



**Gemeinsamer
Bundesausschuss**

Surname _____

First name _____

Date of birth _____

Your child's medical records

Please bring your child in for the following examinations:

U2	3rd–10th day	from: _____	to: _____
U3	4th–5th week	from: _____	to: _____
U4	3rd–4th month	from: _____	to: _____
U5	6th–7th month	from: _____	to: _____
U6	10th–12th month	from: _____	to: _____
U7	21st–24th month	from: _____	to: _____
U7a	34th–36th month	from: _____	to: _____
U8	46th–48th month	from: _____	to: _____
U9	60th–64th month	from: _____	to: _____

Please be sure to come to all these appointments. They are important for your child's health.



Courtesy translation.
Only the German version
is binding.
*Zur Information; es gilt
die deutsche Fassung.*

Surname _____

First name _____

Date of birth _____

Participation card

Dear parents, please safeguard your child's health records. When dealing with public authorities, nurseries, day care facilities, schools, or child protective services, this detachable card serves as proof that your child has had his or her health examinations.

U2

3rd–10th
day

Date

Examination completed (signature and stamp)

U3

4th–5th
week

Date

Examination completed (signature and stamp)*

U4

3rd–4th
month

Date

Examination completed (signature and stamp)*

U5

6th–7th
month

Date

Examination completed (signature and stamp)*

U6

10th–12th
month

Date

Examination completed (signature and stamp)*

U7

21st–24th
month

Date

Examination completed (signature and stamp)*

U7a

34th–36th
month

Date

Examination completed (signature and stamp)*

U8

46th–48th
month

Date

Examination completed (signature and stamp)*

U9

60th–64th
month

Date

Examination completed (signature and stamp)*

* The examination includes medical advice on all age-appropriate vaccinations recommended for your child according to the G-BA Vaccination Directive.

The following overview contains information on the schedule of early detection dental screenings. Please arrange an appointment with your dentist in good time:

Please bring your child in for the examination:

Z1	6th– 9th month	from: _____	to: _____
Z2	10th– 20th month	from: _____	to: _____
Z3	21st– 33rd month	from: _____	to: _____
Z4	34th– 48th month	from: _____	to: _____
Z5	49th– 60th month	from: _____	to: _____
Z6	61st– 72nd month	from: _____	to: _____

Courtesy translation. Only the German version is binding.
Zur Information: es gilt die deutsche Fassung.



**Gemeinsamer
Bundesausschuss**

Dear parents

Congratulations on the birth of your baby!

Your child is going to grow and develop in many ways, especially in the early years of its life. During this time, it is important for your child to have regular medical examinations in order to detect and treat any diseases or developmental issues promptly. These examinations are vital for the health of your child, and will be paid for by your statutory health insurance.

During the first six years of your child's life, your doctor will check to be sure your child is healthy and developing normally, and will explain the results of each examination to you. You will also receive information on vaccinations that can be administered during the examinations. At every examination you will have the opportunity to discuss your child's development with your doctor and to ask any questions you might have, for example about nutrition or preventing accidents.

You will also receive information from your doctor about support that is available in your area, for example parent/child groups, early years support, family midwives and sponsors, and public health services.

Certain times have been defined for each examination. It is very important for you to be aware of these times and to adhere to them. That is because some diseases can be detected and treated only at certain ages, for example metabolic disorders or hip malalignment. In the case of premature babies born before week 37+0 of pregnancy, it is absolutely imperative that these examination times be followed. The premature date of birth will be taken into consideration when interpreting the results.

Please take advantage of these services!
It is the best way to ensure that any health issues or abnormalities your baby might have can be detected and treated in time.

In addition to routine early detection medical screenings, your child is entitled to six early detection dental screenings. As with medical examinations, these are also documented in the yellow booklet.

We wish you and your child the very best!

Gemeinsamer Bundesausschuss, Berlin*

Please be aware that this yellow booklet contains confidential information. No institution (e.g. nursery, day care, school, child protective services) is allowed to demand access to its contents. You alone decide if and with whom you want to share this information. The detachable participation card is sufficient proof that the examinations have been conducted.

* Gemeinsamer Bundesausschuss (G-BA, Federal Joint Committee). The G-BA is composed of the National Associations of Statutory Health Insurance Physicians and Dentists, the German Hospital Federation e.V., and the National Associations of Statutory Health Insurance Funds. The G-BA issues directives specifying which healthcare services are provided under statutory health insurance in Germany. This yellow booklet is an annex to the G-BA Paediatrics Directive. For further information, please visit the G-BA website at www.g-ba.de.

U1

Information for parents about the first examination of newborns

Immediately after birth, your baby will receive its first examination. The doctor or midwife will check to be sure that your baby has pulled through its birth all right.

The purpose of U1 is to detect any external deformities or conditions that require immediate treatment, so that any necessary measures can be taken right away to prevent complications.

What will be examined:

- Your baby's Apgar score will be taken: appearance (skin colour), pulse, grimace (reflex), activity (muscle tone), and respiration. This score is taken twice: five and ten minutes after birth.
- Blood will be drawn from the umbilical cord and its pH measured to be sure that your newborn received enough oxygen during birth.
- Your baby will be examined for any visible external deformities.

Your baby will be measured and weighed, and with your consent, vitamin K will be administered to prevent internal bleeding.

You will receive competent nutritional advice for your child (breastfeeding or other forms), as well as ongoing support if any nutritional problems arise while your child is nursing.

Other important examinations are recommended for your baby during the next three days. They will allow for early detection and prompt treatment if these diseases are present. The test for critical congenital heart defects should be conducted between 24 and 48 hours after birth. A blood test for congenital metabolic disorders and cystic fibrosis should be conducted using a few drops of blood between 36 and 72 hours after birth. A newborn hearing test should be conducted at the latest 72 hours after birth. You will receive a detailed factsheet on each of these examinations.

The next examination (U2) should take place between days 3 and 10.

Medical history



Please tick all that apply!

During pregnancy:

- | | |
|---|--|
| ☐ Diabetes mellitus | ☐ Multiple pregnancy |
| ☐ Gestational diabetes | ☐ (Poly-)hydramnios |
| ☐ Long-term medication | ☐ Oligohydramnios |
| ☐ Acute or chronic infections during pregnancy | ☐ Exceptional mental stress |
| ☐ Positive antibody screening | ☐ Exceptional social stress |
| ☐ Mother B streptococcus-positive | ☐ Substance abuse |

Birth:

Date of birth

 . .

Time of birth

 :

Week + day of pregnancy

 +

Gender

- ☐ male
☐ female
☐ uncertain

Delivery

- ☐ natural
☐ C-section
 Vaginal operation:
☐ vacuum
☐ forceps

Foetal position

- ☐ cephalic
☐ breech
☐ transverse
☐ _____

pH level (umbilical artery)

 ,

Base excess

 ,

Prenatal diagnostic findings, if any:

Family medical history:

(including hyperbilirubinaemia requiring treatment in a previous child)

Physical examination

Apgar score 5'/10'

☐☐☐☐☐☐

Signs of maturity:

☐

Body weight in g

☐☐☐☐☐

Deformities:

☐

Body length in cm

☐☐☐

Traumas:

☐☐ Jaundice☐ Oedema**Other**

Vitamin K prophylaxis administered

☐ yes☐ dose: 2 mg oral☐ no

other dose:

☐**Stamp**

Signature and date:

Special screenings

Pulse oximetry screening (measurement at the foot)

☐ No pulse oximetry screening because critical heart defect diagnosed prenatally

☐ Parents do not want this examination

Examination conducted on:

Date: Time:

Result: % ☐ abnormal ☐ normal ☐ follow-up needed

Follow-up conducted on:

Date: Time:

Result: % ☐ abnormal ☐ normal

Assessment ordered:

☐ yes ☐ no Date:

Signature and stamp

Extensive newborn screening

☐ Parents do not want this examination

Stamp and signature

Blood sample taken:

Date:

Time:

Stamp and signature

☐ First sample taken at the latest 36 hours after birth/ at birth if child is born before week 32 of pregnancy

Second blood sample taken:

Date:

Stamp and signature

Follow-up blood sample:
(if results are abnormal)

Date:

Stamp and signature

Screening laboratory
and patient number:

Screening for cystic fibrosis

- ☐ Parents do not want this examination

Stamp and signature

- ☐ Blood sample for cystic fibrosis screening taken during the extensive newborn screening:

Stamp and signature

Blood sample taken separately for cystic fibrosis screening:

Date:

Stamp and signature

Time:

Screening laboratory and patient number:

Newborn hearing screening

Initial examination using TEOAE or AABR, usually in the first three days post-birth (max. three test attempts per ear): Conducted on:

Risk factors for connatal hearing disorders present

☐ yes ☐ no

Signature and stamp

TEOAE normal on both sides ☐ abnormal ☐ R ☐ L

AABR normal on both sides ☐ abnormal ☐ R ☐ L

Follow-up examination in the event of an abnormal initial finding, using the same method as for the initial examination, usually up to U2, at the earliest five hours after the initial examination (maximum of three test attempts per ear)

Conducted on:

Signature and stamp

TEOAE normal on both sides ☐ abnormal ☐ R ☐ L

AABR normal on both sides ☐ abnormal ☐ R ☐ L

Paediatric audiological diagnostic

In the event of abnormal follow-up examination

Ordered on:

Signature and stamp

Results of paediatric audiological diagnostic, usually before 12th week post-birth

Conducted on:

Signature and stamp

normal on both sides ☐ abnormal ☐ R ☐ L

Examination results and any treatment needed

Signature and stamp

Discussed with parents on:

☐ Parents do not want this examination

Physician's signature and stamp:

U2

Information for parents about examination on the 3rd–10th day

Your baby is now a few days old. If you are in a clinic, the second examination, U2, will take place there. If you are at home, please make an appointment as soon as possible with the doctor who will care for your child. U2 should be conducted before your baby is 10 days old. If the tests for critical congenital heart defects, the newborn hearing screening, or the tests for congenital metabolic disorders and/or cystic fibrosis have not been conducted, they should be done immediately; for some diseases it is especially important that a diagnosis is available as soon as possible.

