6-8 week review

This review is usually done by your health visitor or a doctor. At this review your baby will have a full physical examination. This is a chance to talk about your baby, their health and general behaviour and discuss any worries, even minor things. Here are some things you may want to talk about when you go for the review. Remember that if you are worried about your child's health growth or development you can contact your health visitor or doctor at any time.

	Yes	No	Not sure
Do you feel well yourself?	☐	☐	☐
Is all going well feeding your baby?	☐	☐	☐
Are you pleased with your baby's weight gain?	☐	☐	☐
Does your baby watch your face and follow with his/her eyes?	☐	☐	☐
Does your baby turn towards the light?	☐	☐	☐
Does your baby smile at you?	☐	☐	☐
Do you think your baby can hear you?	☐	☐	☐
Is your baby startled by loud noises?	☐	☐	☐
Is your baby easy to look after?	☐	☐	☐
Do you have any worries about your baby?	☐	☐	☐

You may find it helpful to write down here anything you would like to discuss at the 6-8 week review:

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Results of newborn bloodspot screening

Condition	Results received? yes / no / not done	Follow up required? no / yes & reason	If follow up, outcome of follow up
PKU			
Hypothyroidism			
Sickle Cell			
Cystic Fibrosis			
MCADD			
Other			

6-8 week review

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

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Date of contact: Age:

Seen by:

Place seen:

Length (if indicated): cm centile

Weight: kg centile

Head circ.: cm centile

Breast feeding: Totally ☐ Partially ☐ Not at all ☐

Third dose Vit K? No ☐ Not Needed ☐ Given ☐

Any previous medical problems? Yes ☐ No ☐

If *YES* specify:

Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Hips	Check for DDH	S P O T R N	
Testes/Genitalia	'O' if testes not fully descended	S P O T R N	
Heart	Murmur, Cyanosis, Femorals	S P O T R N	
Eyes	Cataract, Eye movements	S P O T R N	
Other physical features	General examination, Fontanelle, Palate, Spine	S P O T R N	
Hearing	Stills, Startles, Risk factors	S P O T R N	
Locomotion	Tone, Head control	S P O T R N	
Manipulation		S P O T R N	
Speech/Language	Social smile	S P O T R N	
Behaviour	Parental concerns, Sleep, Feeding	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: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department