

my

personal child health record



My personal child health record

My name Christopher James Curtain

My NHS number 468 153 8926

My date of birth 5.11.2007

Hampshire Personal Child Health Record

revised January 2011

Child's details

* Please place a sticker (if available) otherwise write in space provided.

NHS No: 468 153 8926 DOB: 5.11.2007
Christopher CURTAIN
1 Sunnyfield Lane
Southampton
Hampshire

Child's details

Mother's name: Helen Curtain Date of birth: 3 / 8 / 1973
Father's name: Iain Curtain Date of birth: 8 / 4 / 1968

Change of address (including post code)

1) Tel:
2) Tel:
3) Tel:

Named Midwife/Team

Name: Jane Obem Tel:

Family Doctor

1) Name: Dr T. Smith Address: Sunnyfields GP Surgery Tel:
2) Name Address: Tel:
3) Name Address: Tel:

Health Visitor/Team

1) Name G Havant Address: Sunnyfield HV Tel:
2) Name Address: Tel:
3) Name Address: Tel:

Dentist

Name Address: Tel:

Family history

Parents: Mother's name: Helen Curtain Date of birth: 3 / 8 / 1973
 Father's name: Iain Curtain Date of birth: 8 / 4 / 1968

Are there any other children in the family?

Siblings name(s): Jesssica Kyle
 Sex: Female Male
 Date of Birth: 3.10.2002 8.12.2010

Is there any family history of:	Yes	No	Comments
Childhood deafness	☐	☒	
Fits in childhood	☐	☒	
Eye problems in childhood	☐	☒	
Hip problems in childhood	☐	☒	
Reading and spelling difficulties	☐	☒	
Asthma / eczema / hayfever / allergies	☐	☒	
Tuberculosis (TB)	☐	☒	
Heart Conditions	☒	☐	Chris' grandfather died from a heart attack aged 50
Hep B.	☐	☐	

Are there any other particular illnesses or conditions in the mother's or father's family that you feel are important?

Helen had diabetes in pregnancy

Is an interpreting service needed? No ☒ Yes ☐ If yes, which language?

8-12 months review by Health Visiting team

* Please place a sticker (if available) otherwise write in space provided.

Surname: CURTAIN
 First names: CHRISTOPHER
 NHS number: 468 153 8926 Unit no:
 Address: 1 Sunnyfield Lane, Southampton Sex: M/F
 Post code: D.O.B: 5 / 11 / 2007
 G.P.: Code:
 H.V.: Code:

Date of contact: 4.10.2008
 Nature of contact/location: GP Surgery, routine
 By whom: Health Visitor
 Breast feeding: Partially ☐ Not at all ☒
 If NO, enter date of last breast feed 16.4.2008
 Weight (if indicated):
 Age: 11 months

Mother current smoker ☐ Other smoker in household ☐ No smoker in household ☐

Item	Coded Outcome (ring one)	Comment/Action Taken
Eyes	S P O T R N	
Fine motor skills	S P O T R N	
General health / medical condition	S P O T R N	
Hearing (questionnaire)	S P O T R N	
Hips	S P O T R N	
Locomotion	S P O T R N	
Social Development	S P O T R N	
Testes	S P O T R N	
Vocalisation	S P O T R N	

Follow-up required: No ☒ Yes ☐ GP ☐ Community Paediatrician ☐ Hospital ☐ Other:
 Location/Clinic: Date/Interval:
 Reason: Signature:

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined
 Top copy: stay in PCHR 2nd copy: HV

Your child's firsts and growth charts



Your child's developmental firsts

Babies want to explore the world around them. Your baby grows and learns faster in the first year than at any other time. There are many things that all babies and young children do, but not always at the same age or in the same order. Use these pages to note down when your child does things for the first time.

Finding out about moving...

Lifts head clear of ground,
aged: 3 months



Rolls over,
aged: 4 months

Sits with support,
aged: 5 months



Sits alone,
aged: 6 months

Crawls,
aged: 7 months
and/or
Bottom shuffles,
aged:



Stands holding on,
aged: 11 months

Stands alone,
aged: 12 months



Walks holding on,
aged: 12 months

Walks alone,
aged: 13 months

First outdoor walk,
aged: 14 months



See *Birth to Five* for more information on children's development.

