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

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 pregancy

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

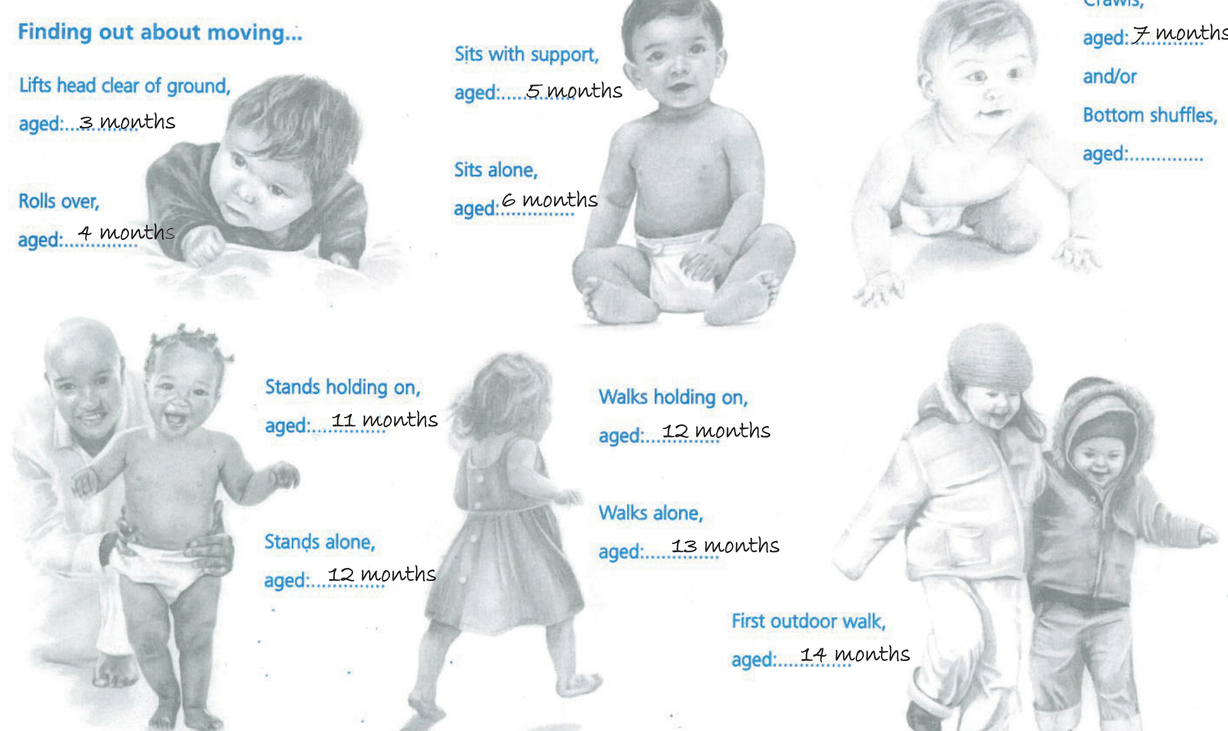
Top copy: stay in PCHR 2nd copy: HV

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

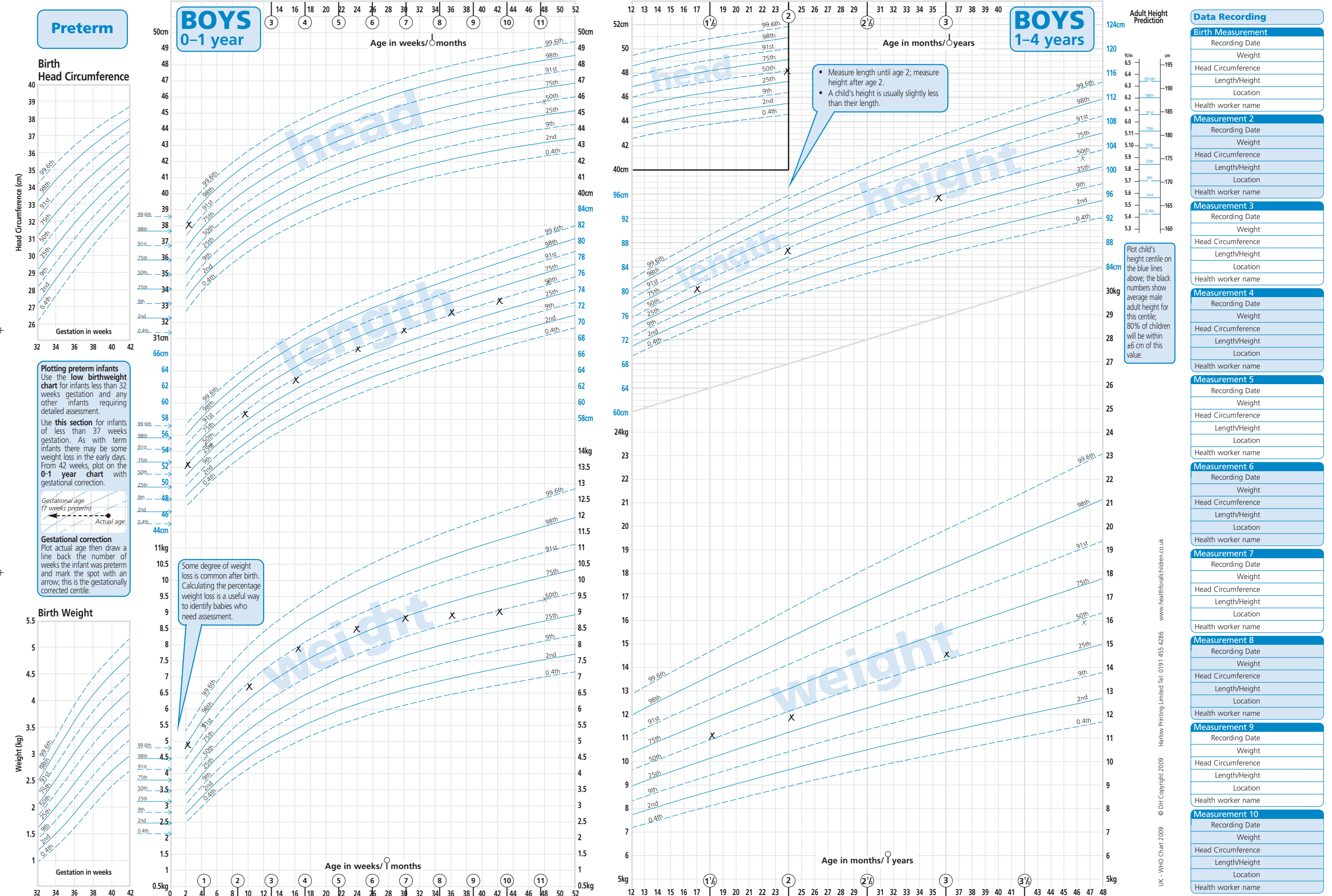
See *Birth to Five* for more information on children's development.

Notes

These pages are for you and others who are in contact with your child to record any information about your child's health and/or development. Keep a note here of anything you would like to discuss with your HV / GP or other health professional.

Date	Comments & any advice or treatment	Name & designation
7.11.2007	Birth visit. Growing well. Breast fed on demand.	Health Visitor
12.11.2007	Seen at home. Excellent weight gain. Father advised of risk of cot	Health Visitor
	death due to smoking. Advised to visit GP for stop smoking advice.	
3.12.2007	Seen at clinic. Growing well. Father has stopped smoking.	Health Visitor
20.4.2008	Seen at clinic. Growing well. Stopped breastfeeding,	
	weaning onto solid foods. Advised to feed planty of	
	freshfruit and vegetables and avoid sugary snacks.	

All entries should be dated and signed



Preterm
Birth
Head Circumference
Head Circumference (cm)
