Current topics

A suggested child-health clinic form

R. S. ILLINGWORTH

Children's Hospital, Sheffield

After more than 30 years' experience of baby clinics, first in an obstetrics hospital and more recently in Area Health Authority clinics, I am convinced that there is a need for a suitable form for the use of clinic doctors and health visitors, and for family doctors who have their own child health clinics. I believe that the form I have designed provides a good basis.

The assessment, and the form recording it, must be simple and practical. An assessment which takes about 30 minutes is certainly necessary in special circumstances if there is difficulty in the diagnosis, but it is impractical in a busy clinic with babies and children awaiting immunisation, or assessment, or both. Hence all irrelevant developmental features—interesting as they are, and sometimes important for difficult cases—must be eliminated. Milestones and tests should be strictly confined to those that matter, those which are extremely unlikely to miss any significant abnormality.

As in a passport form, application for life insurance, or VAT assessment form, each question must be answered and so must be capable of being answered. For instance, it is useless in the 6-week assessment to include the word 'reflexes', as is currently done in a commonly used form; the clinic doctor cannot be expected to know which of the 70 or so primitive reflexes is relevant, and he therefore has to decide whether to insert a 'yes' or 'no', or a tick or a cross. He almost always inserts a tick, hardly an informative answer.

In a much used school clinic form, there is the heading:

- Development, hernia
- Other
- Psychical development
- Stability

In my form, there are spaces with headings which anyone can understand: they are 'normal', 'doubtful', 'abnormal', with a space for explaining why the finding may be abnormal.

I have left no space for an overall score, in the form of a figure. Some features of a child's development—especially his alertness, responsiveness, and interest in surroundings—are much more important than others. It is not the place of a clinic doctor to attempt to calculate an IQ score: but he is required to separate the normal from the abnormal, to detect the child who calls for special investigation by an expert. I have avoided defining the range of normal, for it is never possible to insert the exact dividing line between normal and abnormal.

I have sketched the principal features of motor and manipulative development because many doctors and health visitors like to have such a guide (Illingworth, 1977). For the same reason I have given the average age at which milestones are reached, using Gesell's figures. For further information about these see Illingworth (1979).

My intention is that all the information will go on a 6-sided firm card, similar to the one now often used in clinics. I would welcome suggestions for its improvement, but the form must not be lengthened.

Permission was obtained from Blackwell Scientific Publications for reproduction of the sketches.

References


Correspondence to Professor R. S. Illingworth, Children's Hospital, Western Bank, Sheffield S10 2TH.

Received 18 July 1978
### Health record (first 5 years)

**Surname:** (block letters)  
**Christian names:**

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Mother married or single</th>
<th>Where born</th>
<th>Sex</th>
<th>Birthweight (kg)</th>
<th>Birthweight (lb)</th>
<th>Head circumference (cm)</th>
<th>Head circumference (in)</th>
<th>Duration of gestation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M/S</td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone:</th>
<th>Doctor's address</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents: year of birth</th>
<th>Occupation</th>
<th>Health</th>
<th>Relevant illness, especially genetic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Past</td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous pregnancies</th>
<th>Child alive year of birth</th>
<th>Special illness or handicap</th>
<th>Miscarriage (year)</th>
<th>Stillbirth (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk factors**  
i.e. Rubella  
Other infection in pregnancy  
Blood group incompatibility  
APH  
Diabetes  
Toxaemia  
Drugs in pregnancy  
Other illness

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Birth</th>
<th>Vertex</th>
<th>Breech</th>
<th>Caesarean</th>
<th>Condition at birth</th>
<th>Anoxia</th>
<th>Treated in intensive care unit</th>
<th>Newborn period</th>
<th>Apnoeic attacks</th>
<th>Congenital abnormalities</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Immunisation**

<table>
<thead>
<tr>
<th>Date</th>
<th>Booster</th>
<th>Significant reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hearing test**
6 weeks (corrected age: prematurity allowed for)

