

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:		PARIS ID:	
DOB:	Age:	PHN:	
Gender:		Phone:	
Home Address:			

Casenote Date:

Reason:

Staff Member:

Growth and Nutrition

Needs

☐ GR - Growth variance

☐ NT - Feeding variance

Interventions

☐ CHN provided information/support re: strategies to manage growth variance

☐ Caregiver(s) to implement strategies to manage growth variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CNH informed primary care provider
by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ CHN provided information/support re: strategies to manage feeding variance

☐ Caregiver(s) to implement strategies to manage feeding variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CNH informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Growth and Nutrition (continued)

☐ Other 1

☐ Other 2

☐ NT - Nutrition variance

☐ CHN provided information/support re: strategies to manage nutrition variance

☐ Caregiver(s) to implement strategies to manage nutrition variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

Elimination, Sleep and Safety

Needs

☐ ELIM - Urine variance

Interventions

☐ CHN provided information/support re: strategies to manage urine variance

☐ Caregiver(s) to implement strategies to manage urine variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CNH informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Elimination, Sleep and Safety (continued)

☐ Other 2

☐ ELIM - Stooling variance

☐ CHN provided information/support re: strategies to manage stooling variance

☐ Caregiver(s) to implement strategies to manage stooling variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ SLEEP - Sleep/wake pattern variance

☐ CHN provided information/support re: strategies to manage sleep/wake pattern variance

☐ Caregiver(s) to implement strategies to to manage sleep/wake pattern variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

☐ SAFE - Safety variance

☐ CHN provided information/support re: strategies to manage safety variance

☐ Caregiver(s) to implement strategies to manage safety variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Skin, Mouth Care and Dental

Needs

☐ SKIN - Skin care management

Interventions

☐ CHN provided information/support re: strategies to manage skin care

☐ Caregiver(s) to implement strategies to manage skin care

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ MO - Mouth variance management

☐ CHN provided information/support re: strategies to manage mouth variance

☐ Caregiver(s) to implement strategies to manage mouth variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ DEN - Early childhood tooth decay

☐ CHN provided information/support re: strategies to manage early childhood tooth decay

☐ Caregiver(s) to implement strategies to manage early childhood tooth decay

☐ CHN referred client to

☐ Caregiver(s) to self refer to

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Skin, Mouth Care and Dental (continued)

☐ Other1

☐ Other2

☐ DEN - Access to dental care variance

☐ CHN provided information/support re: strategies to access Dental Care

☐ Caregiver(s) to implement strategies to access Dental Care

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

Immunization Issues and Vision

Needs

☐ IMM - Immunization variance

Interventions

☐ CHN provided information/support re: strategies to manage immunization variance

☐ Caregiver(s) to implement strategies to manage immunization

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

☐ EYE - Vision impairment risk

☐ CHN provided information/support re: strategies to manage vision impairment risk

☐ Caregiver(s) to implement strategies to manage vision

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Immunization Issues and Vision (continued)

☐ Other 1

☐ Other 2

☐ EYE - Eye variance management

☐ CHN provided information/support re: strategies to manage eye variance

☐ Caregiver(s) to implement strategies to manage eye variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

Gross and Fine Motor Development

Needs

☐ DEV - Gross motor variance

Interventions

☐ CHN provided information re: strategies to manage gross motor variance

☐ Caregiver(s) to implement strategies to manage gross motor variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CNH informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Gross and Fine Motor Development (continued)

☐ DEV - Fine motor variance

☐ CHN provided information re: strategies to manage fine motor variance

☐ Caregiver(s) to implement strategies to manage fine motor variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ DEV - Social emotional variance

☐ CHN provided information/support re: strategies to manage social emotional variance

☐ Caregiver(s) to implement strategies to manage social emotional variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

☐ Other 1

☐ Other 2

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Gross and Fine Motor Development (continued)

☐ DEV - Attachment relationship variance

☐ CHN provided information/support re: strategies to manage attachment relationship variance

☐ Caregiver(s) to implement strategies to manage attachment relationship variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

Speech, Language Development and Hearing

Needs

☐ SL - Speech/language development variance

Interventions

☐ CHN provided information/support re: strategies to manage speech/language development variance

☐ Caregiver(s) to implement strategies to manage speech/language development variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Speech, Language Development and Hearing (continued)

☐ HEAR - Hearing impairment risk

☐ CHN provided information/support re: strategies to manage hearing impairment risk

☐ Caregiver(s) to implement strategies to manage hearing

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

☐ HEAR - Hearing variance management

☐ CHN provided information/support re: strategies to manage hearing variance

☐ Caregiver(s) to implement strategies to manage hearing variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Behaviour and Parenting

Needs

☐ BEH - Behavioural variance management

☐ PAR - Parenting variance management

Interventions

☐ CHN provided information/support re: strategies to manage behaviour variance

☐ Caregiver(s) to implement strategies to manage behaviour variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

☐ CHN provided information/support re: strategies to manage parenting variance

☐ Caregiver(s) to implement strategies to manage parenting variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

Health Follow-Up and Daycare/Preschool

Needs

☐ HF - Health follow-up variance

Interventions

☐ CHN provided information/support re: strategies to manage health follow-up variance

☐ Caregiver(s) to implement strategies to manage health follow-up variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Health Follow-Up and Daycare/Preschool (continued)

☐ Other 2

☐ DAY - Daycare/Preschool related variance

☐ CHN provided information/support re: strategies to manage daycare/preschool variance

☐ Caregiver(s) to implement strategies to manage daycare/preschool variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ Other 1

☐ Other 2

Other

Needs

☐ OTH - Other variance

Interventions

☐ CHN provided information/support re: strategies to manage variance

☐ Caregiver to implement strategies to manage variance

☐ CHN referred client to

☐ Caregiver(s) to self refer to

☐ CHN informed primary care provider

by

☐ Caregiver(s) to seek medical assessment at

by

☐ Other 1

☐ Other 2

Next Planned Contact/Visit

Planned Date: or in Week(s) or in Month(s)

Contact Type: Reason:

Planned Staff: Completed Previous Planned Date:

INFANT/TODDLER/PRESCHOOL CASENOTE

Name:

PARIS ID:

Type of Contact

Contact #1:	Duration:	hr	min
Contact #2:	Duration:	hr	min
Contact #3:	Duration:	hr	min
Contact #4:	Duration:	hr	min

Open Needs

Need

Identified On

Document

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----