Notes

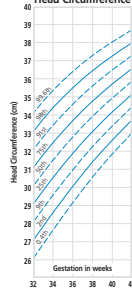
Notes

Notes

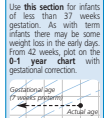
Notes

Preterm

Birth Head Circumference

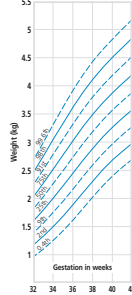


Plotting preterm infants
Use this low birthweight chart for infants less than 32 weeks gestation and any other infants requiring detailed assessment.
Use this section for infants of less than 37 weeks gestation. As with term infants there may be some weight loss in the early days. From 42 weeks, plot on the 0-1 year chart with gestational correction.

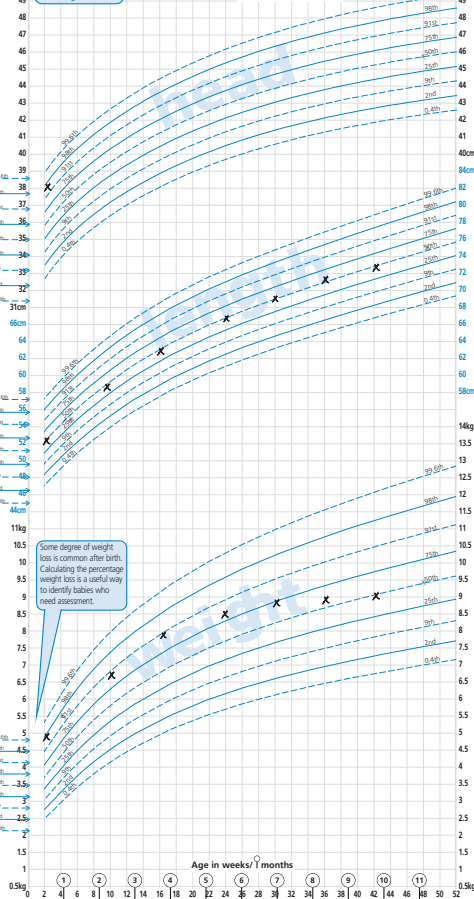


Gestational correction
Plot actual age then draw a line back, the number of weeks the infant was preterm and mark the spot with an arrow; this is the gestationally corrected point.

Birth Weight

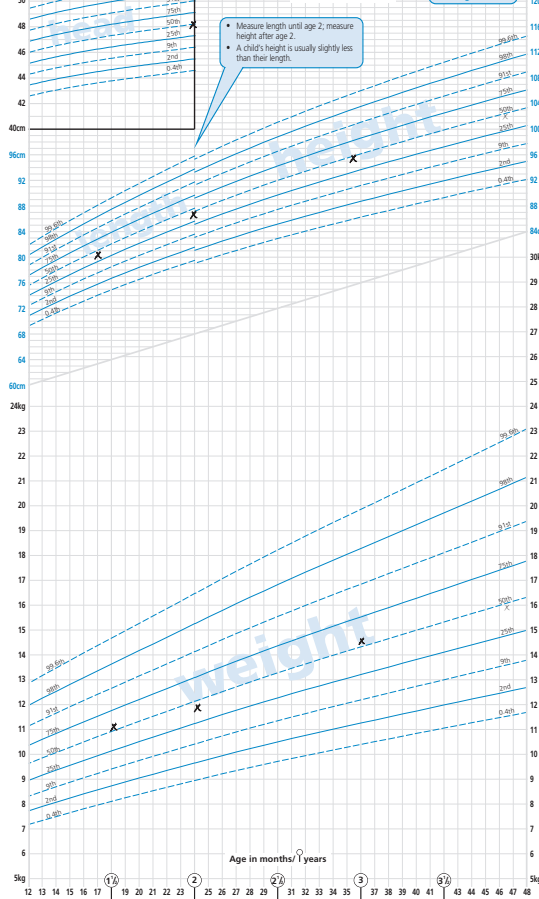


BOYS 0-1 year



Some degree of weight loss is common after birth. Calculating the percentage weight loss is a useful way to identify babies who need assessment.