In U2, your baby will receive an extensive physical examination for congenital diseases and deformities (e.g. of the heart) in order to prevent life-threatening complications. This also includes detecting jaundice that requires treatment. A pale stool colour is also an indication of the need for treatment. Please use the chart on page 14 to monitor the colour of your baby's stool.

During this and all other examinations, your baby will be measured and weighed.

The doctor will pay special attention to the:

- skin
- sensory organs
- chest and abdominal organs
- sex organs
- head (mouth, nose, eyes, ears)
- musculoskeletal and nervous systems

Your doctor will talk to you about what is important for your baby's healthy development. You will receive information about support that is available in your area, for example parent/child groups and early years support.

During this examination your child will receive another dose of vitamin K to prevent bleeding. Your doctor will also advise you on the use of vitamin D (to prevent rickets, a bone disease) and fluoride, which is important for teeth hardening later, and might prescribe them for your baby. You will also receive advice on breastfeeding and nutrition, and on how to reduce the risk of sudden infant death.



Notes:

Courtesy translation. Only the German version is valid.
Zur Information: es gilt die deutsche Fassung.

Medical history



Please tick all that apply!

Medical history (pregnancy and birth):

check documentation of U1 and complete if necessary.

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations
- ☐ Difficulties drinking or swallowing
- ☐ Stool colour (use stool colour chart)
- ☐ Abnormal crying
- ☐ Hip dysplasia risk factors

Family medical history:

- ☐ Eye diseases (e.g. strabismus, amblyopia, hereditary eye disease)
- ☐ Congenital hearing disorder or deformity of the ears
- ☐ Immunodeficiency
- ☐ Hip dysplasia

Social situation:

(taking pregnancy and birth history into account): ☐

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Cyanosis
- ☐ Jaundice
- ☐ Haemangioma
- ☐ Naevi and other pigment anomalies
- ☐ Oedema
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Hydration

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration
- ☐ Collar bones

Abdomen, genitals (incl. anal region)

- ☐ Anomalies
- ☐ Changes in the navel
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds
- ☐ Femoral pulse

Ears

- ☐ Deformities (e.g. ear fistula, appendages, atresia)

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function
- ☐ Muscle tone
- ☐ Opisthotonus
- ☐ Passive mobility of the large joints
- ☐ Moro reflex
- ☐ Galant reflex
- ☐ Step reflex
- ☐ Signs of clinical fracture

Head

- ☐ Malposition
- ☐ Signs of dysmorphism
- ☐ Cranial structure
- ☐ Cephalhematoma
- ☐ Fontanelle tone
- ☐ Crepitatio capitis

Mouth cavity, jaw, nose

- ☐ Abnormalities of the mucous membranes and jaw ridge
- ☐ Cleft palate
- ☐ Signs of injury
- ☐ Abnormal tongue size
- ☐ Nasal breathing obstruction

Eyes

Inspection:

- ☐ Morphological abnormalities (e.g. ptosis, leukocoria, abnormal size of the eye bulb, coloboma)
- ☐ Nystagmus

Test using transmitted light:

- ☐ Abnormal transillumination with opacification of the refractive media

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- ☐ Feeding/nutrition
- ☐ Sudden infant death
- ☐ Stool colour chart
- ☐ Check (and administer, if applicable) vitamin K prophylaxis
- ☐ Information on rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- ☐ Information on available support, e.g. parent/child groups, early years support

Comments:

Results

Relevant medical findings:

Body dimensions:

Body weight in g

Body length in cm

Head circumference
in cm

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

Check, advise on, and order if applicable:

- Screening for critical congenital heart defects using pulse oximetry
- Extensive newborn screening
- Screening for cystic fibrosis
- Newborn hearing screening
- Screening for hip joint dysplasia and luxation (only if risk factors present)

Vitamin K prophylaxis administered:

☐ yes

☐ dose: 2 mg oral

other dose:

☐ no

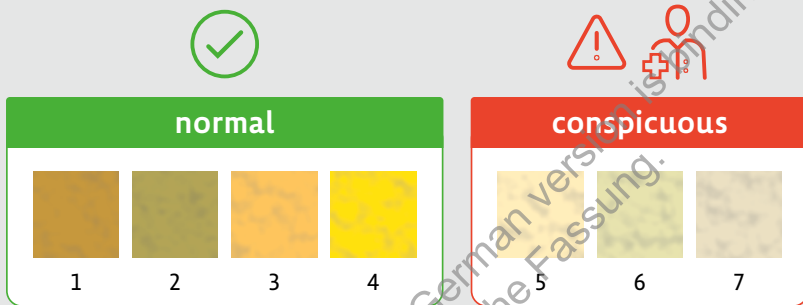
Remarks:

Stamp

Signature and date:

Stool colour chart

Monitor the colour of your baby's stool. If the colour is pale or is turning pale and looks like the colour in 5, 6 or 7, consult a doctor within 24 hours. Doing this helps ensure that liver disease is detected and treated quickly.



You can write your observations here:

U3

Information for parents about examination in the 4th–5th week

Your baby is now about one month old. From week three, most babies are able to turn their heads towards the source of a noise. They prefer to look at colourful surfaces rather than grey ones, and have pronounced sucking and grasping reflexes.

One of the important aims of U3 and all further examinations is to detect any abnormalities in your baby's development as early as possible. During U3, your doctor will check whether your baby can hold its head while lying in a prone position, open its hands spontaneously, or look attentively into faces of people close by.

After a thorough physical examination, your baby will be given an ultrasound examination of the hip joint so that any malalignment can be treated promptly. This ultrasound examination of the hip joint is highly advisable, as it can spare your child from serious lifelong symptoms.

As during U1 and U2, the doctor will reexamine your baby for jaundice, which may be an indication of blockage in the bile ducts. A pale stool colour is also an indication of the need for treatment. Please use the chart on page 14 to monitor the colour of your baby's stool.

Your doctor will also ask you if you have noticed anything unusual about your baby's sleeping, drinking, digestion, or behaviour. Vitamin D will be recommended to prevent rickets, a bone disease, as will fluoride to promote the hardening of the teeth later in life. You will also receive more advice on feeding and nutrition, reducing the risk of sudden infant death, preventing accidents, and on the dangers your baby may face if there is chemical dependence or addiction in the family. If the newborn hearing screening or the tests for congenital metabolic disorders and/or cystic fibrosis have not yet been conducted, they should be done immediately; for some diseases it is especially important that a diagnosis is available as soon as possible.

You will receive information about support that is available in your area, for example parent/child groups and early years support.



Tip: Have you noticed anything about your baby's development or behaviour that seems unusual? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination.

Courtesy translation. Only
Zur Information: es gilt die d

Medical history



Please tick all that apply!

Medical history (pregnancy and birth):

check documentation of U1 and complete if necessary.

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures
- ☐ Difficulty drinking or swallowing, age-inappropriate nutrition
- ☐ Abnormal crying
- ☐ Stool colour (use stool colour chart)

Family medical history:

- ☐ Eye diseases (e.g. childhood cataracts, strabismus, amblyopia, hereditary eye disease)
- ☐ Congenital hearing disorder or deformity of the ears
- ☐ Immunodeficiency

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Maintains head position for at least 3 seconds when suspended in prone position.

Holds head in line with body for 10 seconds in prone and supine positions.

Fine motor skills:

Opens hands spontaneously but keeps them more closed most of the time.

Perception/cognition:

Follows an object with the eyes to at least 45 degrees on both sides.

Social/emotional competence:

Looks attentively at faces of close caregivers when they are nearby.

Observation of interactions

The following reactions can help your doctor assess your child's mood and communication and regulation skills when interacting with its primary caregiver. They also serve as a basis for further talks between you and your doctor:

☐ **Mood/affect:**

The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested.

child responds by smiling, turning its head, or with spontaneous physical contact.

