



# Child Health Passport

Name: .....

# CHILD'S DETAILS

INFORMATION FROM THE CHILD INFORMATION FORM (CIF)  
SHOULD BE INCLUDED HERE.

NAME	DATE OF BIRTH
ADDRESS	
EMERGENCY CONTACT NAME	TELEPHONE
FIRST LANGUAGE	INTERPRETER REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICARE NUMBER	EXPIRY DATE
HEALTH CARE CARD	EXPIRY DATE
MEDIC ALERT DETAILS	<input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIELD OFFICER	DISTRICT
DATE ENTERED CARE	

IF FOUND PLEASE RETURN TO

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# PREVIOUS HEALTH BACKGROUND OR MEDICAL CONDITIONS

INSERT ANY HEALTH BACKGROUND HISTORY IDENTIFIED FROM THE CIF.

DATE OF ENTRY	MEDICAL CONDITION/HISTORY
	ENTERED BY

DATE OF ENTRY	MEDICAL CONDITION/HISTORY
	ENTERED BY

DATE OF ENTRY	MEDICAL CONDITION/HISTORY
	ENTERED BY

# HEALTH PROFESSIONAL DETAILS

## GENERAL PRACTITIONER

NAME		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

## HEALTH NURSE

NAME		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

## DENTIST

NAME		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

# HEALTH PROFESSIONAL DETAILS

## OTHER HEALTH PROFESSIONALS

NAME		
PROFESSION		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

NAME		
PROFESSION		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

NAME		
PROFESSION		
ADDRESS		
SUBURB/TOWN/CITY	STATE	POSTCODE
TELEPHONE	FAX	
EMAIL		
DATE OF FIRST APPOINTMENT/CONTACT WITH CHILD		

# APPOINTMENTS WITH DOCTORS/NURSES

DOCTOR/NURSE NAME
DATE OF APPOINTMENT
REASON FOR APPOINTMENT
OTHER
ADDITIONAL COMMENTS
REFERRALS

DOCTOR/NURSE NAME
DATE OF APPOINTMENT
REASON FOR APPOINTMENT
OTHER
ADDITIONAL COMMENTS
REFERRALS

# APPOINTMENTS WITH DENTAL PROFESSIONALS OR SCHOOL DENTISTS

DENTAL PROFESSIONAL NAME
DATE OF APPOINTMENT
REASON FOR APPOINTMENT <input type="checkbox"/> CHECK UP <input type="checkbox"/> CLEANING <input type="checkbox"/> CAVITY <input type="checkbox"/> OTHER
IF OTHER (PLEASE SPECIFY)
ADDITIONAL COMMENTS
REFERRALS

DENTAL PROFESSIONAL NAME
DATE OF APPOINTMENT
REASON FOR APPOINTMENT <input type="checkbox"/> CHECK UP <input type="checkbox"/> CLEANING <input type="checkbox"/> CAVITY <input type="checkbox"/> OTHER
IF OTHER (PLEASE SPECIFY)
ADDITIONAL COMMENTS
REFERRALS

# MEDICATIONS (PAST AND PRESENT)

MEDICATION	DOSAGE
CONDITION/S	
DATE BEGAN TAKING	DATE STOPPED TAKING
REACTIONS, OUTCOMES OR COMMENTS	
PRESCRIBING HEALTH PROFESSIONAL	

MEDICATION	DOSAGE
CONDITION	
DATE BEGAN TAKING	DATE STOPPED TAKING
REACTIONS, OUTCOMES OR COMMENTS	
PRESCRIBING HEALTH PROFESSIONAL	



# APPOINTMENTS WITH OTHER HEALTH PROFESSIONALS OR SPECIALISTS

NAME
PROFESSION
DATE OF APPOINTMENT
REASON FOR APPOINTMENT
ACTIONS REQUIRED
OTHER

NAME
PROFESSION
DATE OF APPOINTMENT
REASON FOR APPOINTMENT
ACTIONS REQUIRED
OTHER



## CARER'S FEEDBACK

Please let us know what you think about this Child Health Passport. We'd love to hear your opinion. Simply fill out this form and forward to:

Department for Child Protection  
Corporate Communications  
Reply Paid 83796  
EAST PERTH WA 6004

Name (optional): \_\_\_\_\_

\_\_\_\_\_

Age of child in your care: \_\_\_\_\_

Do you find the information in the child's Health Passport useful?

- Yes
- No

Comments:

Do you take this Health Passport with you to the child's health appointments?

- Yes
- No

Comments:

Is there any other health information that could be added to the Passport?

Comments:



## CHILD'S FEEDBACK

Tell us what you think about your Child Health Passport!  
Your feedback is valuable:

# Important numbers

Advocate for Children in Care  
Telephone: (08) 9222 2518  
Free call: 1800 460 696  
Mobile: 0429 086 508

Alcohol and Drug Information Service  
(24 hr service)  
Telephone: 9442 5000  
Country free call: 1800 198 024

Crisis Care  
Telephone: (08) 9223 1111  
Country free call: 1800 199 008

Emergency Services  
(Fire, Ambulance, Western Australia  
Police)  
Emergency: 000  
Mobile: 112

IF FOUND, PLEASE RETURN TO:

Department for Child Protection  
189 Royal Street  
East Perth WA 6004

Telephone: 1800 622 258  
Web: [www.childprotection.wa.gov.au](http://www.childprotection.wa.gov.au)

HealthDirect (24 hr service)  
Free call: 1800 022 222

Poisons Hotline (24 hr service)  
Telephone: 13 11 26

Translating and Interpreting Service  
(24 hr service)  
Telephone: 13 14 50  
Country free call: 1800 651 100

Western Australia Police  
Telephone: 13 14 44

## OTHER NUMBERS

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