BOYS 1-4 years



• Measure length until age 2, measure height after age 2.
• A child's height is usually slightly less than their length.

Plot child's height centile on the line above; the black numbers show average male adult height for this centile. 80% of children will be within 4 cm of this value.

Data Recording

Birth Measurement

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 1

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 2

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 3

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 4

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 5

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 6

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 7

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 8

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name

Measurement 9

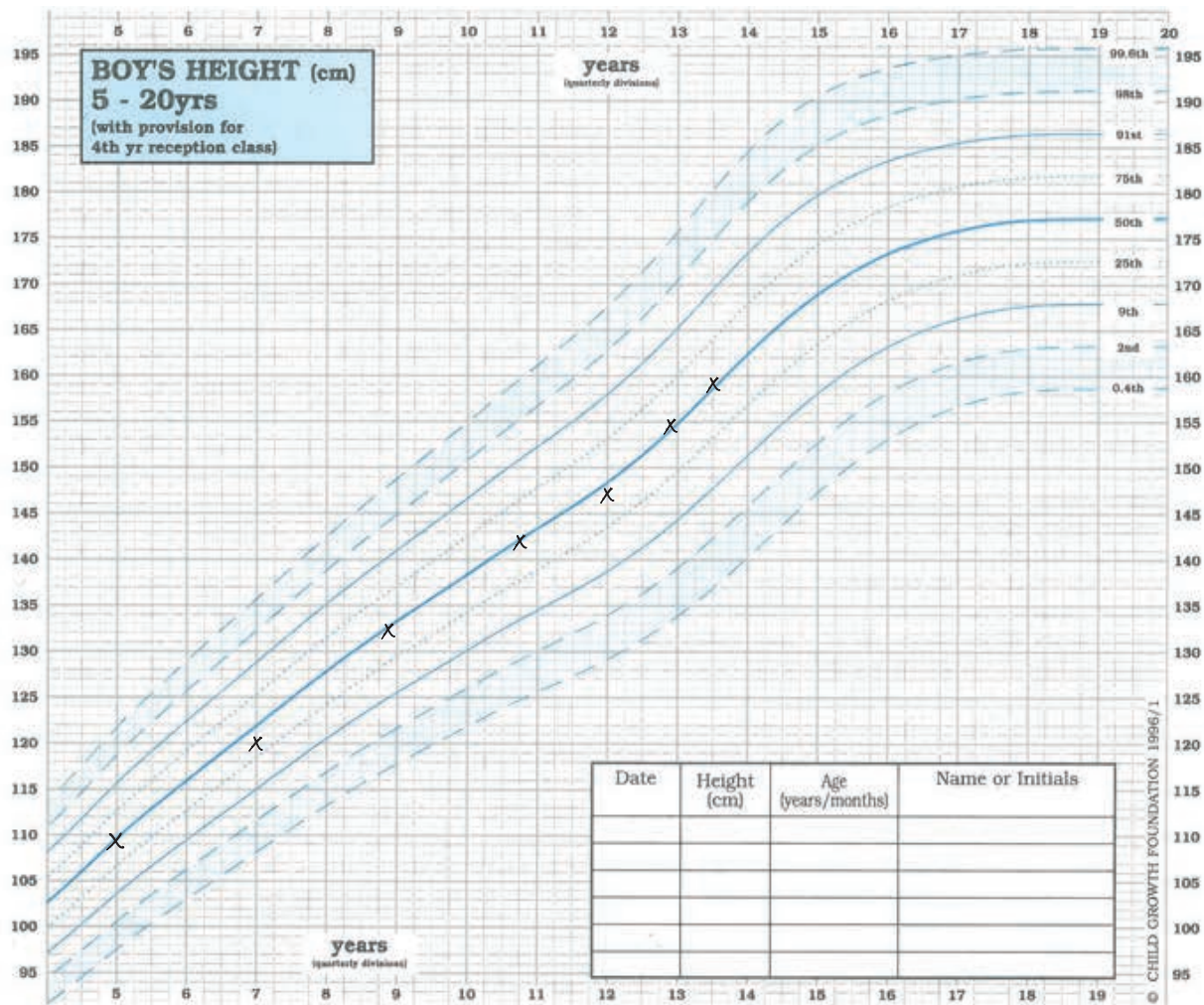
Recording Date
Weight
Head Circumference
Length/Height
Location