☐ **Regulation/stimulation:**

The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

☐ **Contact/communication:**

During verbal or non-verbal communication by the primary caregiver, the

Indications of abnormalities:

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Cyanosis
- ☐ Jaundice
- ☐ Haemangioma
- ☐ Naevi and other pigment anomalies
- ☐ Oedema
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration
- ☐ Collar bones

Abdomen, genitals (incl. anal region)

- ☐ Anomalies
- ☐ Changes in the navel
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds
- ☐ Femoral pulse

Ears

- ☐ Deformities (e.g. ear fistula, appendages)

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function
- ☐ Muscle tone
- ☐ Opisthotonus
- ☐ Passive mobility of the large joints
- ☐ Muscle reflexes
- ☐ Grasp reflex
- ☐ Moro reflex
- ☐ Sucking reflex
- ☐ Signs of clinical fracture

Head

- ☐ Malposition
- ☐ Signs of dysmorphism
- ☐ Cranial structure
- ☐ Cephalhematoma
- ☐ Fontanelle tone
- ☐ Crepitatio capitis
- ☐ Positional skull asymmetry

Mouth cavity, jaw, nose

- ☐ Abnormalities of the mucous membranes and jaw ridge
- ☐ Cleft palate
- ☐ Signs of injury
- ☐ Abnormal tongue size

- ☐ Nasal breathing obstruction
- ☐ Orofacial hypotonia

Eyes

Inspection:

- ☐ Morphological abnormalities (e.g. ptosis, leukocoria, abnormal size of the eye bulb, coloboma)
- ☐ Nystagmus

Test using transmitted light:

Abnormal transillumination with opacification of the refractive media

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- ☐ Sudden infant death
- ☐ Stool colour chart
- ☐ Accident prevention
- ☐ Dealing with excessive crying
- ☐ Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- ☐ Check (and administer, if applicable) vitamin K prophylaxis
- ☐ Feeding/nutrition/oral hygiene
- ☐ Information on vaccinations/arrange vaccination appointment
- ☐ Information on available support (e.g. parent/child groups, early years support)

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐ yes ☐ no

Body dimensions:

Body weight in g

Body length in cm

Head Circumference
in cm

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

Check, advise on, and order if applicable:

- Extensive newborn screening
- Screening for cystic fibrosis
- Screening for hip joint dysplasia and luxation
- Newborn hearing screening

Vitamin K prophylaxis administered:

☐ yes ☐ dose: 2 mg oral

other dose:

☐ no

Remarks:

Appointments

Vaccination appointment on:

U4 on:

Stamp

Signature and date:

Screening for hip joint dysplasia and luxation

Medical history:

- Breech birth ☐ yes
- Hip joint luxation or dysplasia in the family of origin ☐ yes
- Postural anomalies or deformities (esp. of the feet) ☐ yes

Clinical signs:

Hip ultrasound:

A Previous finding (hip ultrasound)
☐ yes ☐ no ☐ unknown

B Finding (hip ultrasound) in 4th–5th week:

Graf hip type

Graf hip type

Alpha angle (degrees)

Beta angle (degrees)

left	right
☐	☐
☐	☐
☐	☐

left		right
☐ Ia/Ib	☐ IIa	☐ Ia/Ib
☐ IIc/D	☐ IIIa	☐ IIc/D
☐ IIIb	☐ IV	☐ IIIb

left	right
☐	☐
☐	☐
☐	☐

Alpha angle (degrees)

Beta angle (degrees)

left	right
☐	☐
☐	☐

Next steps:

- Follow-up ultrasound ☐ yes
- Referral for diagnostic assessment ☐ yes
- Treatment recommendation ☐ yes

Date and signature:

U4

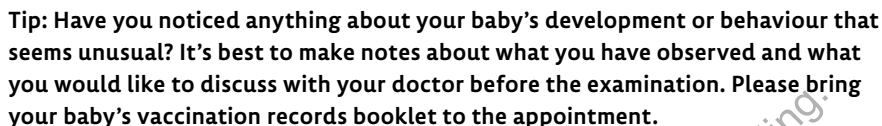
Information for parents about examination in the 3rd–4th month

At this age, most babies become more mobile and active. They start to grasp for things with their hands and smile. They respond to their caregiver. They also start using certain sounds to attract attention.

The doctor will check whether your baby's physical and mental development is coming along well, as well as how your baby moves. The doctor will check whether your baby can see and hear, and will pay attention to how you and your baby interact with one another. Another physical examination will be conducted, this time also to check whether the soft spot on your baby's head (fontanelle) is big enough for its skull to continue to grow without any difficulties.

Follow-up vaccinations will also be offered during U4, or the first vaccinations will be administered. Your doctor will also talk to you about such things as your baby's nutrition and digestion, what you can do to prevent sudden infant death, and how you should respond if your baby cries a lot and is unable to sleep. Other topics will include how to foster your baby's speech development through frequent talking and singing, as well as the prophylaxis of rickets (with vitamin D) and caries (with fluoride). You will receive information about support that is available in your area, for example parent/child groups and early years support.

If your baby has not had its newborn hearing test, that should be done at this time.



Notes:

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Zur Information: es gilt die deutsche Fassung.

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures
- ☐ Vomiting or difficulties eating, drinking, or swallowing

- ☐ Abnormal stool (use stool colour chart), constipation
- ☐ Abnormal crying

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Strong, alternating and bilateral bending and stretching of the arms and legs. Holds the head upright for at least 30 seconds when sitting. Tolerates prone position, supports self with forearms, lifts head between 40° and 90° for at least one minute while lying in prone position.

Perception/cognition:

Focuses on and follows a moving face. Tries to see the source of a sound by moving its head.

Fine motor skills:

Can move hands spontaneously towards the centre of the body.

Social/emotional competence:

Child likes attention and can maintain eye contact. Reacts when spoken to, returns the smile of an caregiver ("social smiling").

Observation of interactions

The following reactions can help your doctor assess your child's mood and communication and regulation skills when interacting with its primary caregiver. They also serve as a basis for further talks between you and your doctor:

☐ **Mood/affect:**

The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested.

☐ **Contact/communication:**

During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact.

The child sends spontaneous and clear signals to the primary caregiver and seeks contact through eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

☐ **Regulation/stimulation:**

The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Cyanosis
- ☐ Jaundice
- ☐ Haemangioma
- ☐ Naevi and other pigment anomalies
- ☐ Oedema
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration
- ☐ Collar bones

Abdomen, genitals (incl. anal region)

- ☐ Anomalies
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds
- ☐ Femoral pulse

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function
- ☐ Muscle tone
- ☐ Opisthotonus
- ☐ Passive mobility of the large joints
- ☐ Muscle reflexes
- ☐ Grasp reflex
- ☐ Foot grasp reflex
- ☐ Newborn reflexes
- ☐ Signs of clinical fracture

Head

- ☐ Malposition
- ☐ Signs of dysmorphia
- ☐ Cranial structure
- ☐ Cephalhematoma
- ☐ Fontanelle tone

Mouth cavity, jaw, nose

- ☐ Abnormalities of the mucous membranes and jaw ridge
- ☐ Cleft palate
- ☐ Signs of injury
- ☐ Abnormal tongue size
- ☐ Nasal breathing obstruction
- ☐ Orofacial hypotonia

Eyes

Inspection:

- ☐ Morphological abnormalities
- ☐ Nystagmus

Brückner-Test:

- ☐ Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Smooth pursuit test with a silent object that interests the child (e.g. source of light):

- ☐ Weak focus right/left

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- ☐ Feeding/nutrition/oral health
- ☐ Sudden infant death
- ☐ Accident prevention
- ☐ Dealing with excessive crying, sleep or eating disorders
- ☐ Language advice: supporting the mother's language and German (including spoken and sign language)
- ☐ Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- ☐ Information on available support (e.g. parent/child groups, early years support)
- ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐

yes

☐

no

Body dimensions:

Body weight in g

Body length in cm

Head circumference
in cm

Overall results:

☐

No abnormalities

Abnormalities to monitor:

Additional measures:

Check, advise on, and order if applicable:

- Newborn hearing screening
- Screening for hip joint dysplasia and luxation

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Appointments

Next vaccination appointment on:

U5 on:

Stamp

Signature and date:

U5

Information for parents about examination in the 6th–7th month

Your baby continues to grow and develop. At this age, most babies can lift their upper bodies using their forearms. They laugh when they are teased and might even try to communicate using a succession of sounds, such as “da da da”. Some babies begin to be wary of strangers, behaving differently towards known and unknown persons. At this age they will typically take objects in their hands and put them in their mouths.

During U5, the doctor will check if there are any indications that your baby is developing slowly, or if there are any developmental risks. Your baby will receive a physical examination. Certain tests will be conducted to check if there is any indication of vision impairment. The doctor will also watch to see how mobile your baby is and how it controls its physical movements, and will observe the interaction between you and your baby.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about such things as your baby's nutrition and digestion, and what you can do to prevent sudden infant death. Particularly important topics during this talk are accident prevention, how you should respond when your baby cries, how to prevent sleep disorders, and how to support your baby's speech development. Rickets (with vitamin D) and caries (fluoride) prophylaxis will also be discussed again. Your doctor will advise you on oral hygiene for your baby.

You will receive information about support that is available in your area for example parent/child groups and early years support. Your doctor will inform you on the option of an early dental screening for your child.



Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Eating behaviour not age-appropriate
- ☐ Abnormal stools
- ☐ Abnormal crying

- ☐ Can the child hear well? (Child responds to soft and loud noises and turns its head towards the source of the noise)

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Can rest hands on palms with outstretched arms. During traction reaction, holds head symmetrically in line with spine, both arms flexed. Bounces with the legs.

Perception/cognition:

Grasps objects and toys with both hands, puts them in the mouth and chews on them, but does not look at them intensely (manual and oral exploration).

Fine motor skills:

Switches toy from one hand to the other, grasps mostly with thumb and index finger.

Language:

Rhythmic successions of syllables (e.g. goo-goo-goo, ma-ma-ma, da-da-da).

Social/emotional competence:

Laughs out loud when teased. Behaves differently towards known or unknown persons. Is happy when another child appears.

