



JOHNS HOPKINS
SCHOOL of NURSING

CHILDREN'S HEALTH PASSPORT



NAME _____

A MESSAGE TO...

...THE OWNER OF THIS HEALTH PASSPORT:

This book was made to help you manage your child's health. It gives tips to help your child live a healthy life and a place to keep his/her medical information. Bring this book to each and every medical appointment and show it to your nurse or health care provider so he/she can record your information (such as blood pressure, medicines prescribed, and future appointments). If you have questions about anything in this book, ask your nurse or provider – they are there to give you answers – but they cannot give you answers if you do not ask the questions!

...THE NURSE:

Patients look to you to prioritize their health issues and determine what is critical to their health. This booklet can help you quickly identify gaps in care so you can educate, refer and advocate for your patients' health care needs. Please review the monitoring, medical records and follow-up, screening, and health promotion tips with your patient and assist him or her in receiving the appropriate treatment.

...THE HEALTH CARE PROVIDER:

The Health Passport was designed for patients managing medical. This book provides a way to consolidate and organize patients' medical information. Its purpose is to promote patient-provider communication, reinforce standards of care, and to promote screening and preventive care. Since you are likely one of several health care providers for this patient, please take a moment to review the items inside, address the appropriate topics, and record the discussions and actions that took place between you and your patient.

BASIC INFORMATION

Child's Full Name:

Nick Name: _____

Date of birth: _____

Child's identifying features:

(scars, birthmarks, eyeglasses, etc...anything to describe your child)

My child's blood type is: _____

Parent/Guardian Name:

Phone Number:

Home _____

Cell _____

Address: _____

City: _____

State: _____ Zip: _____

Emergency Contact Person:

Phone Number:

Home _____

Cell _____

Address: _____

City: _____

State: _____ Zip: _____

AT A QUICK GLANCE

HEALTH INSURANCE

Company Name: _____

Customer Service #: _____

Policy #: _____

Group #: _____

Effective Date: _____

Expiration Date: _____

PRIMARY CARE PROVIDER

Name: _____

Number: _____

Address: _____

Hospital: _____

DENTIST

Name: _____

Number: _____

Address: _____

PHARMACY

Name: _____

Number: _____

OTHER HEALTH CARE PROFESSIONAL

Name: _____

Number: _____

Address: _____

VACCINATION RECORD

Vaccine	When Recommended	Dates Given	Given By
Hepatitis B	1. First dose at birth to 2 months 2. Second dose at 1 to 4 months 3. Third dose at 6 to 18 months		
Rotavirus*	1. First dose at 2 months 2. Second dose at 4 months 3. Third dose at 6 months <i>*depending on the manufacturer, your child may receive 2 or 3 doses of this vaccine.</i>		
DTaP Diphtheria, Tetanus & Acellar Pertussis	1. First dose at 2 months 2. Second dose at 4 months 3. Third dose at 6 months 4. Fourth dose at 15 to 18 months 5. Fifth dose at 4 to 6 years 6. DTaP is recommended at 11 years		
Polio (IPV)	1. First dose at 2 months 2. Second dose at 4 months 3. Third dose at 6 to 18 months 4. Fourth dose at 4 to 6 years		
Hib Haemophilus Influenzae Type B	1. First dose at 2 months 2. Second dose at 4 months 3. Third dose at 6 months 4. Fourth dose at 12 to 15 months		
Pneumococcal vaccine	1. First dose at 2 months 2. Second dose at 4 months 3. Third dose at 6 months 4. Fourth dose at 12 to 18 months		

VACCINATION RECORD

Vaccine	When Recommended	Dates Given	Given By
MMR Measles, Mumps, Rubella	1. First dose at 12 to 15 months 2. Second dose at 4 to 6 years		
Varicella	1. First dose at 12 to 15 months 2. Second dose at 4 to 6 years		
Hepatitis A	1. First dose at 12 months 2. Second dose at 18 months		
Meningococcal	1. Single dose at 11 years		
HPV Human papillomavirus vaccine	1. First dose at 11 years 2. Second dose two months after first dose 3. Third dose six months after first dose		

FAMILY MEDICAL HISTORY

Disease	Mother's Family	Father's Family
Alzheimer's		
Asthma		
Breast Cancer		
Diabetes		
High Blood Pressure		
High Cholesterol		
Mental Illness		
Stroke		
Alcohol and drug use		
HIV/AIDS		
TB		
Family violence		
Other		
Other		
Other		

