MATERNAL & CHILD HEALTH SERVICE - DAILY ACTIVITY SHEET

Name of Centre:

Date: ____ / ____ / ____	**4. Key Ages and Stages Consultations - Non Aboriginal and Torres Strait Islander**										**Key Ages and Stages Consultations Aboriginal and Torres Strait Islander**										**5. Flexible Service Capacity Consultations**				**Flexible Service Capacity Hours**							**6**	**7**	**8. Child Health and Wellbeing** C = Counselling R = Referral															**9. Maternal/ Family Health & Wellbeing**					**10**
Family Name/ Activity	Home Consultation	2 Weeks	4 Weeks	8 Weeks	4 Months	8 Months	12 Months	18 Months	2 Years	3.5 Years	Home Consultation	4 Weeks	8 Weeks	4 Months	8 Months	12 Months	18 Months	2 Years	3.5 Years	Groups	Community Strengthening Activity	Additional Consultation	Telephone Consultation	1 - 15 Minutes	16 - 30 Minutes	31 - 45 Minutes	46 - 60 Minutes	61 - 90 Minutes	91 - 120 Minutes	121 - 180 Minutes	MIST Attended	MIST Referral	Opportunistic Immunisation	Visual	Auditory	Communication	DDH	Congenital Anomaly	Growth	Development	Potentially Disabling Condition	Accident	Illness	Nutrition Altered	Dental/Oral	Protective Notification	Emotional	Physical	Social Interaction Impaired	Domestic Violence	Family Planning	EMCHS (Only)- Case Closure
Total																																			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Number of Hours																																			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
Total Hours																								**5e**																														

eg. 9 consults x 10 mins
= 90 mins or 1.5 hrs

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