Gestation in weeks
Plotting preterm infants
Use the 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 age (7 weeks preterm)
Actual age
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 centile.
Birth Weight
Weight (kg)
Gestation in weeks
BOYS
0–1 year
Age in weeks/months
head
length
weight
Some degree of weight loss is common after birth. Calculating the percentage weight loss is a useful way to identify babies who need assessment.
99.6th
98th
91st
75th
50th
25th
9th
2nd
0.4th
BOYS
1–4 years
Age in months/years
• Measure length until age 2; measure height after age 2.
• A child's height is usually slightly less than their length.
height
Adult Height Prediction
Plot child's height centile on the blue lines above; the black numbers show average male adult height for this centile; 80% of children will be within ±6 cm of this value.
UK - WHO Chart 2009 © DH Copyright 2009 Harlow Printing Limited Tel: 0191 455 4286 www.healthforallchildren.co.uk
Data Recording
Birth Measurement
Recording Date
Weight
Head Circumference
Length/Height
Location
Health worker name
Measurement 2
Measurement 3
Measurement 4
Measurement 5
Measurement 6
Measurement 7
Measurement 8
Measurement 9
Measurement 10

BOY'S HEIGHT (cm)
5 - 20yrs
(with provision for 4th yr reception class)

years (quarterly divisions)