Observation of interactions

The following reactions can help your doctor assess your child's mood and communication and regulation skills when interacting with its primary caregiver.

They also serve as a basis for further talks between you and your doctor:

■ **Mood/affect:**

The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested. After a short separation (or turning away) from the primary caregiver, the child seems relaxed and happy upon reuniting, and seeks eye contact immediately.

■ **Contact/communication:**

During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact. The child sends spontane-

ous and clear signals to the primary caregiver and seeks contact through eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

■ **Regulation/stimulation:**

The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver.

The child interacts playfully with the primary caregiver (e.g. with fingers or building blocks). The child can usually regulate its own feelings and tolerate mild disappointments. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration

Abdomen, genitals (incl. anal region)

- ☐ Anomalies
- ☐ Undescended testicle right/left
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system**Auscultation:**

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds
- ☐ Femoral pulse

**Locomotor system
(bones, muscles, nerves)****Full-body inspection in
supine, prone, and upright
positions:**

- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function

- ☐ Muscle tone
- ☐ Passive mobility of the large joints
- ☐ Muscle reflexes
- ☐ Signs of clinical fracture

Head

- ☐ Malposition
- ☐ Signs of dysmorphia
- ☐ Cranial structure
- ☐ Fontanelle tone

Mouth cavity, jaw, nose

- ☐ Signs of injury
- ☐ Lack of mouth closure

Eyes**Inspection:**

- ☐ Morphological abnormalities
- ☐ Nystagmus

Brückner-Test:

- ☐ Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Smooth pursuit test with a silent object that interests the child (e.g. source of light):
Weak focus right/left

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- ☐ Feeding/nutrition
- ☐ Sudden infant death
- ☐ Accident prevention
- ☐ Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- ☐ Addiction
- ☐ UV protection
- ☐ Language advice: supporting the mother's language and German (including spoken and sign language)
- ☐ Information on available support (e.g. parent/child groups, early years support)
- ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- ☐ Advice on oral hygiene and tooth-friendly nutrition
- ☐ Referral to dentist for dental screening

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐ yes ☐ no

Body dimensions:

Body weight in g

Body length in cm

Head circumference
in cm

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

☐ Referral to dentist

Check, advise on, and order if applicable:

- Newborn hearing screening

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Appointments

Next vaccination appointment on:

Stamp

Signature and date:

U6

Information for parents about examination in the 10th–12th month

Now your child is almost one year old. It can probably already crawl and pull itself into a standing position by holding on to furniture. With some support it might even be able to take a few steps. Its fingers are becoming more nimble, so that it can probably drink from a cup with a little help. At this age most children imitate sounds and are able to form double syllables such as “da-da”. Your child might even be able to hand you an object when asked.

During U6, your doctor will look again for any abnormalities in your child’s development, and will give your child a physical examination. This will include an eye test to detect any vision impairments. The doctor will also watch to see how mobile your child is and how it controls its physical movements, and observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things, such as your child’s nutrition, accident prevention, supporting speech development, rickets prophylaxis with vitamin D, and caries prophylaxis with fluoride, and give you advice on oral hygiene for your child. Your doctor will inform you on the option of an early dental screening for your child.

You will receive information about support that is available in your area for example parent/child groups and early years support.



Tip: Have you noticed anything about your child's development or behaviour that seems unusual, or is there anything you are concerned about? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination. Please bring your child's vaccination records booklet to the appointment.

Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Eating behaviour not age-appropriate
- ☐ Abnormal stools

- ☐ Hearing: response to soft and loud noises, turns head or eyes towards the source of a noise
- ☐ Regular snoring

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Sits unaided with a straight back and stable balance. Pulls self up to a standing position and remains a few seconds. Rolls smoothly from prone to supine position and back on its own.

Perception/cognition:

Hands mother or father an object upon request. Points index finger in a direction shown.

Fine motor skills:

Grasps small objects between thumb and outstretched index finger. Knocks two blocks together.

Language:

Says longer chains of syllables spontaneously. Produces double syllables (e.g. ba-ba, da-da). Imitates sounds.

Social/emotional competence:

Can drink from a bottle alone, can drink from a cup with some help. Can distinguish between known and unknown persons. Is happy to see other children.

Observation of interactions

The following reactions help your doctor assess your child's mood and communication and regulation skills when interacting with its primary caregiver. They also serve as a basis for further talks between you and your doctor:

☐ **Mood/affect:**

The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested. After a short separation (or turning away) from the primary caregiver, the child seems relaxed and happy upon reuniting, and seeks eye contact immediately.

☐ **Contact/communication:**

During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact. The child sends spontaneous and clear signals to the primary caregiver and seeks contact through

eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

☐ **Regulation/stimulation:**

The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child interacts playfully with the primary caregiver (e.g. with fingers or building blocks). The child can usually regulate its own feelings and tolerate mild disappointments. The child tolerates brief separation from the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration
- ☐ Distance between nipples

Abdomen, genitals (incl. anal region)

- ☐ Anomalies
- ☐ Undescended testicle right/left
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system**Auscultation:**

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds
- ☐ Femoral pulse

**Locomotor system
(bones, muscles, nerves)****Full-body inspection in
supine, prone, and upright
positions:**

- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function
- ☐ Muscle tone
- ☐ Passive mobility of the large joints
- ☐ Muscle reflexes

Head

- ☐ Malposition
- ☐ Signs of dysmorphism
- ☐ Cranial structure
- ☐ Fontanelle tone

Mouth cavity, jaw, nose

- ☐ Abnormalities of the teeth or mucous membranes
- ☐ Signs of injury
- ☐ Nasal breathing obstruction
- ☐ Lack of mouth closure
- ☐ Unusual voice (e.g. hoarse, nasal)

Eyes**Inspection:**

- ☐ Morphological abnormalities

- ☐ Nystagmus
- ☐ Head malposition

Brückner-Test:

- ☐ Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

**Smooth pursuit test with a
silent object that interests
the child (e.g. source of
light):**

- ☐ Weak focus right/left

Pupils:

- ☐ Size comparison, shape, reaction to light right/left

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- ☐ Accident prevention
- ☐ Language advice: supporting the mother's language and German (including spoken and sign language)
- ☐ Nutrition
- ☐ Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- ☐ Addiction
- ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- ☐ Advice on oral hygiene (dental care) and tooth-friendly nutrition
- ☐ Information on available support (e.g. parent/child groups, early years support)
- ☐ Referral to dentist for dental screening

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐

yes

☐

no

Body dimensions:

Body weight in g

Body length in cm

Head circumference
in cm

Overall results:

☐

No abnormalities

Abnormalities to monitor:

Additional measures:

☐

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U7

Information for parents about examination in the 21st–24th month

Now your child is almost two years old. It can probably walk or run well for quite some time without any help, and can climb down stairs. Most children's vocabularies are growing quickly at this point. They like to say "no" and test what type of response their behaviour receives.

The last examination was around one year ago. During U7, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include an eye test to detect any vision impairments. The doctor will check whether your baby can understand simple words and sentences, and ask you about your

child's behaviour in the family, in groups of children, and during playtime. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things such as your child's nutrition, accident prevention, supporting speech development, and caries prophylaxis with fluoride, and give you advice on oral hygiene for your child.

Your doctor will inform you on the option of an early dental screening for your child.



Tip: Have you noticed anything about your child's development or behaviour that seems unusual, or is there anything you are concerned about? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination. Please bring your child's vaccination records booklet to the appointment.

Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Eating behaviour not age-appropriate
- ☐ Abnormal stools
- ☐ Caries prophylaxis with fluoride
- ☐ Hearing: response to soft and loud noises, turns head or eyes towards the source of a noise

- ☐ Regular snoring
- ☐ Are you satisfied with your child's speech development?
- ☐ Do others understand your child well?

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Can walk or run well for quite some time without any help. Can walk down three steps using baby steps, holding on with one hand.

Fine motor skills:

Draws flat spirals. Can unwrap/unpack wrapped sweets or other small objects.

Language:

Uses at least ten words (other than mama and papa) correctly. Understands and follows simple directions. Expresses own opinion or rejection through gestures or language (shaking head or saying no). Shows or looks at three known body parts.

Perception/cognition:

Stacks three blocks.
Points to known objects in a picture book.

Social/emotional competence:

Can stay and play alone for 15 minutes as long as mother/father is close by but not in the same room. Can eat with a spoon. Is interested in other children.

Interaction/communication:

Tries to pull parents in a certain direction.

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thoracic retractions
- ☐ Thorax configuration
- ☐ Distance between nipples

Abdomen, genitals (incl. anal region)

- ☐ Undescended testicle right/left
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Passive mobility of the large joints
- ☐ Muscle reflexes

Mouth cavity, jaw, nose

- ☐ Abnormalities of the teeth or mucous membranes
- ☐ Signs of injury
- ☐ Salivation
- ☐ Unusual voice

Eyes

Inspection:

- ☐ Morphological abnormalities
- ☐ Nystagmus
- ☐ Head malposition

Brückner-Test:

Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Pupils:

- ☐ Size comparison, shape, reaction to light right/left

German version is binding.
die Fassung.

Please tick areas where more advice is needed!