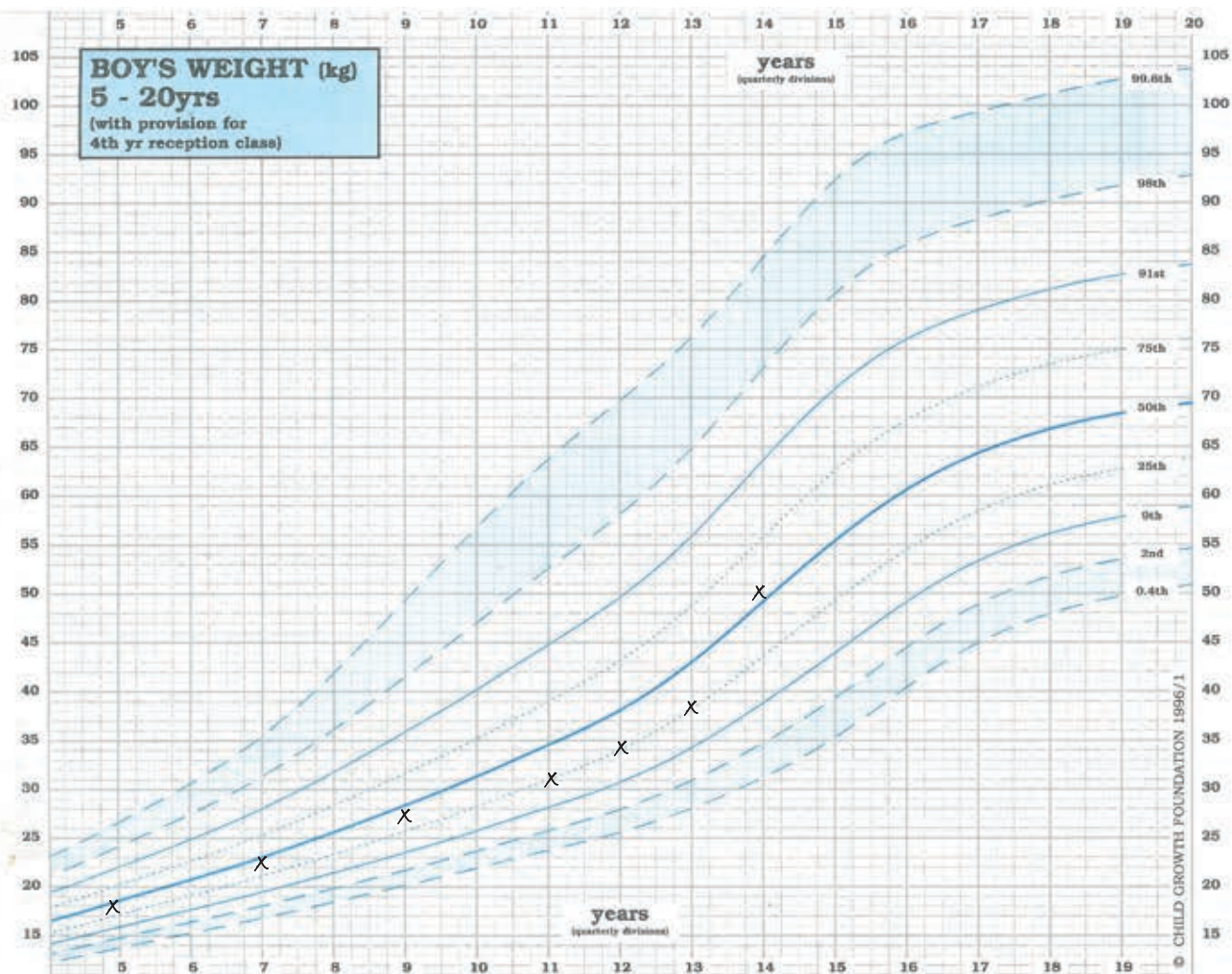
Health worker name

Measurement 10

Recording Date
Weight
Head Circumference
Length/Height
Location

Health worker name







Please carry these notes with you, especially near the end of your pregnancy.