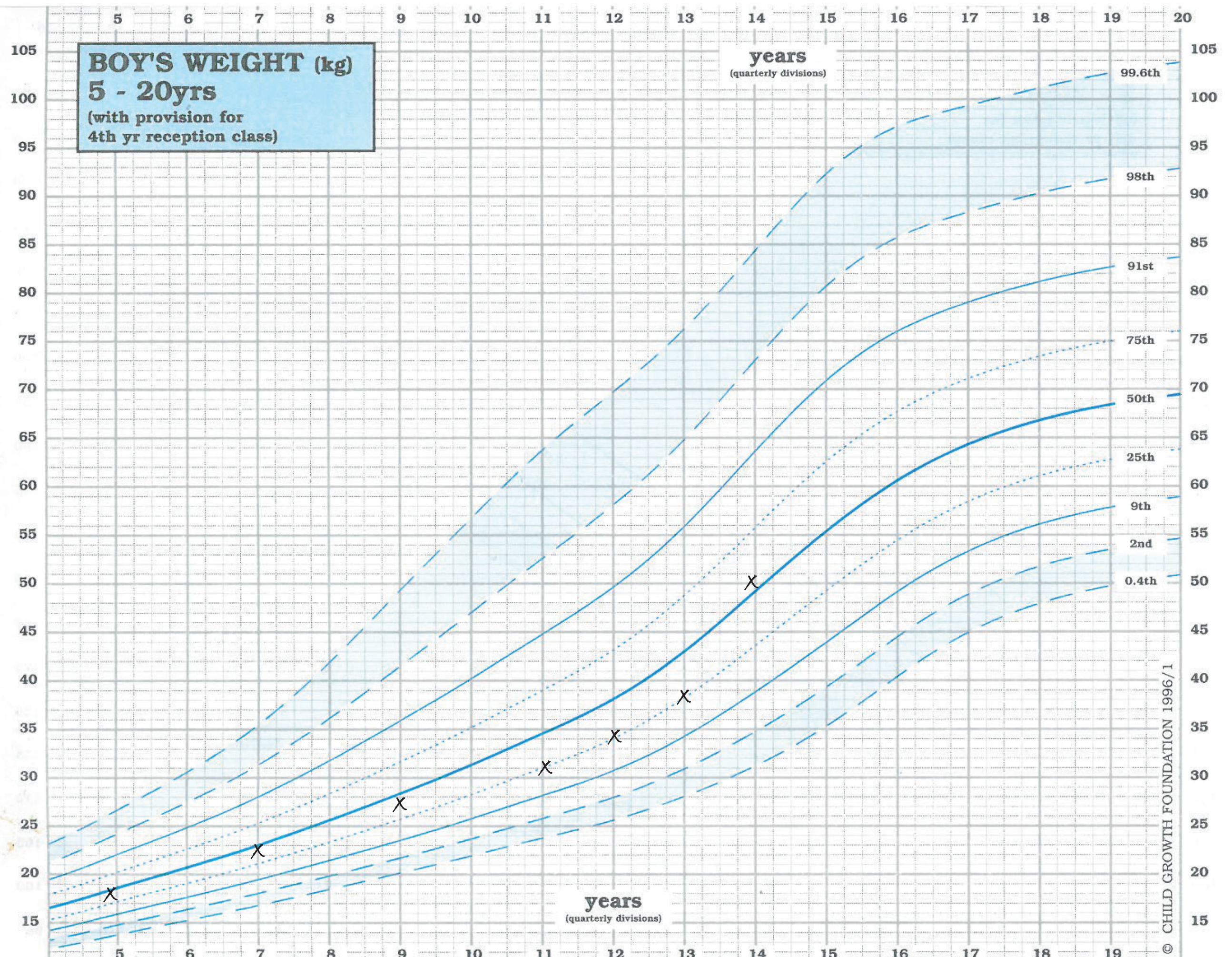
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

195 190 185 180 175 170 165 160 155 150 145 140 135 130 125 120 115 110 105 100 95

