

Lead Agencies



Help Me Grow

216.736.4300 | www.helpmegrow.org



Employment & Family Services

216.987.7000 | www.employment.cuyahogacounty.us



Cuyahoga County Community Mental Health Board

216.241.3400
www.cccmh.org | www.networkofcare.org



Cuyahoga County Board of Health

216.201.2000 | www.ccbh.net



Cleveland Department of Public Health

216.664.2324 | www.clevelandhealth.org



Starting Point

216.575.0061 | www.starting-point.org



Medical Home is
a partner of
Invest in Children.

Invest in Children
Cuyahoga County

My Health Diary

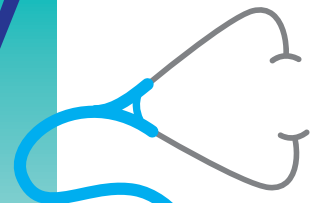


CHILD'S NAME

DATE OF BIRTH

PARENTS

MEDICAL HOME/DOCTOR



Medical Home

It's the heart of your child's healthcare.



Medical Home
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What is a **Medical Home**?

A **Medical Home** means:

- Taking your child to the doctor for regular checkups throughout the year.
- Having your child's health records in one place.
- Knowing and trusting the faces you see.
- Being confident that your child is receiving preventive healthcare.
- Feeling comfortable asking questions and getting them answered clearly.

As your child grows, use this Health Diary as a guide to understanding when your child should visit your **Medical Home** for regular checkups, shots and screenings.

Contact your current healthcare provider to begin managing your **Medical Home** today! If you need help finding a healthcare provider, call First Call For Help at 211 or (216) 436-2000.



Medical Home
It's the heart of your child's healthcare.

Personal Information

MY NAME

ADDRESS

CITY

STATE

ZIP

PHONE (DAY)

(NIGHT)

MY BABY'S FATHER'S NAME

PHONE (DAY)

(NIGHT)

MY BABY'S NAME

DATE OF BIRTH

ALLERGIES

IMPORTANT MEDICAL INFORMATION

INSURANCE INFORMATION

Family History

KNOWN GENETIC DISEASES OR BIRTH DEFECTS (SUCH AS MUSCULAR DYSTROPHY OR CLEFT PALATE)

CONDITION

FAMILY MEMBERS INVOLVED

DETAILS AND COMMENTS

SAME ILLNESS EXPERIENCED BY MORE THAN ONE FAMILY MEMBER (SUCH AS HIGH BLOOD PRESSURE OR DEAFNESS)

CONDITION

FAMILY MEMBERS INVOLVED

DETAILS AND COMMENTS

OTHER FAMILY CONDITIONS OF POSSIBLE IMPORTANCE

CONDITION

FAMILY MEMBERS INVOLVED

DETAILS AND COMMENTS

Post Partum* Checkup

**After Delivery*

VISIT DATE

Blood Pressure

Vaginal Exam

Breast Exam

Blood Sample

Check uterus for size and shape

Self Breast Exam Lesson

OPTIONS FOR BIRTH CONTROL

QUESTIONS YOU MAY WANT TO ASK YOUR HEALTHCARE PROVIDER:

WHEN CAN I HAVE SEX?

WHAT SHOULD I DO ABOUT BIRTH CONTROL?

DO I HAVE ANY HEALTH PROBLEMS THAT NEED CONTINUED CARE?

BABY'S NAME

DATE OF BABY'S BIRTH

TIME

BIRTH WEIGHT

BIRTH LENGTH

My Child's Medical Home Information

MY BABY'S MEDICAL HOME DOCTOR

ADDRESS

PHONE

OFFICE/CLINIC HOURS

MY MEDICAL HOME DOCTOR

ADDRESS

PHONE

OFFICE/CLINIC HOURS

EMERGENCY

HOSPITAL

POISON CONTROL

LOCAL PHARMACY

FIRE

POLICE

Shots

It is important to take your child to the doctor for shots as he or she develops to prevent certain diseases and illnesses so he or she can grow up healthy.

How do these shots help my child?

Shot Name

Protects your child from...

Chickenpox

A disease that causes an itchy rash and fever.