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of days after birth</th>
<th><em>Weight</em> (kg)</th>
<th>(lb)</th>
<th>Head circumference (cm)</th>
<th>(in)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Feeding**
- Breast
- Modified dried milks
- Measures of powder
- Water
- Number per day
- Other foods

**History**
Any problems (e.g. crying, sleep, feeding, vomiting)

**Developmental history**
- Smiling in response to mother (average 4–6 weeks)
- If +, say age it began
- Doubtful
- No

**Examination**
- Interest, alertness, responsiveness
- Eyes (look for nystagmus, opacity, persistent squint)
- Development prone

Newborn

6 weeks

Newborn

6 weeks

Newborn

8 weeks

As differences in weight between boys and girls are so slight only one chart is necessary.
### A suggested child-health clinic form

**Examination**

<table>
<thead>
<tr>
<th>Neurological examination (e.g. tone—exaggerated knee jerks, persistent ankle clonus, hypotonia, hypertonia)</th>
<th>Normal</th>
<th>Doubtful</th>
<th>Abnormal</th>
<th>If doubtful or abnormal, in what way?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back (look for congenital dermal sinus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth (no thrush)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbilicus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip, abduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testes—descended or will descend</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall opinion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action taken**

i.e. Letter to GP
to hospital
Why?
Extra appointment (date)
Note for health visitor

**Intermediate**

**Date**

**Milestones**

i.e. Prone

<table>
<thead>
<tr>
<th>Normal</th>
<th>Doubtful</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pulled to sit, no head lag

<table>
<thead>
<tr>
<th>Normal</th>
<th>Doubtful</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turns to sound (average 3-4 months) on level with ear
Plays with rattle—placed in hand (average 3-4 months)
Reaches for and gets object not placed in hand (average 5 months)
6 months (corrected age: prematurity allowed for)

<table>
<thead>
<tr>
<th>Date</th>
<th>Age (weeks)</th>
<th>Weight (kg)</th>
<th>Head circumference (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**History**

Any problems (e.g. crying, sleep, feeding, vomiting)

Any illness?

**Developmental history**

<table>
<thead>
<tr>
<th>If +, say age it began</th>
<th>Doubtful</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legs to sound (average 3–4 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaches and gets objects (not placed in hand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average 5 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chews (not sucks) average 6 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examination**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Doubtful</th>
<th>Abnormal</th>
<th>If doubtful or abnormal, in what way?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- Interest, alertness, responsiveness
- Eyes (as before)
- Sees pellet or cube

**Development**

- Prone
  - 6 months

- Supine, head up spontaneously
  - 6 months

- Reaches and gets object
  - Right
  - Left

- Transfers object one hand to another (average 6 months)

- Weight on legs, held standing

- Neurological (e.g. tone; hypotonia or hypertonia)

- Hearing
  - Right
  - Left

- Mouth (look for thrush)

- Heart

- Abdomen

- Hips (abduction)

- Testes (as before)

- Skin

- Overall opinion

**Action taken**

i.e. Letter to GP
to hospital

Why?

Extra appointment (date)

Note for health visitor

**Intermediate**

Sit for seconds on floor, no support (average 32 weeks)
### 10–12 months (corrected age: prematurity allowed for)

<table>
<thead>
<tr>
<th>Date</th>
<th>Age (months)</th>
<th>Weight (kg)</th>
<th>(lb)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### History
- Any problems (e.g. crying, sleep, feeding, vomiting, sphincter control)
- Any illnesses?

#### Developmental history
- If +, give age it began
- Doubtful
- No

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Normal</th>
<th>Doubtful</th>
<th>Abnormal</th>
<th>If doubtful or abnormal, in what way?</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. Letter to GP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra appointment (date)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note for health visitor</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Examination
- Normal
- Doubtful
- Abnormal
- Pellet between tip of forefinger and tip of thumb (both average 10 months)
- Crawls or creeps
- Full weight on legs
- Neurological (e.g. tone, hypotonia, or hypertonia)
- Hearing
  - Right
  - Left
- Mouth
- Heart
- Abdomen
- Hips
- Testes
- Skin
- Overall opinion

#### Intermediate milestones (average)
- 15 months
  - No more casting or mouthing of objects
- 15 months
  - Takes shoes, socks off
- 15 months
  - Domestic mimicry
- 15 months
  - Tells mother he wants pot
- 18 months
  - Points to 2-3 parts of body on request
### 2 years

<table>
<thead>
<tr>
<th>Date</th>
<th>Age (years and months)</th>
<th>Weight (kg)</th>
<th>(lb)</th>
<th>Height (cm)</th>
<th>(in)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**History**
- Any problems (e.g. crying, sleep, eating, vomiting, sphincter control)
- Any illnesses?

