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	☐
Psychological development	☐
Stability	☐

Children's Hospital, Sheffield

R. S. ILLINGWORTH, emeritus professor of child health

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

- Illingworth, R. S. (1977). *Basic Developmental Screening*, second edition. Blackwell Scientific: Oxford.
Illingworth, R. S. (1979). *Development of the Infant and Young Child, Normal and Abnormal*, seventh edition. Churchill Livingstone: Edinburgh.

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

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Health record (first 5 years)

Surname: (block letters)

Christian names:

Date of birth	Mother married or single <div>M/S</div>	Where born	Sex <div>M/F</div>	Birthweight (kg) (lb)	Head circumference (cm) (in)	Duration of gestation
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Address	Telephone :	Doctor's address	Telephone :
1		1	
2		2	
3		3	
4			

Parents: year of birth Mother Father	Occupation		Health	Relevant illness, especially genetic
	Past	Present		

Previous pregnancies 1 2 3 4	Child alive year of birth	Special illness or handicap	Miscarriage (year)	Stillbirth (year)

Risk factors i.e. Rubella Other infection in pregnancy Blood group incompatibility APH Diabetes Toxaemia Drugs in pregnancy Other illness	Birth Vertex Breech Caesarean Condition at birth Anoxia Other Treated in intensive care unit Newborn period Apnoeic attacks Congenital abnormalities Other
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Immunisation DPT DT Polio BCG Measles	Date			Booster	Significant reaction
	1	2	3		
Hearing test					

6 weeks (corrected age: prematurity allowed for)

Date	Number of days after birth	* Weight (kg) (lb)	Head circumference (cm) (in)
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

Normal

Doubtful

Abnormal

If doubtful or abnormal, in what way?

As differences in weight between boys and girls are so slight only one chart is necessary.

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

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

Intermediate

<i>Date</i>	<i>Normal</i>	<i>Doubtful</i>	<i>Abnormal</i>
<i>Milestones</i>			
i.e. Prone
3 months			
Pulled to sit, no head lag
4 months			
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)

Date	Age (weeks)	Weight (kg) (lb)	Head circumference (cm) (in)

History

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

Developmental history

Turns to sound (average 3-4 months)
Reaches and gets objects (not placed in hand)
average 5 months
Chews (not sucks) average 6 months

If +, say age it began

Doubtful

No

Examination

Normal

Doubtful

Abnormal

If doubtful or abnormal, in what way?

Interest, alertness, responsiveness

Eyes (as before)

Sees pellet or cube

Development

Prone

6 months

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)

Date	Age (months)	Weight (kg)	(lb)
History			
Any problems (e.g. crying, sleep, feeding, vomiting, sphincter control)			
Any illnesses?			
Developmental history	<i>If +, give age it began</i>	<i>Doubtful</i>	<i>No</i>
Sits on floor for seconds, no support (average 7 months)			
Crawls on abdomen (average 9 months)			
Creeps, hands and knees (average 10 months)			
Walks, holding on to furniture (average 11 months)			
Chews (average 6 months)			
Bye-bye, pat-a-cake (average 9 months)			
Helps dress (arm out for coat, foot for shoe) (average 10 months)			
Words with meaning (average 12 months)			
Examination	<i>Normal</i>	<i>Doubtful</i>	<i>Abnormal</i>
<i>If doubtful or abnormal, in what way?</i>			
Interest, alertness, responsiveness			
Eyes (as before)			
Developmental			
Grasp right			
Grasp left			
Index finger approach

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			
Action taken			
i.e. Letter to GP			
to hospital			
Why?			
Extra appointment (date)			
Note for health visitor			
Intermediate milestones (average)			
Tower of 2 one-inch cubes	15 months	No more casting or mouthing of objects	15 months
Tower of 3-4 one-inch cubes	18 months	Takes shoes, socks off	15 months
Tower of 5-6 one-inch cubes	21 months	Domestic mimicry	15 months
Walks no help	13 months	Tells mother he wants pot	18 months
Manages ordinary cup, picks it up, drinks, puts it down (no help)	15 months	Points to 2-3 parts of body on request	18 months

2 years

Date	Age (years and months)	Weight (kg) (lb)	Height (cm) (in)
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)	If +, give age it began	Doubtful	No
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	Normal	Doubtful	Abnormal If doubtful or abnormal, in what way?
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 (2½ years) Imitates vertical and horizontal stroke (in drawing) Digits (e.g. say after me 7-9) 2 in 1 of 3 trials			

Date	Age (years and months)	Weight (kg)	(lb)	Height (cm)	(in)
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) <i>Developmental examination only if necessary</i> 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	<i>If +, give age it began if relevant</i>	<i>Doubtful</i>	<i>No</i>		
Examination Interest, alertness, responsiveness Speech Eyes Hearing Right Left Heart Abdomen Testes Skin Overall opinion	<i>Normal</i>	<i>Doubtful</i>	<i>Abnormal</i>	<i>If doubtful or abnormal, say in what way</i>	
Action taken i.e. Letter to GP to hospital Why? 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.					

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<i>Date</i>	<i>Age (years and months)</i>	<i>Weight (kg)</i>	<i>(lb)</i>	<i>Height (cm)</i>	<i>(in)</i>
<i>History</i> Any problems? Any illnesses?					
<i>Developmental history</i> Dry by day Dry by night <i>Developmental examination only if necessary</i> Copies gate (note tremor, ataxia) Copies square Digits 4 (1 of 3 trials)	<i>If +, say when it began (if relevant)</i>	<i>Doubtful</i>	<i>No</i>		
<i>Examination</i> Interest, alertness Speech Eyes Hearing Right Left Heart Abdomen Testes Skin Overall opinion	<i>Normal</i>	<i>Doubtful</i>	<i>Abnormal</i>	<i>If doubtful or abnormal, say in what way</i>	
<i>Action taken</i> i.e. Letter to GP to hospital Why? Extra appointment (date) Note for health visitor					
<i>Subsequent</i> 5 years copies triangle △ Digits 4 (2 of 3 trials) ties shoes laces 6 years copies diamond ◇ Imitates steps of 10 cubes					