



NAME: _____ Birth Day (d/m/yy): ____/____/20__ M F
Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g
Birth Head Circumference: _____ cm Discharge Weight: _____ g

Pregnancy/Birth remarks/Appar: _____ Risk factors/Family history: _____

WITHIN 1 WEEK 2 WEEKS (OPTIONAL) 1 MONTH

DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__

GROWTH¹ use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation

Table with 9 columns: Length, Weight, Head Circ. (avg 35 cm), Length, Weight (regains BW 1-3 weeks), Head Circ., Length, Weight, Head Circ.

PARENT/CAREGIVER CONCERNS

Blank area for parent/caregiver concerns.

NUTRITION¹ For each item discussed, indicate "✓" for no concerns, or "X" if concerns

Table with 3 columns for Breastfeeding concerns: Exclusive, with supplementation, No breastfeeding. Includes items like Vitamin D, formula feeding, and stool pattern.

EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

Table with 3 columns for INJURY PREVENTION, BEHAVIOUR AND FAMILY ISSUES, and ENVIRONMENTAL HEALTH. Includes items like motorized vehicles, crying, and second hand smoke.

DEVELOPMENT² (Inquiry and observation of milestones)

Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB-Correct for age if < 37 weeks gestation

Table with 3 columns for developmental milestones: Sucks well on nipple, Sequences 2 or more sucks before swallowing or breathing, Focuses gaze, Startles to loud noise, etc.

PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

Table with 3 columns for physical examination items: Fontanelles, Eyes (red reflex), Tongue mobility, Heart/Lungs, Umbilicus, etc.

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS⁴ E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

Blank area for problems and plans/current & new referrals.

INVESTIGATIONS/SCREENING² AND IMMUNIZATION³ Record Vaccines on Guide V

Table with 3 columns for investigations/screening and immunization items: Newborn screening completed, Universal newborn hearing screening, etc.

SIGNATURE

x _____ x _____ x _____



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Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

Table with 2 columns: Past Problems / Risk factors, Family history: and 3 rows for notes.

2 MONTHS 4 MONTHS 6 MONTHS

DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__

GROWTH use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation

Table with 9 columns: Length, Weight, Head Circ. for 2, 4, and 6 months.

PARENT/CAREGIVER CONCERNS

Large empty box for parent/caregiver concerns.

NUTRITION For each item discussed, indicate "✓" for no concerns, or "X" if concerns

Table with 3 columns for 2, 4, and 6 months detailing breastfeeding, formula feeding, and introduction of solids.

EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

Table with 3 columns: INJURY PREVENTION, BEHAVIOUR AND FAMILY ISSUES, ENVIRONMENTAL HEALTH, OTHER ISSUES.

DEVELOPMENT (Inquiry and observation of milestones) Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development.

Table with 3 columns detailing developmental milestones for 2, 4, and 6 months.

PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

Table with 3 columns detailing physical examination findings for 2, 4, and 6 months.

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

Large empty box for problems and plans/current & new referrals.

INVESTIGATIONS/SCREENING AND IMMUNIZATION Record Vaccines on Guide V

Table with 3 columns detailing investigations, screening, and immunization for 2, 4, and 6 months.

SIGNATURE

x _____ x _____ x _____



NAME: _____ Birth Day (d/m/yy): ____/____/20__ M F

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

Past problems / Risk factors: _____ Family history: _____

9 MONTHS (OPTIONAL) | 12 – 13 MONTHS | 15 MONTHS (OPTIONAL)

DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__

GROWTH¹ use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

Table with 9 columns: Length, Weight, Head Circ., Length, Weight (x3 BW), Head Circ. (avg 47 cm), Length, Weight, Head Circ.

PARENT/CAREGIVER CONCERNS

Blank space for parent/caregiver concerns.

NUTRITION¹ For each item discussed, indicate “✓” for no concerns, or “X” if concerns

- Continues to receive breastmilk¹ / Vitamin D 400 IU/day¹
Formula Feeding – iron-fortified/preparation¹
Iron containing foods¹, fruits, vegetables
Cow's milk products (e.g., yogurt, cheese, homogenized milk).
Goat's milk must be supplemented with folic acid & Vit D if used as a milk source
Encourage change from bottle to cup
Eats a variety of textures
Avoid juices/sweetened liquids¹ (encourage water)
No bottles in bed
Independent/self-feeding¹
Choking/Safe foods¹
RBR Information Sheet provided

EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

- INJURY PREVENTION¹: Poisons¹; PCC# 1-800-565-8161¹; Firearm safety¹; Hot water <49°C/bath safety¹; Pacifier use¹; Carbon monoxide/Smoke detectors¹; Motorized vehicles/Car seat¹; Childproofing, including: Falls (stairs, change table, unstable furniture/TV, no walkers)¹; Electric plugs/Cords; Choking/safe toys¹
- BEHAVIOUR AND FAMILY ISSUES²: Crying²; Night waking²; Siblings; Parenting²; Child care²/Return to work; Parental fatigue/Depression²; High risk children/assess home visit need²; Family healthy active living/sedentary behaviour/screen time²; Inquiry re difficulty making ends meet or feeding your family²
- ENVIRONMENTAL HEALTH¹: Second hand smoke¹; Sun exposure/Sunscreens/insect repellent¹; Pesticide exposure¹
- OTHER ISSUES¹: Teething/Dental cleaning/Fluoride/Dentist¹; Complementary/Alternative medicine¹; No OTC cough/Cold medicine¹; Footwear¹; Fever advice/Thermometers¹

DEVELOPMENT² (Inquiry and observation of milestones)

Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB—Correct for age if < 37 weeks gestation

- Looks for an object seen hidden; Cries or shouts for attention; Babbling a series of different sounds (e.g., baba, duhduh); Responds differently to different people; Makes sounds/gestures to get attention or help; Stands with support when helped into standing position; Opposes thumb and fingers when grasps objects and finger foods; Plays social games with you (e.g., nose touching, peek-a-boo); Sits without support; No parent/caregiver concerns
- Responds to own name; Understands simple requests, (e.g., Where is the ball?); Makes at least 1 consonant/vowel combination; Says 3 or more words (do not have to be clear); Crawls or 'bum' shuffles; Pulls to stand/walks holding on; Has pincer grasp to pick up and eat finger foods; Shows distress when separated from parent/caregiver; Follows your gaze to jointly reference an object; No parent/caregiver concerns
- Says 5 or more words (words do not have to be clear); Walks sideways holding onto furniture; Shows fear of strange people/places; Crawls up a few stairs/steps; Tries to squat to pick up toys from the floor; No parent/caregiver concerns

PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- Anterior fontanelle²; Eyes (red reflex)²; Corneal light reflex/Cover-uncover test & inquiry²; Hearing inquiry/screening²; Teeth² – caries risk assessment; Hips (limited hip abd'n)²
- Anterior fontanelle²; Eyes (red reflex)²; Corneal light reflex/Cover-uncover test & inquiry²; Hearing inquiry/screening²; Teeth² – caries risk assessment; Tonsil size/Sleep-disordered breathing²; Hips (limited hip abd'n)²
- Anterior fontanelle²; Eyes (red reflex)²; Corneal light reflex/Cover-uncover test & inquiry²; Hearing inquiry/screening²; Teeth² – caries risk assessment; Tonsil size/Sleep-disordered breathing²; Hips (limited hip abd'n)²

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS⁴ E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

Blank space for problems and plans/current & new referrals.

INVESTIGATIONS/SCREENING² AND IMMUNIZATION³ Record Vaccines on Guide V

- If HBsAg positive mother check HBV antibodies and HBsAg³ (at 9 or 12 months); Hemoglobin (If at risk)²; Blood lead if at risk¹
- Pain reduction strategies for immunizations³

SIGNATURE

x _____ x _____ x _____



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 Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g
 Birth Head Circumference: _____ cm

Past problems / Risk factors: _____
 Family history: _____

18 MONTHS **2 – 3 YEARS** **4 – 5 YEARS**

DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__ DATE OF VISIT ____/____/20__

GROWTH¹ use [WHO growth charts](#). Correct age until 24–36 months if < 37 weeks gestation

Length	Weight	Head Circ. (HC)	Height	Weight	HC if prior abN	BMI	Height	Weight	BMI
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PARENT/CAREGIVER CONCERNS

NUTRITION¹ For each item discussed, indicate “✓” for no concerns, or “X” if concerns

<input type="radio"/> Breastfeeding ¹ /Vitamin D 400 IU/day ¹ <input type="radio"/> Homogenized milk [500–750 mLs(16–24 oz) /day ¹] <input type="radio"/> Avoid juices/sweetened liquids ¹ (encourage water) <input type="radio"/> No bottles <input type="radio"/> Inquire re: vegetarian diets ¹ <input type="radio"/> Independent/self-feeding ¹ <input type="radio"/> RBR Information Sheet provided	<input type="radio"/> Breastfeeding ¹ /Vitamin D 400 IU/day ¹ <input type="radio"/> Canada's Food Guide ¹ <input type="radio"/> Avoid juices/sweetened liquids ¹ (encourage water) <input type="radio"/> Inquire re: vegetarian diets ¹ <input type="radio"/> Gradual transition to lower fat diet ¹ <input type="radio"/> Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day ¹] <input type="radio"/> RBR Information Sheet provided	<input type="radio"/> Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day ¹] <input type="radio"/> Avoid juices/sweetened liquids ¹ (encourage water) <input type="radio"/> Inquire re: vegetarian diets ¹ <input type="radio"/> Canada's Food Guide ¹ <input type="radio"/> RBR Information Sheet provided
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EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