NHS number

22, 04, 07

4 / 11 / 07

Your date of birth 3 / 8 / 13

Unit or hospital number.....

Useful phone numbers

On-call midwife	Antenatal clinic
General practitioner	Delivery suite
Ambulance service	Hospital switchboard

[illegible]

Name H. CURTAIN
Number

About this record

This is your personal pregnancy record. We have designed it for women throughout the country and it is based on the care that most women are likely to be offered. You should use this record with The HEA Pregnancy Book which will give you more information. You will also need to find out about local services from your midwife or doctor



This symbol marks the places where you write if you wish. If you write anywhere else please identify yourself by name and signature (see page 20). You may prefer to wait for your care provider (midwife, doctor or consultant) to fill this in with you.

➔ **Page 13** An arrow with a number after it means that important information may also be found or copied on the page (or section) indicated.

Personal information

About you

Family name CURTAIN
Other names HELEN
Mrs ☒ Miss ☐ Ms ☐ Other
What would you like your care providers to call you?
HELEN
Your family name when you were born?
SMITH
Any other names you have used?

Your job (or previous job, if you are not working)

Do you need an interpreter, or another person to help you communicate with your care provider?
Yes ☐ No ☒ If 'Yes' please give details



Page 13
Special
features

Are you: married? ☒ separated? ☐ single? ☐
widowed? ☐ divorced? ☐
Do you have a husband or partner? Yes ☒ No ☐

Husband or partner's name
IAIN CURTAIN
Likes to be called IAIN
Job (or previous job, if they are not working)

Where you live

Your address 1 SUNNYFIELD LANE,
SOUTHAMPTON
.....postcode SO9L 1PQ
Daytime phone number
Evening phone number 07234 109876
Other contact number

If you move house, please tell your midwife who will tell the medical records department at the hospital.

Change of address
.....postcode
Daytime phone number
Evening phone number
Other contact number

Emergency contact person

Who would you like contacted in an emergency?

Name IAIN CURTAIN
Address 1 SUNNYFIELD LANE,
SOUTHAMPTON
.....postcode SO9L 1PQ
Daytime phone number
Evening phone number
Relationship to you HUSBAND

This record is retained with all other hospital records at the time of delivery. You can make a photocopy at any time or ask your care provider to do this for you (for a small charge).

Name **H CURTAIN**

Number

Your health **Have you ever had any of the following?**

	No	Yes	Details
Anaesthetic problems	☒	☐	
Asthma or chest problems	☒	☐	
Back problems	☒	☐	
Blood transfusions	☒	☐	
Diabetes	☐	☒	GESTATIONAL DIABETES WITH FIRST PREGNANCY
Epilepsy	☒	☐	
Fertility problems	☒	☐	
Vaginal infections	☒	☐	
Heart problems	☒	☐	
High blood pressure	☒	☐	
Kidney or urinary problems	☒	☐	
Liver disease or hepatitis	☒	☐	
Mental health problems	☒	☐	
Operations	☒	☐	
Psychological difficulties	☒	☐	
Thrombosis (blood clots)	☒	☐	
Have you taken folic acid?	☐	☒	
It 'Yes', when did you start?			01, 11, 06

Page 13
Special
features**Other health-related questions**

	No	Yes	Details
Have you taken drugs, steroids or medicines in the last six months?	☒	☐	
Were they prescribed by a doctor?	☐	☐	
Have you taken other drugs?	☒	☐	
Have you any allergies to drugs?	☒	☐	
Have you any allergies to anything else?	☒	☐	
Have you ever smoked?	☐	☒	
When did you stop smoking?			28, 08, 01 STOPPED WHEN TRYING FOR FIRST BABY
Number of cigarettes smoked a day?	10		
Does your partner smoke?	☐	☒	
Do you drink alcohol?	☒	☐	STOPPED DRINKING WHEN PREGNANT.
How many units of alcohol do you drink each week?	-		

Page 13
Special
features

One unit of alcohol – half a pint of beer or lager, a single measure of spirits, a glass of wine or a small glass of sherry.

Does anyone in your family have any of the following?

Page 13
Special
features

Ask your care provider about obtaining any of the following information and certificates.