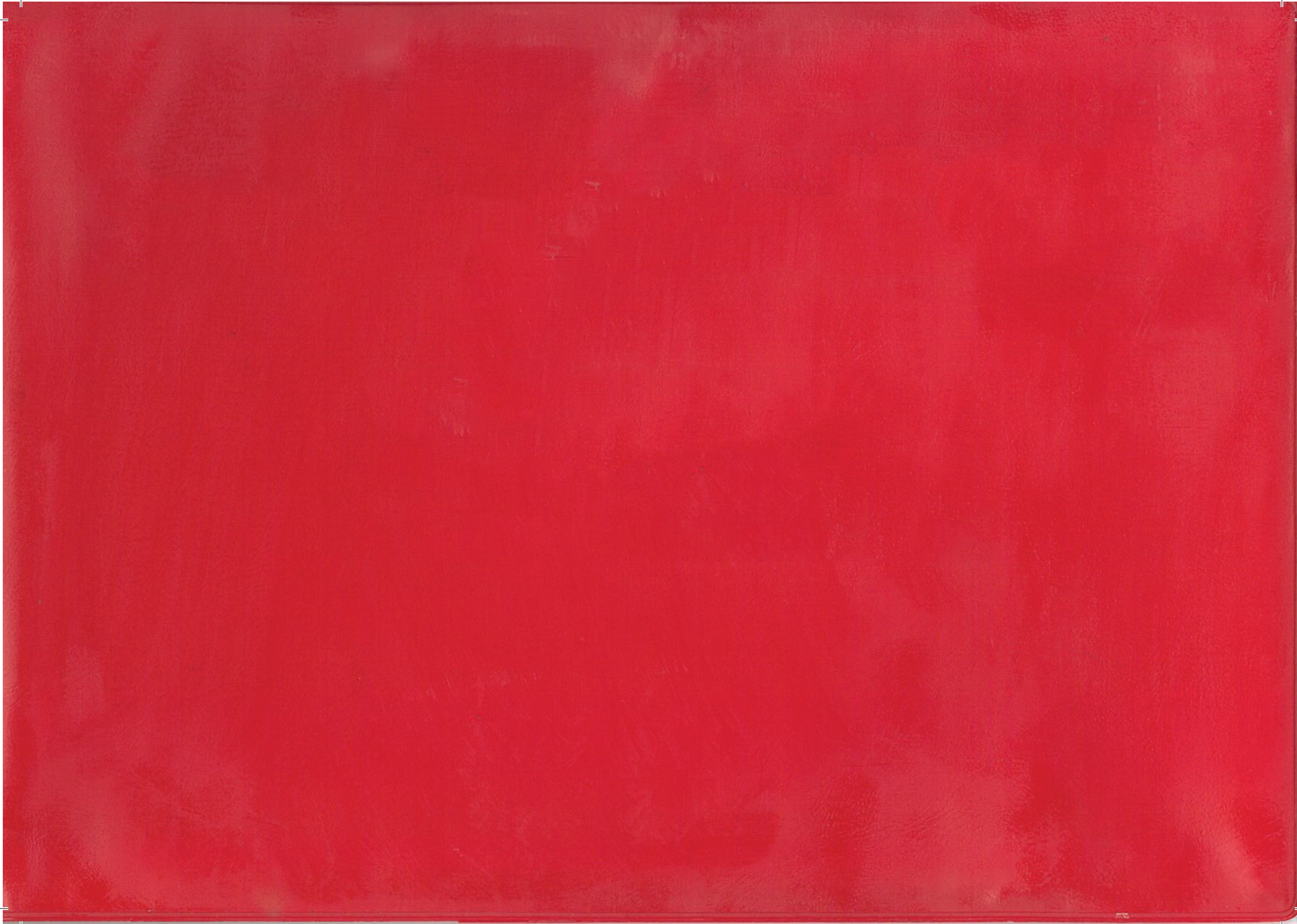
99.6th
98th
91st
75th
50th
25th
9th
2nd
0.4th

Date	Height (cm)	Age (years/months)	Name or Initials

© CHILD GROWTH FOUNDATION 1996/1



Manufacture 68 Oct. 09



Personal maternity record

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

These are confidential and very important maternity notes. If found, return to the woman they belong to or her place of care; for example, the health centre or hospital.

NHS number ....

Date of first antenatal care visit: 22 / 04 / 07

Agreed due date (From page 8): 4 / 11 / 07

Name: HELEN CURTAIN

Your date of birth: 3 / 8 / 73

Your address: 1 SUNNYFIELD LANE, SOUTHAMPTON postcode: SO9L 1PQ

Unit or hospital number ....

Date	Planned place of birth	Professional responsible	Reason if change of plan
22.4	PRINCESS ANNE HOSPITAL	J. OBEM	—

Useful phone numbers

On-call midwife ....

General practitioner ....

Ambulance service ....

Antenatal clinic ....

Delivery suite ....

Hospital switchboard ....

Appointments

Day	Date	Time	Reason for visit	Where and who with
MON	22.04.07	10.00	BOOKING IN + SCAN	MIDWIFE - SURGERY
THU	20.05.07	15.00	16 WEEK CHECK	"
THU	17.06.07	12.00	20 WEEK SCAN	ULTRASOUND DEPT
THU	16.09.07	11.00	28 WEEK CHECK	MIDWIFE - SURGERY

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Please use **black ink** to fill in this record (photocopy friendly)

Personal details 2-3
Health history 4-5
Past pregnancies 6-7
Key pages 8-13
Scans 14-15
Birth preferences 16
Admissions 17-18

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 Special features 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).