**Developmental history**
- Dry by day (average 2 years)
- Joins 2-3 words together (average 21-24 months)
- Puts shoes, socks, pants on (average 2 years)

**Developmental examination only if necessary**
- Tower of one-inch cubes (averages 6-7)
- Imitates drawing of vertical line and circle
- Points to 4 parts of body on request

**Examination**
- Interest, alertness
- Speech
- Eyes (as before)
- Appears to see normally
- Hearing
  - Right
  - Left
- Heart
- Abdomen
- Testes
- Skin
- Overall opinion

**Action taken**
- i.e. Letter to GP to hospital
- Why?
- Extra appointment (date)
- Note for health visitor

**Intermediate**
- Tower of 8 one-inch cubes (24 years)
- Imitates vertical and horizontal stroke (in drawing)
- Digits (e.g. say after me 7-9) 2 in 1 of 3 trials
### A suggested child-health clinic form

#### 3 years

<table>
<thead>
<tr>
<th>Date</th>
<th>Age (years and months)</th>
<th>Weight (kg)</th>
<th>Height (cm)</th>
</tr>
</thead>
</table>

**History**

- Any problems (e.g., crying, sleep, eating, sphincter control)
- Any significant illnesses?

**Developmental history**

- Dry by day
- Dry by night (average 3 years)
- Dresses self fully (except buttons, shoe laces) (average 3 years)

**Developmental examination only if necessary**

- Tower of one-inch cubes (average 9-10)
- Note tremor or ataxia
- Imitates bridge (i.e., make bridge, letting him see you do it)

**Copies circle from card**

**Imitates drawing of a cross +** (i.e., let him see you do it)

**Digits, average 3 in 1 of 3 trials**

**Examination**

- Normal
- Doubtful
- Abnormal

**Interest, alertness, responsiveness**

- Speech
- Eyes
- Hearing
  - Right
  - Left
- Heart
- Abdomen
- Testes
- Skin

**Overall opinion**

**Action taken**

- i.e., Letter to GP to hospital
- Extra appointment (date)
- Note for health visitor

**Intermediate**

- 3½ years Copies bridge of cubes (i.e., does not see it made)
- Digits 3 (2 of 3 trials)

- 4 years Can button clothes
- Imitates gate (i.e., sees it made)

**Copies + (cross) from card.**
### Illingworth

<table>
<thead>
<tr>
<th>Date</th>
<th>Age (years and months)</th>
<th>Weight (kg)</th>
<th>Weight (lb)</th>
<th>Height (cm)</th>
<th>Height (in)</th>
</tr>
</thead>
</table>

#### History
- **Any problems?**
- **Any illnesses?**

#### Developmental History
- Dry by day
- Dry by night
- *Developmental examination only if necessary*
- Copies gate (note tremor, ataxia)
- Copies square
- Digits 4 (1 of 3 trials)

#### Examination
- Interest, alertness
- Speech
- Eyes
- Hearing
  - Right
  - Left
- Heart
- Abdomen
- Testes
- Skin
- Overall opinion

- **Action taken**
  - i.e. Letter to GP
to hospital
  - Why?
  - Extra appointment (date)
  - Note for health visitor

#### Subsequent
- **5 years** copies triangle △
  - Digits 4 (2 of 3 trials)
  - Ties shoes laces
- **6 years** copies diamond ♦
  - Imitates steps of 10 cubes
A suggested child-health clinic form.

R S Illingworth

Arch Dis Child 1979 54: 626-634
doi: 10.1136/adc.54.8.626

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