HEA Pregnancy Book	☐
Certificate of pregnancy FW8	☐
Certificate of expected confinement MAT B1	☐
Patient's Charter for Maternity Services	☐
.....	☐
.....	☐

Employment related issues is Working Families.....0800 013 0313
.....www.workingfamilies.org.uk
National.....0808 2000 247
National Childbirth Trust (NCT) Enquiries.....0870 444 8707
Pregnancy and birthline 0870 444 8709 or.....www.nct.org.uk
AIMS (Association for Improvements in the Maternity Services)
.....0870 765 1433 or www.aims.org.uk

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Name **H CURTAIN**

Number

About your previous pregnanciesPage 13
Special
features

This page is for your midwife to record details of your previous pregnancies including miscarriages and abortions.
If you want this information to be treated in confidence talk to your care provider in private.

Type of birth	VAGINAL		Date of birth	3/10/02
Any problems?	No	Yes	Place of birth	SOUTHAMPTON
During pregnancy	☐	☒	Weeks	39
Labour and birth	☒	☐	Birth weight	4535 gms
After the birth	☒	☐	Sex of baby	FEMALE
Baby at birth	☒	☐	Baby's name	JESSICA
Child's health now	☒	☐		

Type of birth			Date of birth	/ /
Any problems?	No	Yes	Place of birth	
During pregnancy	☐	☐	Weeks	
Labour and birth	☐	☐	Birth weight	
After the birth	☐	☐	Sex of baby	
Baby at birth	☐	☐	Baby's name	
Child's health now	☐	☐		

Type of birth			Date of birth	/ /
Any problems?	No	Yes	Place of birth	
During pregnancy	☐	☐	Weeks	
Labour and birth	☐	☐	Birth weight	
After the birth	☐	☐	Sex of baby	
Baby at birth	☐	☐	Baby's name	
Child's health now	☐	☐		

Type of birth			Date of birth	/ /
Any problems?	No	Yes	Place of birth	
During pregnancy	☐	☐	Weeks	
Labour and birth	☐	☐	Birth weight	
After the birth	☐	☐	Sex of baby	
Baby at birth	☐	☐	Baby's name	
Child's health now	☐	☐		

Type of birth			Date of birth	/ /
Any problems?	No	Yes	Place of birth	
During pregnancy	☐	☐	Weeks	
Labour and birth	☐	☐	Birth weight	
After the birth	☐	☐	Sex of baby	
Baby at birth	☐	☐	Baby's name	
Child's health now	☐	☐		

Name **H CURTAIN**
Number

Important information

Weight (Kg) **80**
Height (cm) **160**
Para **2** Age **37**
Blood group **AB**

Antibodies

Agreed due date

4 / 11 / 07

BMI

31

Agreed by ...

[Signature]

22 / 04 / 07

BMI =

Weight Kg
Height m²

Obstetric summary

Livebirths	1
Miscarriages before 12 weeks	0
Miscarriages after 12 weeks	0
Stillbirths	0
Total pregnancies	2
Neonatal deaths	0
Caesarean sections	0
Birthweight under 2.5 Kg	0
Gestation under 37 weeks	0

Working out your baby's due date

You can use the following information to work out the **agreed due date**. The estimated due date (EDD) is 40 weeks (280 days) after the first day of your last monthly period. The agreed due date will take into account other factors such as the length of your monthly cycle and your scan results. **Babies are often born up to 14 days before, or after, the agreed due date.**

You should usually be offered at least one ultrasound scan measurement to confirm the EDD, preferably before 20 weeks of pregnancy. If the **due date by scan** and the due date by periods agree within seven days, then the due date by periods can be confirmed as your **agreed due date**. If the difference is more than seven days, then the **due date by scan** is usually more reliable in practice.

What method of contraception did you last use?

When did you stop using contraception?

Date of the first day of bleeding of your last menstrual period (LMP)

How sure are you of this date? Sure ☐ Fairly sure ☐ Not sure ☐

Average number of days between the first day of each period (monthly cycle)

days

EDD using LMP and monthly cycle

EDD by using the first scan

Your health, your family's health and previous pregnancy history have been checked or completed by

Signature of care provider date

/ /

Page 20
Signatures

General physical examination (if required, signed and dated)