INJURY PREVENTION¹ <input type="radio"/> Motorized vehicles/Car seat (child/booster) ¹ <input type="radio"/> Bath safety ¹ <input type="radio"/> Choking/Safe toys ¹ <input type="radio"/> Wean from pacifier ¹ <input type="radio"/> Falls (stairs, change table, unstable furniture/TV) ¹ <input type="radio"/> Poisons ¹ ; PCC# ¹ 1-800-565-8161 BEHAVIOUR² <input type="radio"/> Parent/child interaction <input type="radio"/> Healthy sleep habits ² <input type="radio"/> Discipline/Parenting skills programs ² FAMILY² <input type="radio"/> High-risk children ² <input type="radio"/> Encourage reading ² <input type="radio"/> Parental fatigue/Stress/Depression ² <input type="radio"/> Socializing/Peer play opportunities <input type="radio"/> Family healthy active living/Sedentary behaviour/Screen time ² <input type="radio"/> Inquire re difficulty making ends meet or feeding your family ² ENVIRONMENT HEALTH¹ <input type="radio"/> Second-hand smoke ¹ <input type="radio"/> Pesticide exposure ¹ <input type="radio"/> Sun exposure/Sunscreens/Insect repellent ¹ OTHER¹ <input type="radio"/> Dental care/Dentist ¹ <input type="radio"/> Toilet learning ²	INJURY PREVENTION¹ <input type="radio"/> Bike helmets ¹ <input type="radio"/> Firearm safety ¹ <input type="radio"/> Carbon monoxide/smoke detectors ¹ <input type="radio"/> Water safety ¹ <input type="radio"/> Motorized vehicles/Car seat (child/booster) ¹ BEHAVIOUR² <input type="radio"/> Parent/Child interaction <input type="radio"/> Discipline/Parenting skills programs ² <input type="radio"/> Parental fatigue/Depression ² <input type="radio"/> Family conflict/Stress FAMILY² <input type="radio"/> Healthy sleep habits ² <input type="radio"/> Assess child care /Preschool needs/school readiness ² <input type="radio"/> Encourage reading ² <input type="radio"/> Family healthy active living/sedentary behaviour/screen time ² <input type="radio"/> Inquire re difficulty making ends meet or feeding your family ² ENVIRONMENT HEALTH¹ <input type="radio"/> Second-hand smoke ¹ <input type="radio"/> Sun exposure/Sunscreens/insect repellent ¹ <input type="radio"/> Pesticide exposure ¹ OTHER¹ <input type="radio"/> Dental cleaning/Fluoride/Dentist ¹ <input type="radio"/> Complementary/Alternative medicine ¹ <input type="radio"/> Toilet learning ² <input type="radio"/> No OTC cough/Cold medicine ¹	<input type="radio"/> Matches/Lighters <input type="radio"/> Poisons ¹ ; PCC# ¹ 1-800-565-8161 <input type="radio"/> Falls (stairs, unstable furniture/TV, trampolines) ¹ <input type="radio"/> No pacifiers ¹ <input type="radio"/> High-risk children ² <input type="radio"/> Siblings <input type="radio"/> Socializing opportunities
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DEVELOPMENT² (Inquiry and observation of milestones)
 Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB–Correct for age if < 37 weeks gestation