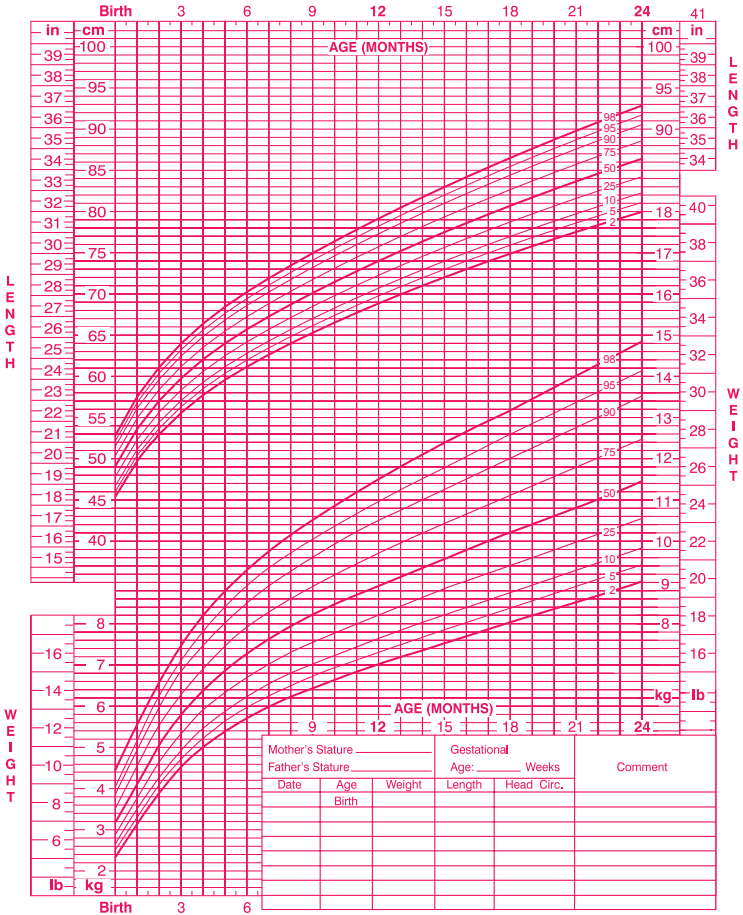
RECOMMENDED HEALTH SCREENINGS FOR CHILDREN

Exam	Starting age and frequency	Date of last screening	Results/ Notes
Well Baby Care	Birth, 5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months		
Well Child Care	Annually		
Routine Blood Work / Urinalysis	As recommended by healthcare provider		
Anemia Screening	12 months and as recommended by healthcare provider		
Lead Screening	12 months, 24 months and as recommended by healthcare provider		12 month results ----- 24 month results -----
Hearing	Birth and at routine well child care visits		
Vision	At routine well child care visits		
HIV	Once in adolescence and as recommended by healthcare provider		
STIs (Sexually Transmitted Infections)	annually after onset of sexual activity		
Tuberculosis (PPD test)	As recommended by healthcare provider		
Clinical Breast Exam	As recommended by healthcare provider		
Pelvic Exam / Pap Test	21 years old or as recommended by healthcare provider		
Testicular Exam	As recommended by healthcare provider		
Oral and Dental Exam Fluoride Application	First exam at 12 months and then 1-2 times a year		Fluoride Applications: ----- ----- -----

Birth to 24 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



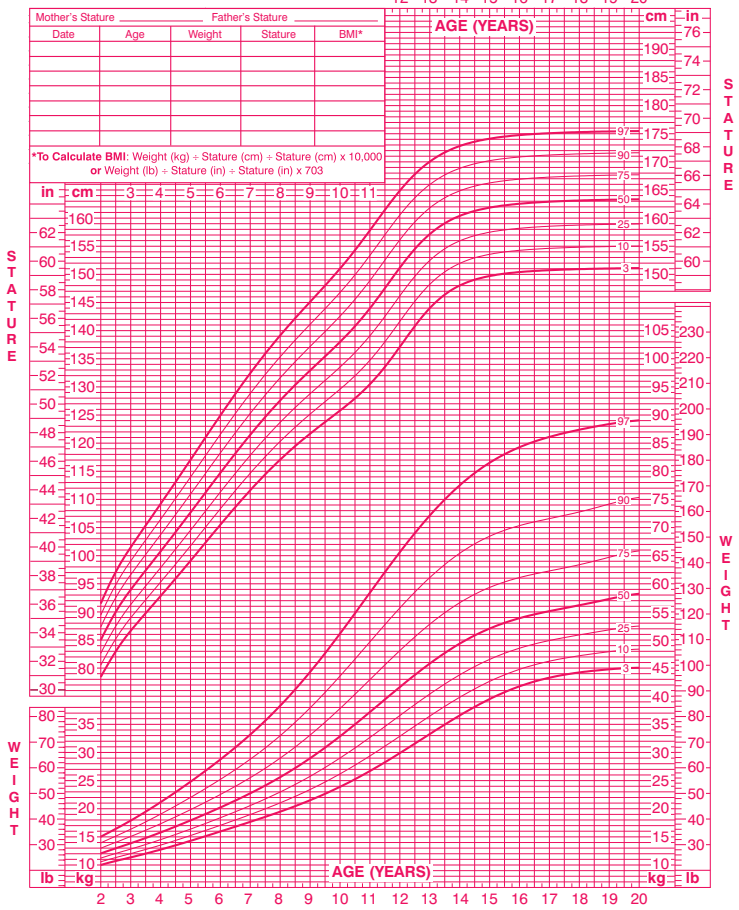
2 to 20 years: Girls Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____