DTaP

Three different diseases that can make it hard for a child to eat, drink and breathe.

HepA

A liver disease that can cause fever, tiredness, throwing up, stomach pain, diarrhea, and yellow skin or eyes.

HepB

A liver disease that could last your child's entire life.

Hib

A disease that affects the brain, blood and heart.

HPV

Most cases of cervical cancer and most genital warts.

IPV

Being unable to move (paralysis) and death.

MCVA, MPSV4

Bacterial meningitis and blood infections.

MMR

Rash, fever, headache and hearing loss.

PCV

Brain damage and death.

PPV

Serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis).

Rota

Bad diarrhea, stomach pain, fever and throwing up.

Preventive Healthcare Visits



It's important to make sure your child visits the doctor regularly and receives the type of care that will prevent future health problems.

The following is a typical health care appointment schedule for your child. Use this chart to keep track of your child's growth and development and to make sure he or she receives the necessary shots at each appointment.

My Baby's 1-Week Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE BLOOD TYPE

HepB (at birth)

SHOTS/DEVELOPMENTAL SCREENS MY BABY HAD

Below are things many babies start to do. But all babies develop differently, so your baby may start earlier or later. If you have any questions, ask your healthcare provider.

What my baby does...

- Responds to sound by blinking, crying, becoming quiet or showing a startled response
- Focuses on a face or object
- Follows movements with eyes

Questions I want to ask...

- How do I know my baby is getting enough to eat?
- How much should my baby eat?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT

DATE OF RESCHEDULED APPOINTMENT

My Baby's 1-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

HepB*

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD *The second HepB shot can be given at the 1-month or 2-month checkup.

What my baby does...

- Responds to sound by blinking, crying, becoming quiet or showing a startled response
- Focuses on a face or object
- Follows movements with eyes

Questions I want to ask...

- How much weight should my baby gain?
- How can I breastfeed when I return to work?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 2-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP Hib HepB* IPV PCV Rota

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD *The second HepB shot can be given at the 1-month or 2-month checkup.

What my baby does...

- Holds head up temporarily when held upright
- Grabs a rattle when placed in hand, smiles, coos, and responds to loud sounds
- Can recognize familiar voices

Questions I want to ask...

- When should I start giving my baby solid food?
- What reactions do I look for after my baby's shots?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 4-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP Hib HepB IPV PCV Rota

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Holds head high
- Raises body on hands when lying on stomach
- Maintains steady head control when held upright
- Rolls from stomach to back

- Has hands open while at rest, plays with hands
- Starts social contact by smiling or babbling
- Begins to try to turn eyes and head toward sounds and familiar voices

Questions I want to ask...

- Is my baby growing normally?
- How can I get my baby to sleep through the night?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 6-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP IPV PCV Rota Anemia Lead TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Rolls over
- Sits with support or leans forward on hands when placed in a sitting position
- Grasps and mouths objects
- Turns head toward sounds and voices

- May begin to show signs of stranger anxiety
- Smiles, laughs, squeals, imitates razzing noise

Questions I want to ask...

- What can I do to make my home safe for my baby?
- What should I do if teething makes my baby fussy?
- How can I get my baby to start drinking from a cup?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 9-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Responds to own name
- Crawls, creeps, moves forward by scooting on bottom
- Enjoys social games like peek-a-boo
- Starts to use cup
- Shakes, bangs, throws, and drops objects

Questions I want to ask...

- What do I do if my baby eats something harmful?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 12-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

Chickenpox HepA MMR PCV Anemia Lead TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Pulls to stand, cruises (walks along furniture), and may take a few steps alone
- May say 1-3 words besides "mama" or "dada"
- Plays social games such as peek-a-boo and pat-a-cake
- Waves "bye-bye"
- Bangs two blocks together
- Drinks from a cup

Questions I want to ask...

- How do I teach my baby what "no" means?
- Does my baby need vitamins?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 15-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP Hib Lead TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Says 3 to 6 words
- Can point to one or more parts of the body
- Walks alone, crawls upstairs
- Stacks two blocks
- Understands simple commands like "come here" and "no"

Questions I want to ask...