 Please use **black ink** to fill in this record (photocopy friendly)

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Name H. CURTAIN
Number

Personal information (continued)

How would you or your partner describe yourselves?

Information about your ethnic group and religious beliefs helps to make your care providers aware of any special needs you might have.

Are you:		Is your partner:	
Bangladeshi	☐	Bangladeshi	☐
Black African	☐	Black African	☐
Black Caribbean	☐	Black Caribbean	☐
Black other	☐	Black other	☐
Chinese	☐	Chinese	☐
Indian	☐	Indian	☐
Pakistani	☐	Pakistani	☐
White	☑	White	☑
	☐		☐

Your faith or religion ....

Your partner's faith or religion ....

Additional information

Information about you that might be important for your care provider to know; for example, housing problems.

Your named care providers during your pregnancy

Family doctor

Name DR. T. SMITH
Address SUNNYFIELDS GP SURGERY
....
Phone number..

Midwife

Name JANE OBEM
Address PRINCESS ANNE HOSPITAL, SOUTHAMPTON
Phone number..

Obstetrician

Name...
Address ....
....
Phone number..

Health visitor

Name...
Address ....
....
Phone number..

Other care providers

Name...
Address ....
....
Phone number..

Other care providers

Name...
Address ....
....
Phone number..

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Please use **black ink** to fill in this record (photocopy friendly)

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.

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Name	
Number	

Your family

It is helpful to know about the medical history of **your family and your partner's family.** 'Family' means the following people: parents and grandparents, sisters and brothers, uncles and aunts, first cousins (the children of aunts and uncles) and also any other children you or your partner may have (blood relatives).

Does anyone in your family have any of the following?

	No	Yes	Details
Diabetes	☐	☑	SISTER HAS DIABETES
Sickle cell anaemia	☑	☐	
Thalassaemia	☑	☐	
Learning disabilities	☑	☐	
Muscular dystrophy	☑	☐	
Cystic fibrosis	☑	☐	
Abnormalities present from birth	☑	☐	
Other conditions	☑	☐	
Are you and your baby's father blood relatives	☑	☐	

Page 13 Special features

Information and certificate checklist

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 ☐
- .... ☐
- .... ☐

Contacting national organisations

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

....

....

....

Local options or other information

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Name H CURTAIN
Number

About your previous pregnancies

Page 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	☐	☑	GESTATIONAL DIABETES	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	gms
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	gms
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	gms
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	gms
After the birth	☐	☐		Sex of baby	
Baby at birth	☐	☐		Baby's name	
Child's health now	☐	☐			

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Name H. CURTAIN.

Number

Pregnancy care - things you may want to discuss

There may be many things you want to discuss with your midwife and doctor, and some choices you may wish to make about your care at different times during your pregnancy. Place a tick in any box when you want to talk about a topic with your care provider. The dates are suggestions only. Feel free to discuss any topic at any time.

Discussion, plans made and information given

Before 24 weeks of pregnancy

- [ ] Pregnancy care
- [ ] Minor illnesses
- [x] Diet
- [ ] Screening tests
- [ ] Benefits
- [ ] Support groups
- [ ] Love-making
- [ ] Classes and exercise
- [ ] Feeding your baby
- [ ] Travel
- [ ] Support at home

From 24 weeks to birth

- [ ] Pregnancy care
- [ ] Benefits and maternity leave
- [ ] Support at home
- [ ] Support groups
- [ ] Preferences for labour and giving birth
- [ ] Tour of hospital and neonatal unit if your baby should need special care
- [ ] Going into hospital
- [ ] Preparing for a home birth

After the birth

- [ ] Vitamin K for your baby
- [ ] Feeding your baby
- [ ] Length of stay in hospital
- [ ] Bringing your baby home
- [ ] Baby care
- [ ] Advice about cot deaths
- [ ] Returning to work

VM HELEN IS WORRIED THAT SHE HAS PUT ON A LOT OF WEIGHT SINCE SHE BECAME PREGNANT.

What were your previous pregnancies and births like?

Page 16 Preferences

Please use this space to write down anything you would like your care providers to know.

NO PROBLEMS, EXCEPT GESTATIONAL DIABETES.

Past pregnancies 6-7

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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
Agreed by ... [signature]	22/ 04/ 07

BMI	31

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)

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