

**SCHOOL-AGED CHILD (5-YOUTH)**

Name:		Assessment Start Date:	Paris ID:
DOB:	<b>Age:</b>	Assessment End Date:	
Gender:		Physician:	
PHN:		School Name:	
Home Address:		Phone:	

**School-Aged**

CODES FOR ASSESSMENT ITEMS (as per pathway)

NC = Normal/No Concern

C = Concern (Progress Note Required)

X = Not Assessed

Assessment Date

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Time

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Contact Type

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Assessed By

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Physiological Items

Weight	X	X	X	X
Height	X	X	X	X
Eyes/Vision	X	X	X	X
Mouth/Dental	X	X	X	X
Ears/Hearing	X	X	X	X
Skin	X	X	X	X
Nutrition	X	X	X	X
Elimination	X	X	X	X
Immunization	X	X	X	X
CDC	X	X	X	X
Chronic Health Condition	X	X	X	X

Developmental Items

Cognitive Development	X	X	X	X
Emotional Development	X	X	X	X
Motor Development	X	X	X	X
Sexual Development	X	X	X	X
Speech/Language Development	X	X	X	X

Conditions Affecting Development

Hygiene	X	X	X	X
Sleep	X	X	X	X
Physical Activity	X	X	X	X
Safety/Injury Prevention	X	X	X	X
Behavioural Issues	X	X	X	X
Family Functioning/ Support Systems	X	X	X	X

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## Mental Health Items

Anxiety	X	X	X	X
Depression	X	X	X	X
Losses and Grief	X	X	X	X
Suicidal Ideation/Attempt	X	X	X	X
Psychosis	X	X	X	X
Substance Use	X	X	X	X
Disordered Eating	X	X	X	X
Self-Harm	X	X	X	X
Sexual Exploitation	X	X	X	X
Other	X	X	X	X

If Other, Specify:

Entered in Error?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Growth Chart

Date Measured	Age	--- Weight --- kg %ile	--- Height --- cm %ile	--- BMI --- %ile	----- Head ----- Circumference cm %ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- cm	Hip ratio
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## Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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## Casenote

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

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