessary.

Referrals and investigations required

Signed Assessor

Signed Supervising Manager

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