- Advice on dental care (fluoride)
- Accident prevention
- Language advice, supporting the mother's language and German (including spoken and sign language)
- Movement
- Nutrition

- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Referral to dentist for dental screening

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐

yes

☐

no

Body

dimensions:

Body weight in kg

 ,

Body length in cm

Head circumference

 in cm

BMI in kg/m²

 ,

Overall results:

☐

No abnormalities

Abnormalities to monitor:

Additional measures:

☐

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U7a

Information for parents about examination in the 34th–36th month

Now your child is around three years old. At this age, most children refer to themselves as “I” and try to lend a helping hand around the house. They enjoy playing with other children and assuming “make-believe” roles. Your child might have a great need for physical activity, climb stairs using “adult steps”, and jump down from lower steps.

During U7a, your doctor will look again for any abnormalities in your child’s development, and will give your child a physical examination. This will include a vision test. During U7a, your doctor will also have a look at your child’s teeth and jaw development, and will pay special attention to your child’s speech development.

Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things, such as your child’s nutrition and physical activity, accident prevention, supporting speech development, and the role of media (e.g. TV, game consoles, internet, etc.) in your child’s day-to-day life. Your doctor will inform you on the option of an early dental screening for your child.



Tip: Have you noticed anything about your child's development or behaviour that seems unusual, or is there anything you are concerned about? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination. Please bring your child's vaccination records booklet to the appointment.

Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Eating behaviour not age-appropriate
- ☐ Abnormal stools
- ☐ Caries prophylaxis with fluoride
- ☐ Hearing
- ☐ Regular snoring

- ☐ Are you satisfied with your child's speech development?
- ☐ Do others understand your child well?
- ☐ Does your child stutter?

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Can hop down from the bottom step on both feet with good balance. Can climb two steps using adult steps, holding on with one hand.

Fine motor skills:

Can manipulate even very small objects using a precise three-fingered grip (thumb, index finger, middle finger).

Language:

Uses sentences of at least three words. Refers to self as "I". Knows and uses own name.

Perception/cognition:

Can listen well, focus on playing, and play make-believe. Can open large buttons alone.

Social/emotional competence:

Can be separated from the primary caregiver for a few hours if looked after by a trusted person. Takes part in household activities, wants to help.

Interaction/communication:

Plays well with other children of the same age, including role play.

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thorax configuration
- ☐ Distance between nipples

Abdomen, genitals (incl. anal region)

- ☐ Undescended testicle right/left
- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Passive mobility of the large joints
- ☐ Muscle tone
- ☐ Muscle reflexes

Mouth cavity, jaw, nose

- ☐ Abnormalities of the teeth or mucous membranes
- ☐ Abnormality of the jaw
- ☐ Signs of injury
- ☐ Lack of mouth closure
- ☐ Nasal breathing obstruction

Eyes

Inspection:

- ☐ Morphological abnormalities
- ☐ Nystagmus
- ☐ Head malposition

Pupils:

- ☐ Abnormal (size, shape, reaction to light right/left)

Corneal light reflex:

- ☐ Abnormal (strabismus)

Stereo test (e.g. Lang test, Titmus test, TNO test):

- ☐ Abnormal

Vision test (monocular test, e.g. with eye occlusion plaster):

(non-verbal shape recognition tests, e.g. Lea-Hyvärinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase using single optotypes at 3 m distance)

- ☐ Amblyopia right
- ☐ Amblyopia left
- ☐ Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- | | |
|--|--|
| ☐ Accident prevention | ☐ Information on dental care from 30 months |
| ☐ Language advice: supporting the mother's language and German (including spoken and sign language) | ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive |
| ☐ Nutrition | ☐ Referral to dentist for dental screening |
| ☐ Movement | |
| ☐ Media (e.g. media usage, TV, game consoles, constant noise) | |

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐ yes ☐ no

Body dimensions:

Body weight in kg

,

Body length in cm

BMI in kg/m²

,

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

☐ Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U8

Information for parents about examination in the 46th–48th month

Now your child is almost four years old. At this age, most children can get dressed and undressed by themselves. Their speech has developed to the point that they might be able to tell short stories and ask many questions (why, how, where, when).

During U8, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include a vision test and a hearing test. Your doctor will also have a look at your child's teeth and jaw development, test how flexible and dexterous your child is, whether it can entertain itself, and how well it speaks. You will be asked about your child's behaviour in the

family, in groups of children, and during playtime. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also speak to you about such things as your child's nutrition and physical activity, accident prevention, promoting speech development, and the responsible use of media (e.g. TV, game consoles, internet) in your child's everyday life.

Your doctor will inform you on the option of an early dental screening for your child.



Tip: Have you noticed anything about your child's development or behaviour that seems unusual, or is there anything you are concerned about? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination. Please bring your child's vaccination records booklet to the appointment.

Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Regular snoring
- ☐ Are you satisfied with your child's speech development?

- ☐ Do others understand your child well?
- ☐ Does your child stutter?

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Can operate a balance bike or similar vehicle with confidence. Can hop over a piece of paper that is 20–50 cm wide.

Fine motor skills:

Can hold a crayon properly with three fingers. Can draw closed circles.

Language:

Can form sentences of at least six age-appropriate words. Can tell stories in a logical (time) sequence.

Perception/cognition:

Asks why, how, where, how come.

Social/emotional competence:

Can get dressed and undressed with no help. Can pour a liquid into a cup. Can regulate own emotions during everyday events. Tolerates common mild disappointments, joy, fear, stress.

Interaction/communication:

Plays well with other children of the same age, including role play, follows the rules of a game.

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thorax configuration
- ☐ Distance between nipples
- ☐ Indication of rickets

Abdomen, genitals (incl. anal region)

- ☐ Undescended testicle right/left
- ☐ Size of liver and spleen
- ☐ Hernias
- ☐ Abnormal urinary findings (multi-strip test)

Ears

Hearing test using screening audiometry (test of hearing threshold in air conduction with at least 5 test frequencies):

- ☐ right
- ☐ left

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:

- ☐ Forward bend test
- ☐ Asymmetries
- ☐ Tilting
- ☐ Spontaneous motor function
- ☐ Passive mobility of the large joints
- ☐ Muscle tone
- ☐ Muscle reflexes
- ☐ Indication of rickets in the extremities

Mouth cavity, jaw, nose

- ☐ Abnormalities of the teeth or mucous membranes
- ☐ Abnormality of the jaw
- ☐ Signs of injury

Eyes

Inspection:

- ☐ Morphological abnormalities
- ☐ Nystagmus
- ☐ Head malposition

Pupils:

- ☐ Abnormal (size, shape, reaction to light right/left)

Corneal light reflex:

- ☐ Abnormal (strabismus)

Stereo test (e.g. Lang test, Titmus test, TNO test):

- ☐ Abnormal

Vision test (monocular test, e.g. with eye occlusion plaster):

(non-verbal shape recognition tests, e.g. Lea-Hyvärinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase, tumbling E, Landolt rings using single optotypes at 3 m distance)

- ☐ Amblyopia right
- ☐ Amblyopia left
- ☐ Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- | | |
|--|--|
| ☐ Accident prevention | ☐ Movement |
| ☐ Language advice: supporting the mother's language and German (including spoken and sign language) | ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive |
| ☐ Media (e.g. media usage, TV, game consoles; constant noise) | ☐ Referral to dentist for dental screening |
| ☐ Nutrition | |

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐ yes ☐ no

Body dimensions:

Body weight in kg

 ,

Body length in cm

BMI in kg/m²

 ,

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

☐ Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U9

Information for parents about examination in the 60th–64th month

Now your child is around five years old. At this age, many children need lots of physical activity. They like to climb, and like to ask a lot of questions. They will show a lot of imagination in role play with other children, and like to colour with crayons and use scissors. If your child is not able to produce all the sounds in German or its native language, ask your doctor for advice.

During U9, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include a vision test to detect any vision impairment early. The doctor will also watch to see how mobile your child is, how it controls its physical movements, and how well it speaks. Your doctor will ask about your child's interests, what it enjoys, and

what it might be afraid of. Soon your child will start school, so this information is important, and will enable your doctor to provide support if needed. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also speak to you about such things as your child's nutrition and physical activity, accident prevention, promoting speech development, and the responsible use of media (e.g. TV, game consoles, internet) in your child's everyday life. Your doctor will inform you on the option of an early dental screening for your child.



Tip: Have you noticed anything about your child's development or behaviour that seems unusual, or is there anything you are concerned about? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination. Please bring your child's vaccination records booklet to the appointment.

Notes:

Notes:

Medical history



Please tick all that apply!

Current medical history (child):

- ☐ Serious illnesses since the last examination, operations, seizures, unusual or frequent severe infections
- ☐ Hearing
- ☐ Are you satisfied with your child's speech development?

- ☐ Do others understand your child well?
- ☐ Does your child stutter?

Social situation:

- ☐ Care situation
- ☐ Exceptional burdens in the family

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Can hop and stand briefly on one leg (left and right). Can catch large balls. Ascends and descends stairs facing forward and using adult steps, does not need to hold on.

Fine motor skills:

Can draw a circle, rectangle, and triangle when shown these shapes. Holds a pencil/crayon like an adult. Can cut a straight line using children's scissors.

Language:

Nearly flawless pronunciation. Events and stories can be told in the correct chronological and logical order in simple correct sentences.

Perception/cognition:

Can correctly recognize and name three colours.

Social/emotional competence:

Can interact well with other children during playtime. Is willing to share. Can normally regulate own emotions. Tolerates common mild disappointments.

Interaction/communication:

Child invites others and is invited by others. Intense role play: uses costumes, pretends to be an animal or role model (knight, pirate, hero), also with other children.