STATURE

WEIGHT



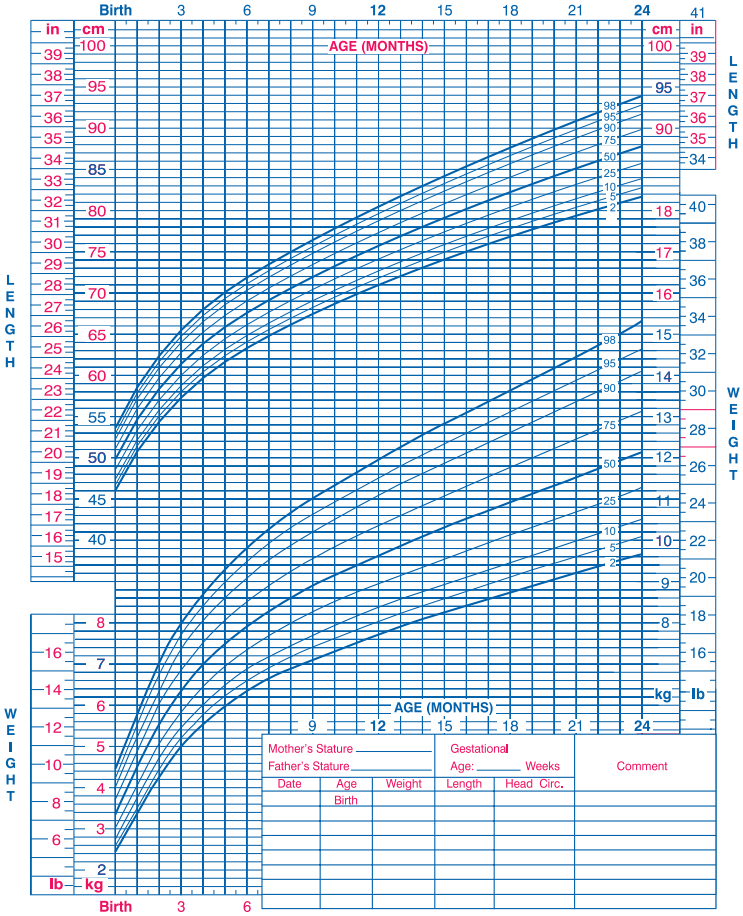
Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion. (2000).
<http://www.cdc.gov/growthcharts>



Birth to 24 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/gen>)

SAFER • HEALTHIER • PEOPLE™



EMOTIONAL HEALTH

Your child's emotional health is as important as his/her physical health. If your child has felt "down," sad, or discouraged over the last 2 weeks, has felt little interest or pleasure in doing things, or has experienced low self-esteem, irritability, or difficulty in family relations, school, or work, he/she may be depressed. Additionally, academic failure, substance abuse, high risk sexual behaviors, and violence may be linked to depression. Talk to your doctor about them being screened for depression.

IMPORATANT NUMBERS

Emergency: 9-1-1

Non-emergency: 3-1-1

Maryland United Way Helpline/First Call for Help:

Information and referrals on a variety of health and human service issues are available with one easy call

www.211md.org 2-1-1 or
410-685-0525

Poison Control: 1-800-222-1222

Maryland Infants and Toddlers/Child Find
410-767-0261 or
1-800-535-0182

Social Security Administration: 1-800-772-1213
To obtain Social Security cards

HealthCare Access Maryland: 410-649-0500
To apply for health insurance or verify current insurance

Dental Care

University of Maryland 410-706-7063

Maryland Healthy Smiles for children and pregnant women enrolled in Maryland Children's Health Program (MCHP) insurance
1-888-696-9596

Eastern Dental Clinic 443-984-3548
for adult dental emergencies

These community health centers also offer dental care:
Total Health Care, Jai Medical, Druid Family Health Center

Baltimore City Department of Social Services:
443-423-6100

Center for Community Innovation and Scholarship



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