- What to do if my baby has a "temper tantrum"?
- How can I play with my baby?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 18-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP Hib Lead TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Walks quickly and runs stiffly
- Throws a ball
- Imitates words
- Uses two-word phrases
- Stacks 3 or 4 blocks
- Uses spoon and cup

Questions I want to ask...

- When should I begin toilet training?
- How can I get my baby to behave?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Baby's 24-Month Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

HepA Lead TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my baby does...

- Climbs up and down stairs
- Kicks a ball
- Makes lines and circles with crayons
- Says at least 20 words
- Uses a cup and spoon well
- Can match colors

Questions I want to ask...

- Where can I find out about preschools?
- How do I start toilet training?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT

DATE OF RESCHEDULED APPOINTMENT

My Child's 3-Year Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

Dental TB Vision

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my child does...

- Identifies some colors
- Matches objects and pictures
- Can count 2-3 objects
- Draws a circle and square
- Talks in complete sentences of 2-3 words

What my child needs...

- Annual physical and dental appointments

Questions I want to ask...

- Is my child up to date on all of his/her shots?
- What do I need to prepare my child for preschool?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT

DATE OF RESCHEDULED APPOINTMENT

My Child's 4-Year Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

DTaP IPV MMR TB

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my child does...

- Knows how to use scissors
- Identifies some letters of the alphabet
- Understands stories have beginning, middle and end
- Able to dress self with little help
- Likes to make own decisions

What my child needs...

- Annual physical and dental appointments

Questions I want to ask...

- At what weight and height can my child start using a booster seat in the car?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

My Child's 5-Year Checkup

DATE BABY'S AGE MEDICAL HOME DOCTOR

WEIGHT LENGTH HEAD CIRCUMFERENCE

Hearing TB Vision

SHOTS AND DEVELOPMENTAL SCREENINGS MY BABY HAD

What my child needs...

- Annual physical and dental appointments
- Enrollment in kindergarten

Questions I want to ask...

- What do I need to prepare my child for kindergarten?

NOTES

DATE OF NEXT SCHEDULED APPOINTMENT DATE OF RESCHEDULED APPOINTMENT

Record of Immunizations

Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT/Td, DTP/Hib/Tdap)

| DOSE | 1 | 2 | 3 | 4 | 5 | 6 |
|--------|----------|----------|----------|--------------|-----------|-------------|
| | 2 months | 4 months | 6 months | 15-18 months | 4-6 years | 11-12 years |
| DATE | | | | | | |
| TYPE | | | | | | |
| DOCTOR | | | | | | |

Measles, Mumps, Rubella (MMR)

| DOSE | 1 | 2 | 1 | 2 |
|--------|--------------|-----------|--------------|-----------|
| | 12-15 months | 4-6 years | 12-18 months | If Needed |
| DATE | | | | |
| TYPE | | | | |
| DOCTOR | | | | |

Varicella Zoster (VAR)

| DOSE | 1 | 2 |
|--------|--------------|-----------|
| | 12-18 months | If Needed |
| DATE | | |
| TYPE | | |
| DOCTOR | | |

Influenza

| DOSE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|---------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 7 years | 8 years | 9 years | 10 years | 11 years | 12 years | 13 years | 14 years | 15 years | 16 years | 17 years | 18 years |
| DATE | | | | | | | | | | | | |
| TYPE | | | | | | | | | | | | |
| DOCTOR | | | | | | | | | | | | |

Hepatitis B (HepB)

| DOSE | 1 | 2 | 3 | TYPES |
|--------|-----------------|------------|-------------|--------------------------------------|
| | birth - 1 month | 1-4 months | 6-18 months | Engerix-B Recombinax-HB COMVAX |
| DATE | | | | |
| TYPE | | | | |
| DOCTOR | | | | |

Polio Injected (IPV)

| DOSE | 1 | 2 | 3 | 4 |
|--------|----------|----------|-------------|-----------|
| | 2 months | 4 months | 6-18 months | 4-6 years |
| DATE | | | | |
| TYPE | | | | |
| DOCTOR | | | | |