Examination



Please tick abnormalities only!

Skin

- ☐ Abnormal pallor
- ☐ Hint of injuries (e.g. bruises, petechiae, burns, scars)
- ☐ Inflammatory changes in the skin

Thorax, lung, respiratory tract

- ☐ Auscultation
- ☐ Breathing sound
- ☐ Respiratory rate
- ☐ Thorax configuration
- ☐ Distance between nipples

Abdomen, genitals (incl. anal region)

- ☐ Size of liver and spleen
- ☐ Hernias

Heart, circulatory system

Auscultation:

- ☐ Heart rate
- ☐ Heart rhythm
- ☐ Heart sounds
- ☐ Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:

- ☐ Asymmetries
- ☐ Tilting
- ☐ Passive mobility of the large joints
- ☐ Muscle tone
- ☐ Muscle reflexes

Mouth cavity, jaw, nose

- ☐ Abnormalities of the teeth or mucous membranes
- ☐ Abnormality of the jaw
- ☐ Signs of injury

Eyes

Inspection:

- ☐ Morphological abnormalities
- ☐ Nystagmus
- ☐ Head malposition

Pupils:

- ☐ Abnormal (size, shape, reaction to light right/left)

Corneal light reflex:

- ☐ Abnormal (strabismus)

Stereo test (e.g. Lang test, Titmus test, TNO test):

- ☐ Abnormal

Vision test (monocular test, e.g. with eye occlusion plaster): (non-verbal shape recognition tests, e.g.

Lea-Hyvärinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase, tumbling E, Landolt rings using single optotypes at 3 m distance)

- ☐ Amblyopia right
- ☐ Amblyopia left
- ☐ Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling



Please tick areas where more advice is needed!

Advice on the following topics:

- | | |
|--|--|
| ☐ Check caries prophylaxis with fluoride | ☐ Media (e.g. media usage, TV, game consoles, constant noise) |
| ☐ Accident prevention | ☐ Addiction |
| ☐ Language advice, supporting the mother's language and German (including spoken and sign language) | ☐ Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive |
| ☐ Physical activity and preventing obesity | ☐ Referral to dentist for dental screening |
| ☐ Nutrition | |

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate):

☐ yes ☐ no

Body dimensions:

Body weight in kg

 ,

Body length in cm

BMI in kg/m²

 ,

Overall results:

☐ No abnormalities

Abnormalities to monitor:

Additional measures:

☐ Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: ☐ yes ☐ no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

Z1

Information for parents about early detection dental screening in the 6th–9th month

From the 6th month, the first teeth to erupt in most babies are the central incisors in the lower jaw, followed by the central incisors in the upper jaw. These are important for biting into food. This is the right time for the first early detection dental screening Z1 at the dental practice.

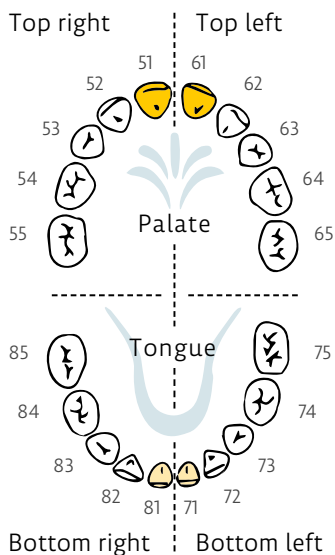
Your dentist will take a look at your child's mouth and teeth. This examination makes it possible to detect dental diseases at an early stage.

You will be informed of any “hole in the tooth” (caries) of your child. You will also be informed of plaque or gingivitis (inflammation of the gums) that your child has. White spots on the teeth can be early-stage caries (initial caries).

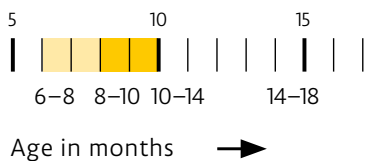
Your dentist will ask you about your child's diet, oral hygiene, and fluoride use.

As parents, you can do a lot for your baby's oral health. As such, your dentist will explain to you how dental diseases (oral diseases) develop, how to maintain a healthy diet for your baby, and the best way to brush your baby's teeth. You will also be advised on how to use fluoride at home to prevent tooth decay.

Together with your dentist, you will practise the best way to brush your child's teeth and how to apply the right amount of toothpaste. In many cases, your dentist will apply fluoride varnish to your child's teeth. This provides even better protection against caries for the tooth enamel.



When do which teeth erupt?



Assessment of findings

! Please tick the corresponding findings!

- ☐ Plaque
- ☐ Initial carious lesion
- ☐ Carious defect
- ☐ Trauma to anterior teeth
- ☐ Gum findings: gingivitis

Further findings:

Medical history



Please tick all that apply!

Eruption of first milk tooth:
in month

Nutrition

- ☐ Breastfeeding
- ☐ Feeding bottle or learn-to-drink cup with sweetened drinks
 - ☐ During the day
 - ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother

Oral hygiene

- ☐ Teeth brushed by parents less than 2x daily

Fluoride use

Fluoride tablets

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

- ☐ Information on the aetiology of oral diseases
- ☐ Oral hygiene counselling
- ☐ Nutritional counselling
- ☐ Practical instructions for caregivers on oral hygiene in babies

Recommendations for using toothpaste at home:

From the time the first tooth appears, brush the baby's teeth with toothpaste in the morning and evening.

If fluoride is given in tablet form:

- ☐ Use fluoride-free toothpaste up to 12 months of age

If fluoride is not given in tablet form:

- ☐ Use a rice grain-sized amount of toothpaste with 1,000 ppm of fluoride up to 24 months of age

From the 12th month:

Do not use fluoride tablets, instead use toothpaste with 1,000 ppm of fluoride.

Measures taken at the dental practice:

- ☐ Fluoride varnish applied
- ☐ Treatment necessary

Comments:

Stamp

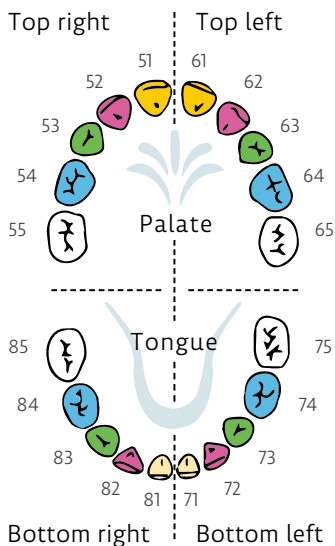
Signature and date:

Z2

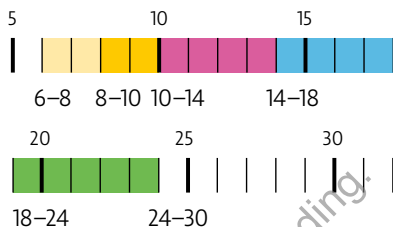
Information for parents about early detection dental screening in the 10th–20th month

Your child will get more milk teeth at this age: the lateral incisors, the first molars, and the canines. These are important for biting into and chewing food. Your dentist will examine your child's mouth and teeth. Yellowish white or yellowish brown stains or chipped enamel on the molars may be the result of enamel malformation ("chalky teeth", primary molar hypomineralisation). You will receive needs-based advice on your child's diet and oral hygiene, among other things.

Together with your dentist, you will practise the best way to brush your child's teeth and how to use the right amount of toothpaste. In many cases, your dentist will apply fluoride varnish to your child's teeth. This provides even better protection against caries for the tooth enamel.



When do which teeth erupt?



Assessment of findings

! Please tick the corresponding findings!

- | | |
|---|---|
| ☐ Plaque | ☐ Primary molar hypomineralisation |
| ☐ Initial carious lesion | ☐ Premature tooth loss |
| ☐ Carious defect | ☐ Trauma to anterior teeth |
| ☐ Tooth decay | ☐ Gum findings: gingivitis |

Further findings:

Medical history



Please tick all that apply!

Nutrition

- ☐ Breastfeeding
- ☐ Solid food
- ☐ Feeding bottle or learn-to-drink cup with sweetened drinks
 - ☐ During the day
 - ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother

Oral hygiene

- ☐ Teeth brushed by parents less than 2x daily

Fluoride use

Fluoride tablets

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

- ☐ Information on the aetiology of oral diseases
- ☐ Oral hygiene counselling
- ☐ Nutritional counselling
- ☐ Practical instructions for caregivers on oral hygiene in babies

Recommendations for using toothpaste at home:

Brush your child's teeth with toothpaste in the morning and evening.

If fluoride is given in tablet form:

- ☐ Use fluoride-free toothpaste up to 12 months of age

If fluoride is not given in tablet form:

- ☐ Use a rice grain-sized amount of toothpaste with 1,000 ppm of fluoride up to 24 months of age

From the 12th month:

Do not use fluoride tablets, instead use toothpaste with 1,000 ppm of fluoride.

Measures taken at the dental practice:

- ☐ Fluoride varnish applied
- ☐ Treatment necessary

Comments:

Stamp

Signature and date:

Z3

Information for parents about early detection dental screening in the 21st–33rd month

Most children get their last milk teeth by their 30th month.

These are the second molars. They are located behind the first molars. The child now has a complete primary dentition with 20 teeth.

In the third early detection dental screening Z3, your dentist will determine whether your child's primary dentition has developed in an age-appropriate manner.

Milk teeth are important for biting into and chewing food as well as for correct speech.

