

Canadian Family Medicine Clinical Card

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0 - 1 Month

≤ 1 week visit	2 week visit-optional	1 month visit
Use WHO growth charts Length, wt, HC	Use WHO growth charts Length, wt, HC	Use WHO growth charts Length, wt, HC
CAREGIVER CONCERNS:		
Record concerns at each visit		
NUTRITION:		
Addressed each visit:	<input type="checkbox"/> Exclusively breastfeeding? + Vit D 400 IU/day <input type="checkbox"/> Formula feeding/preparation <input type="checkbox"/> Stool pattern and urine output	
<input type="checkbox"/> Formula amount: 150 mL/kg/day	<input type="checkbox"/> Formula amount: 150 mL/kg/day	<input type="checkbox"/> Formula amount: 450-750 mL/day
EDUCATION & ADVICE: Repeat discussion based on risk or need		
Injury Prevention:		
<input type="checkbox"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety)	<input type="checkbox"/> Motorized vehicle safety/car seat <input type="checkbox"/> Hot water <49 C <input type="checkbox"/> Pacifier use <input type="checkbox"/> Choking/safe toys	<input type="checkbox"/> Falls (stairs/change table) <input type="checkbox"/> Firearm safety <input type="checkbox"/> Smoke/CO detectors
Behaviour & Family Issues:		
<input type="checkbox"/> Healthy sleep habits <input type="checkbox"/> Parental fatigue/post partum depression	<input type="checkbox"/> Soothability /responsiveness <input type="checkbox"/> Poverty/food insecurity <input type="checkbox"/> Night waking <input type="checkbox"/> Crying	<input type="checkbox"/> Parenting/bonding <input type="checkbox"/> Siblings <input type="checkbox"/> High risk infants/home visit need <input type="checkbox"/> Family conflict/stress
Environment:		
<input type="checkbox"/> Second hand smoke/E-cigs/Cannabis <input type="checkbox"/> Sun exposure		
Other Issues:		
<input type="checkbox"/> No OTC cough/cold meds <input type="checkbox"/> Temp control/ overdressing	<input type="checkbox"/> Supervised tummy time while awake <input type="checkbox"/> Fever advice/ thermometers	<input type="checkbox"/> Complementary/ alternative meds?

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DEVELOPMENT: Failure to meet an item is a red flag for development		
<input type="checkbox"/> Sucks well on nipple	<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns	<input type="checkbox"/> Focuses gaze <input type="checkbox"/> Startles to loud noise <input type="checkbox"/> Calms when comforted <input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns
PHYSICAL EXAM:		
<input type="checkbox"/> Lungs <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Testicles/genitalia <input type="checkbox"/> Patency of anus <input type="checkbox"/> Umbilicus <input type="checkbox"/> ♂ Urinary stream/foreskin care <input type="checkbox"/> Spine (dimple/sinus)	<input type="checkbox"/> Lungs <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Testicles/genitalia <input type="checkbox"/> Umbilicus <input type="checkbox"/> ♂ Urinary stream/foreskin care <input type="checkbox"/> Spine (dimple/sinus)	<input type="checkbox"/> Corneal light reflex <input type="checkbox"/> ♂ Urinary stream/foreskin care
Each visit:		
<input type="checkbox"/> Eyes (red reflex) <input type="checkbox"/> Hearing screening/ ears <input type="checkbox"/> Lungs <input type="checkbox"/> Tongue mobility if breastfeeding problems	<input type="checkbox"/> Skin (jaundice/bruising) <input type="checkbox"/> Fontanelles <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips	<input type="checkbox"/> Heart/abdomen <input type="checkbox"/> Neck/torticollis <input type="checkbox"/> Muscle tone <input type="checkbox"/> Intact palate (inspection/palpation)
PROBLEMS & PLANS/CURRENT & NEW REFERRALS: Record at each visit		
INVESTIGATIONS/IMMUNIZATIONS: Record vaccines, discuss pain reduction		
<input type="checkbox"/> Newborn screening <input type="checkbox"/> Hemoglobinopathy screen (if at risk) <input type="checkbox"/> Universal hearing screen <input type="checkbox"/> If HBsAG+ parent/sibling, Hep B vaccine #1		<input type="checkbox"/> If HBsAG+ parent/sibling, Hep B vaccine #2