Hepatitis A (HepA)

| DOSE | 1 | 2 | DOSE | 1 | 2 |
|--------|--------------|--------------|--------|-----------------------|---------------|
| | 7 - 18 years | 7 - 18 years | | Ages 7 - 10 if needed | 11 - 12 years |
| DATE | | | DATE | | |
| TYPE | | | TYPE | | |
| DOCTOR | | | DOCTOR | | |

Meningococcal (MCV4, MPSV4)

| DOSE | 1 | 2 |
|--------|-----------------------|---------------|
| | Ages 7 - 10 if needed | 11 - 12 years |
| DATE | | |
| TYPE | | |
| DOCTOR | | |

Pneumococcal (PPV)

| DOSE | 1 | 2 | 3 |
|--------|-------------|------------|-------------|
| | If needed ▶ | 7-10 years | 11-12 years |
| DATE | | | |
| TYPE | | | |
| DOCTOR | | | |

Haemophilus b (Hib)

| DOSE | 1 | 2 | 3 | 4 | TYPES |
|--------|----------|----------|----------|--------------|---|
| | 2 months | 4 months | 6 months | 12-15 months | HibTITER HibOC PedvaxHIB PRP-OMP OmnihIB ActHIB PRP-7 ProHIBit PRP-D COMVAX |
| DATE | | | | | |
| TYPE | | | | | |
| DOCTOR | | | | | |

Pneumococcal Conjugate (PCV)

| DOSE | 1 | 2 | 3 | 4 |
|--------|----------|----------|----------|--------------|
| | 2 months | 4 months | 6 months | 12-15 months |
| DATE | | | | |
| TYPE | | | | |
| DOCTOR | | | | |

Human Papillomavirus (HPV)

| DOSE | 1 | 2 | 3 |
|--------|-------------|-------------------------|-------------------------|
| | 11-12 years | 2 months after 1st dose | 6 months after 1st dose |
| DATE | | | |
| TYPE | | | |
| DOCTOR | | | |

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of December 1, 2007, for children aged 0 through 18.

Record of Illness

Record any illnesses that your baby had and how they were treated here.

| TYPE OF ILLNESS | DATE STARTED & ENDED | MEDICINE/TREATMENT | REACTIONS | DOCTOR |
|-----------------|----------------------|--------------------|-----------|--------|
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Child Safety Checklist

- Baby is put down to sleep on his/her back
- Baby's crib mattress fits snugly inside crib
- Crib slats are 2 3/8 inches apart or less
- Baby is never left alone on table or in crib with side down
- Hot items are placed out of child's reach
- Plastic outlet plugs are placed in all unused electrical outlets
- Water heater is set no higher than 120°F
- Child is always watched by an adult while in the tub
- Electrical cords are placed out of child's reach
- Toddler gates are used at the top and bottom of stairs

- Household products/medicines are used from original containers and stored where children cannot get to them
- House is free of loose, chipping, or peeling paint
- Plants are placed out of child's reach
- Knives and sharp objects are kept from child's reach
- Working smoke detectors are properly placed and tested every six months
- Small toys and other objects are kept from child's reach
- Child safety seat is properly used for travel in the car
- Plastic bags are kept from child's reach

Breastfeeding Checklist for New Mothers

- I have at least one person who supports my desire to breastfeed.
That person is
- My doctors know that I want to breastfeed within the first hour after birth.
- I realize that breastfeeding often helps me make enough milk for my baby.
- I don't give my baby a pacifier or bottles because they interfere with my milk supply and might confuse my baby.
- My baby breastfeeds about every 2 hours during the day and about every 4 hours at night, for a total of 8-12 breastfeedings per day.
- My baby wets 6-8 diapers and has at least one to three stools per day.
- I realize that babies need LOTS of holding and cuddling.
- I know I can call my baby's doctor for any questions regarding breastfeeding.

HealthyStart provides free health insurance for low- to moderate-income families with children up to age 19. It offers FREE regular physical checkups, dental exams and dental care, eye exams and glasses, medications, immunizations, hospital and emergency care.

HealthyStart is a partner of Invest in Children. Invest in Children brings parents, families and the entire community together to make sure children enter kindergarten **healthy, happy and ready to learn**. We are making a **big** difference by building a stronger future for our community. Our partners include the lead agencies shown on the back of this booklet.

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