The milk teeth also have an important placeholder function for the permanent teeth.

Your dentist will check whether there is any caries activity or inflammation of the gums (gingivitis).

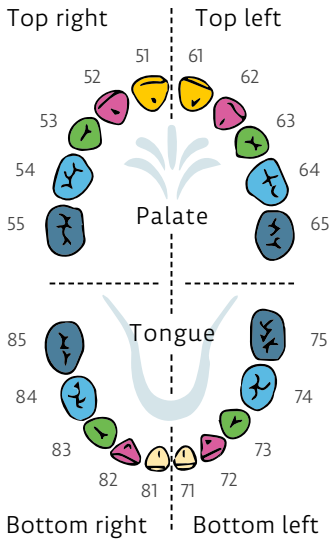
Your dentist can also assess whether there are any signs of infantile swallowing or a speech disorder. This enables necessary measures to be taken as early as possible.

Particular attention is paid to proper enamel formation on the second molars.

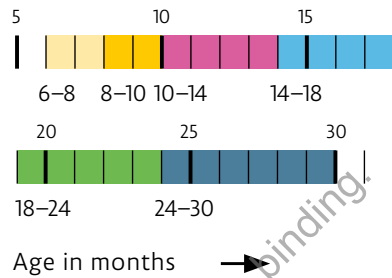
Based on the assessment results and medical history, you will also receive counselling and instructions on oral hygiene.

Together with your dentist, you will practise the best way to brush your child's teeth and how to use the right amount of toothpaste.

In many cases, your dentist will apply fluoride varnish to your child's teeth. This provides even better protection against caries for the tooth enamel.



When do which teeth erupt?



Assessment of findings



Please tick the corresponding findings!

- | | |
|---|---|
| ☐ Plaque | ☐ Primary molar hypomineralisation |
| ☐ Initial carious lesion | ☐ Premature tooth loss |
| ☐ Carious defect | ☐ Trauma to anterior teeth |
| ☐ Tooth decay | ☐ Gum findings: gingivitis |

Further findings:

Medical history



Please tick all that apply!

Nutrition

- ☐ Breastfeeding
- ☐ Solid food
- ☐ Feeding bottle or learn-to-drink cup with sweetened drinks
 - ☐ During the day
 - ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother
- ☐ Infantile swallowing
- ☐ Speech disorder

Oral hygiene

- ☐ Teeth brushed by parents less than 2x daily

Fluoride use

Fluoride tablets

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

- ☐ Information on the aetiology of oral diseases
- ☐ Oral hygiene counselling
- ☐ Nutritional counselling
- ☐ Practical instructions for caregivers on oral hygiene in children

Recommendations for using toothpaste at home:

Brush your child's teeth in the morning and evening.

Amount of toothpaste with 1,000 ppm of fluoride on the toothbrush:

- ☐ Up to 24th month:
size of a grain of rice
- ☐ After 24th month:
size of a pea

Measures taken at the dental practice:

- ☐ Fluoride varnish applied
- ☐ Treatment necessary

Comments:

Stamp

Signature and date:

Z4

Information for parents about early detection dental screening in the 34th–48th month

Your dentist will check whether your child has all of their teeth as appropriate for their age. Milk teeth are important as they act as a placeholder for the permanent teeth.

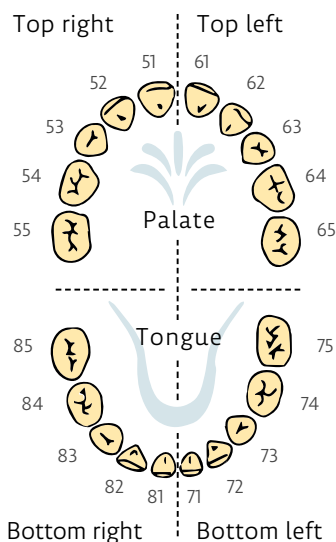
Caries, inflammation of the gums, or other dental diseases can also be detected at an early stage and treated as necessary.

Your dentist will assess your child's risk of tooth decay and check whether your child has malocclusion (dysgnathia).

Yellowish white or yellowish brown stains or chipped enamel on the molars may be the result of enamel malformation ("chalky teeth", primary molar hypomineralisation).

Your dentist will ask you about your child's diet, oral hygiene, and fluoride use as well as advise you on these topics.

Additional caries-inhibiting effects can be achieved through the application of fluoride varnish to your child's teeth in order to harden the enamel.



Assessment of findings



Please tick the corresponding findings!

- | | |
|---|---|
| ☐ Plaque | ☐ Premature tooth loss |
| ☐ Initial carious lesion | ☐ Trauma to anterior teeth |
| ☐ Carious defect | ☐ Dysgnathia |
| ☐ Tooth decay | ☐ Gum findings: gingivitis |
| ☐ Primary molar hypomineralisation | ☐ Increased risk of caries |

Further findings:

Medical history



Please tick all that apply!

Nutrition

- ☐ Feeding bottle with sweetened drinks
- ☐ During the day
- ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother
- ☐ Infantile swallowing
- ☐ Speech disorder

Dental Care

- ☐ Inadequate

Fluoride use

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride varnish applied in group prophylaxis

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

☐ Nutritional advice

☐ Oral hygiene advice

Recommendations for using toothpaste at home:

Brush your child's teeth in the morning and evening with a pea-sized amount of toothpaste containing 1,000 ppm of fluoride.

Measures taken at the dental practice:

☐ Fluoride varnish applied

☐ Treatment necessary

Comments:

Stamp

Signature and date:

Z5

Information for parents about early detection dental screening in the 49th–60th month

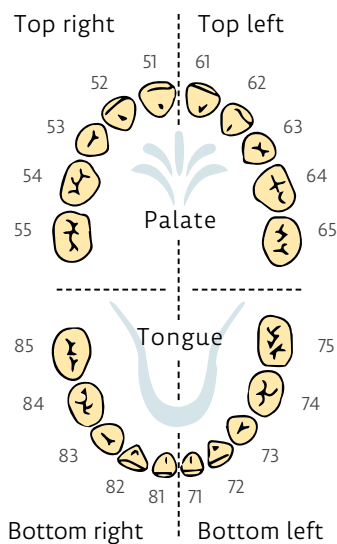
At this age, caries can develop more frequently on your child's milk molars, not only in the pits of chewing surfaces, but also on the surfaces in contact with neighbouring teeth.

Your dentist will assess your child's risk of tooth decay. If necessary, this can be checked more precisely using special diagnostic measures such as a bitewing radiograph.

Your dentist will also check whether your child has malocclusion (dysgnathia).

Based on the assessment results and medical history, you will receive advice on nutrition and oral hygiene.

Your dentist can also apply fluoride varnish to your child's teeth. This provides even better protection against caries for the tooth enamel.



Assessment of findings



Please tick the corresponding findings!

- | | |
|---|---|
| ☐ Plaque | ☐ Premature tooth loss |
| ☐ Initial carious lesion | ☐ Trauma to anterior teeth |
| ☐ Carious defect | ☐ Dysgnathia |
| ☐ Tooth decay | ☐ Gum findings: gingivitis |
| ☐ Primary molar hypomineralisation | ☐ Increased risk of caries |

Further findings:

Medical history



Please tick all that apply!

Nutrition

- ☐ Feeding bottle with sweetened drinks
- ☐ During the day
- ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother
- ☐ Infantile swallowing
- ☐ Speech disorder

Dental Care

- ☐ Inadequate

Fluoride use

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride varnish applied in group prophylaxis

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

☐ Nutritional advice

☐ Oral hygiene advice

Recommendations for using toothpaste at home:

Brush your child's teeth in the morning and evening with a pea-sized amount of toothpaste containing 1,000 ppm of fluoride.

Measures taken at the dental practice:

☐ Fluoride varnish applied

☐ Treatment necessary

Comments:

Stamp

Signature and date:

Z6

Information for parents about early detection dental screening in the 61st–72nd month

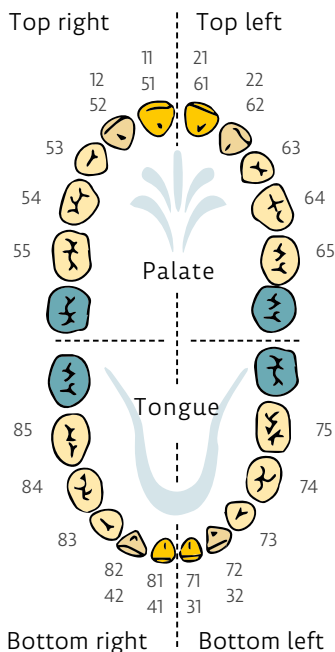
Courtesy translation. Only the German version is binding.
Zur Information: es gilt die deutsche Fassung.

Your child will get their first permanent teeth between the ages of 5 and 7. These are molars, two in the upper jaw and two in the lower jaw. They erupt in the mouth hidden behind the two milk molars.

The molars are difficult to reach with a toothbrush and are very susceptible to caries.

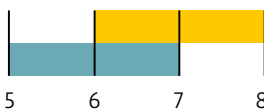
Your dentist will assess your child's risk of tooth decay and check whether your child has all of their teeth as appropriate for their age.

From 6 to 18 years of age, your child can make use of individual dental prophylaxis services, e.g., fissure sealing.



When do which teeth erupt?

First permanent teeth Permanent central incisors



Age in years →

Assessment of findings

! Please tick the corresponding findings!