SOCIAL EMOTIONAL² <input type="radio"/> Interested in other children <input type="radio"/> Usually easy to soothe <input type="radio"/> Child's behaviour is usually manageable <input type="radio"/> Comes for comfort when distressed COMMUNICATION SKILLS² <input type="radio"/> Points to several different body parts <input type="radio"/> Tries to get your attention to show you something <input type="radio"/> Turns/Responds when name is called <input type="radio"/> Points to what he/she wants <input type="radio"/> Looks for toy when asked or pointed in direction <input type="radio"/> Imitates speech sounds and gestures <input type="radio"/> Says 15 or more words (words do not have to be clear) <input type="radio"/> Produces 4 consonants, (e.g., B D G H N W) MOTOR SKILLS <input type="radio"/> Feeds self with spoon with little spilling <input type="radio"/> Walks alone ADAPTIVE SKILLS <input type="radio"/> Removes hat/Socks without help <input type="radio"/> No parent/caregiver concerns	2 YEARS² <input type="radio"/> Combines 2 or more words <input type="radio"/> Understands 1 and 2 step directions <input type="radio"/> Walks backward 2 steps without support <input type="radio"/> Tries to run <input type="radio"/> Puts objects into small container <input type="radio"/> Uses toys for pretend play (e.g., give doll a drink) <input type="radio"/> Continues to develop new skills <input type="radio"/> No parent/caregiver concerns	3 YEARS <input type="radio"/> Understands 2 and 3 step directions (e.g., “Pick up your hat and shoes and put them in the closet.”) <input type="radio"/> Uses sentences with 5 or more words <input type="radio"/> Walks up stairs using handrail <input type="radio"/> Twists lids off jars or turns knobs <input type="radio"/> Shares some of the time <input type="radio"/> Plays make-believe games with actions and words (e.g., pretending to cook a meal, fix a car) <input type="radio"/> Turns pages one at a time <input type="radio"/> Listens to music or stories for 5–10 minutes <input type="radio"/> No parent/caregiver concerns	4 YEARS <input type="radio"/> Understands 3-part directions <input type="radio"/> Asks and answers lots of questions (e.g., “What are you doing?”) <input type="radio"/> Walks up/down stairs alternating feet <input type="radio"/> Undoes buttons and zippers <input type="radio"/> Tries to comfort someone who is upset <input type="radio"/> No parent/caregiver concerns	5 YEARS <input type="radio"/> Counts out loud or on fingers to answer “How many are there?” <input type="radio"/> Speaks clearly in adult-like sentences most of the time <input type="radio"/> Throws and catches a ball <input type="radio"/> Hops on 1 foot several times <input type="radio"/> Dresses and undresses with little help <input type="radio"/> Cooperates with adult requests most of the time <input type="radio"/> Retells the sequence of a story <input type="radio"/> Separates easily from parent/caregiver <input type="radio"/> No parent/caregiver concerns
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PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

<input type="radio"/> Anterior fontanelle closed ² <input type="radio"/> Eyes (red reflex) ² <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry ² <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth ² <input type="radio"/> Tonsil size/Sleep-disordered breathing ²	<input type="radio"/> Blood pressure if at risk ² <input type="radio"/> Teeth ² <input type="radio"/> Eyes (red reflex)/Visual acuity ² <input type="radio"/> Hearing inquiry <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry ² <input type="radio"/> Tonsil size/Sleep-disordered breathing ²	<input type="radio"/> Blood pressure if at risk ² <input type="radio"/> Teeth ² <input type="radio"/> Eyes (red reflex)/Visual acuity ² <input type="radio"/> Hearing inquiry <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry ² <input type="radio"/> Tonsil size/Sleep-disordered breathing ²
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PROBLEMS AND PLANS/CURRENT & NEW REFERRALS⁴ E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING² AND IMMUNIZATION³ Record Vaccines on Guide V

Hemoglobin (If at risk)² Blood lead if at risk¹ Pain reduction strategies for immunizations³

SIGNATURE

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For additional information, refer to the [National Advisory Committee on Immunization](#) website.

[Canadian Immunization Guide](#) as per NACI Recommendations (as of October 2016) and [Nova Scotia Immunization Schedule*](#)

NAME: _____ Birth Day (d/m/yy): ____/____/20__ M F

VACCINE	NS SCHEDULE	DATE GIVEN	INJECTION SITE	LOT NUMBER	EXPIRY DATE	INITIALS	COMMENTS
DTaP-IPV-Hib ³ 4 doses (2, 4, 6, 18 months)	dose #1 (2 months)						
	dose #2 (4 months)						
	dose #3 (6 months)						
	dose #4 (18 months)						
Pneu-C-13 ³ 3 doses (2, 4, 12 months)	dose #1 (2 months)						
	dose #2 (4 months)						
	dose #3 (12 months)						
MMRV ³ 2 doses (12 months, between 18 months and 6 years)	dose #1 (12 months)						
	dose #2 (between 18 months and 6 years – before starting school)						
Men-Conjugate ³ MenC-C: 1 dose at 12 months Men-P-ACYW-135: 1 dose at school based immunization program	MenC-C: 1 dose at 12 months						
	Men-P-ACYW-135: 1 dose at school based immunization program						
Tdap-IPV ³	1 dose (4–6 years)						
Tdap 1 dose at school based immunization program							
HPV 2 doses at school based immunization program	dose #1						
	dose #2						
Hepatitis B ³ 2 doses at school based immunization program Can be combined with Hep A vaccine – not publicly funded	dose #1						
	dose #2						
Influenza ³ 1 dose annually (6 months and older First yr only for < 9 years – give 2 doses at least 4 weeks apart							
OTHER – NACI recommended – not publicly funded							
Rotavirus ³ 2 or 3 doses # doses varies with manufacturer	dose #1 (6 weeks–14 weeks/6 days)						
	dose #2						
	± dose #3 (by 8 months/0 days)						

- If medically at high risk refer to [NS Publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable diseases](#) policy.
- For those immunized or partially immunized refer to the [Canadian Immunization Guide](#).