- | | |
|---|---|
| ☐ Plaque | ☐ Molar incisor hypomineralisation |
| ☐ Increased risk of caries | ☐ Premature tooth loss |
| ☐ Initial carious lesion | ☐ Trauma to anterior teeth |
| ☐ Carious defect | ☐ Dysgnathia |
| ☐ Tooth decay | ☐ Gum findings: gingivitis |
| ☐ Primary molar hypomineralisation | ☐ Increased risk of caries |

Further findings:

Medical history



Please tick all that apply!

Nutrition

- ☐ Feeding bottle with sweetened drinks
- ☐ During the day
- ☐ At night

Number of snacks with sugary/acidic drinks/food:

Habits

- ☐ Thumb/finger sucking
- ☐ Soother
- ☐ Infantile swallowing
- ☐ Speech disorder

Dental Care

- ☐ Inadequate

Fluoride use

Fluoride toothpaste

- ☐ Yes
- ☐ No
- ☐ Not known

Other sources of fluoride

- ☐ Yes
- ☐ No
- ☐ Not known

Fluoride varnish applied in group prophylaxis

- ☐ Yes
- ☐ No
- ☐ Not known

Special notes:

Counselling

☐ Nutritional advice

☐ Oral hygiene advice

Recommendations for using toothpaste at home:

Brush your child's teeth in the morning and evening with a pea-sized amount of toothpaste containing 1,000 ppm of fluoride.

From 6 years of age, brush your child's teeth with a full brush of toothpaste containing 1,450 ppm of fluoride.

Measures taken at the dental practice:

☐ Fluoride varnish applied

☐ Treatment necessary

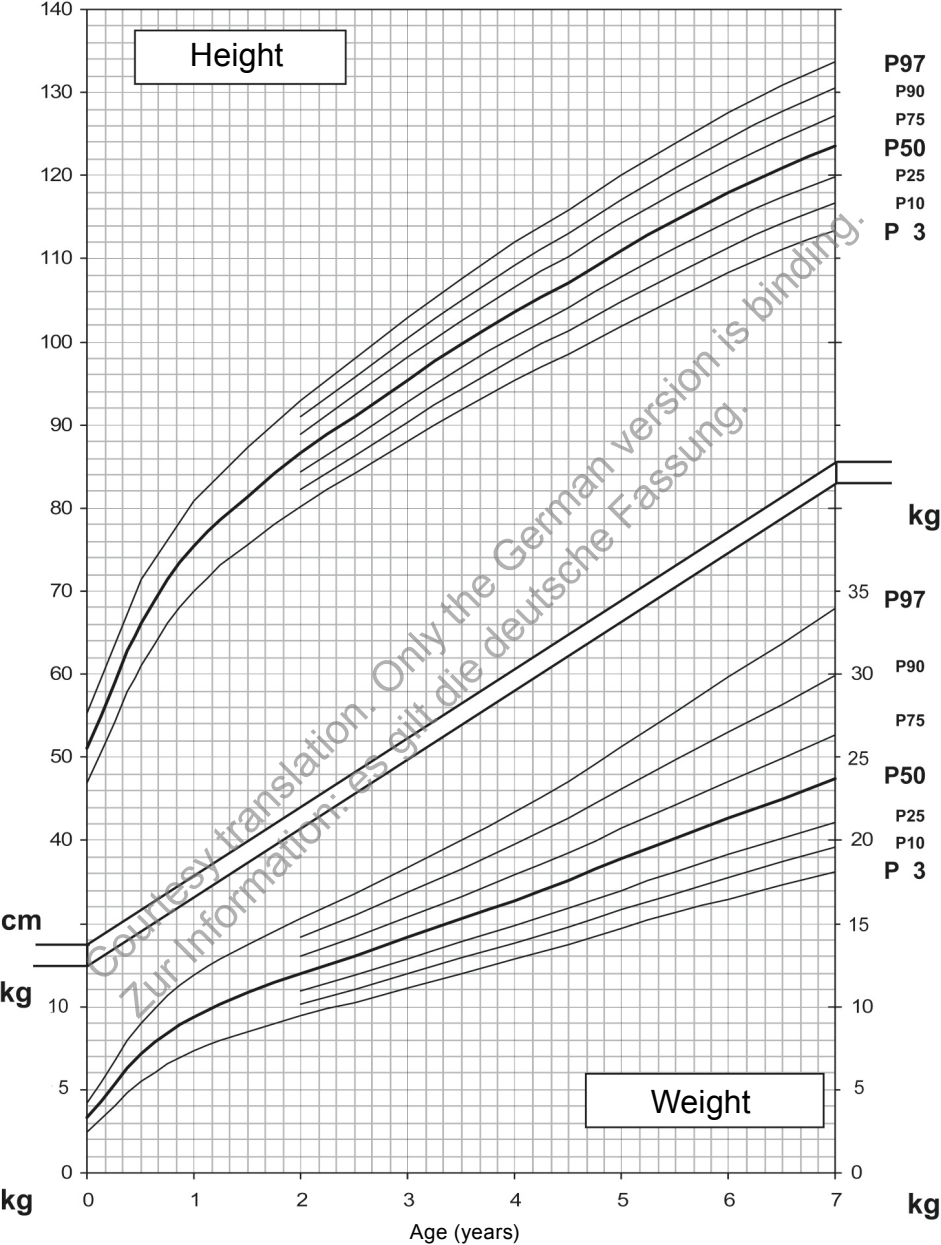
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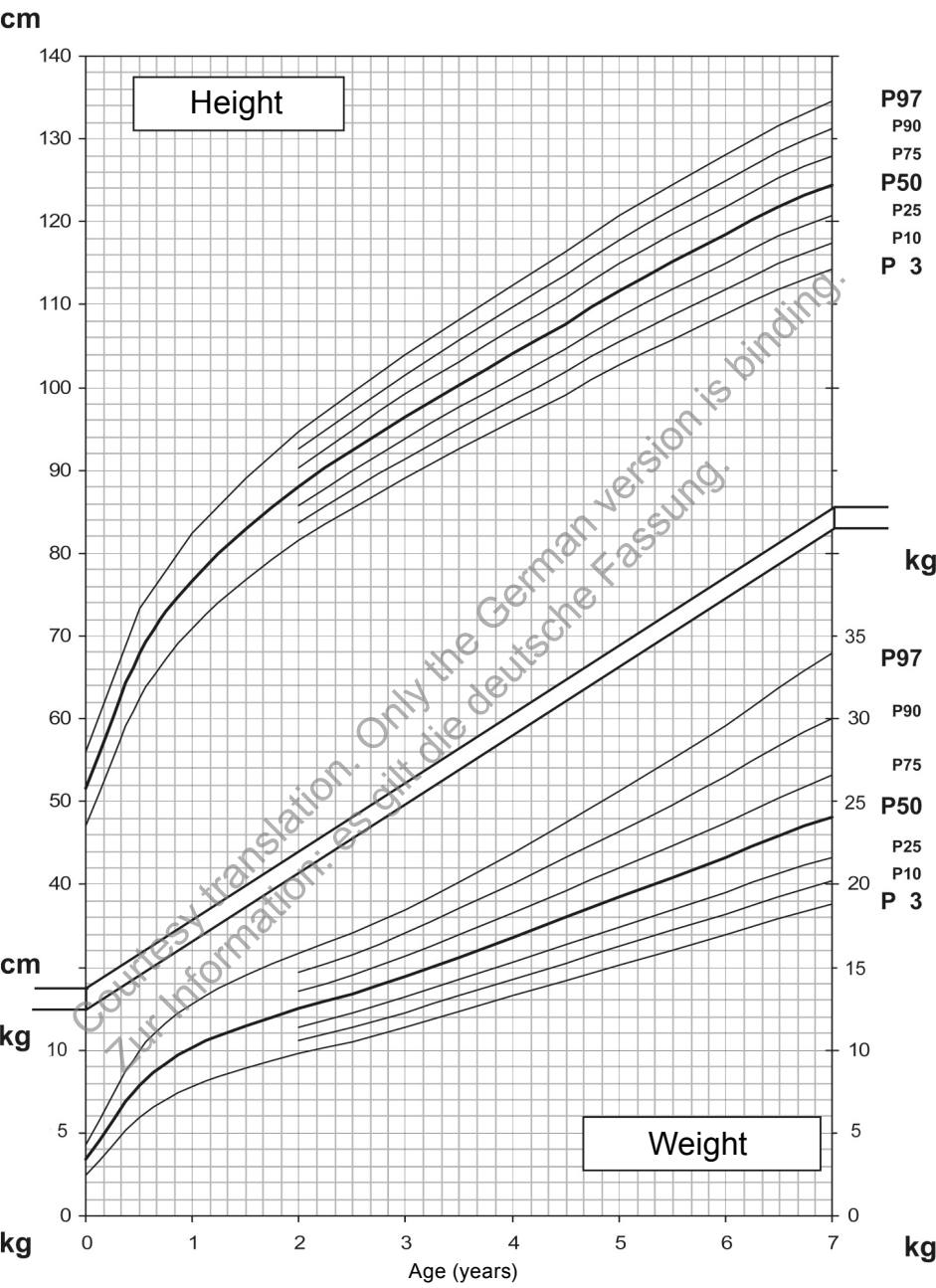
Percentile curves for height and weight (girls 0 – 7 years)

cm



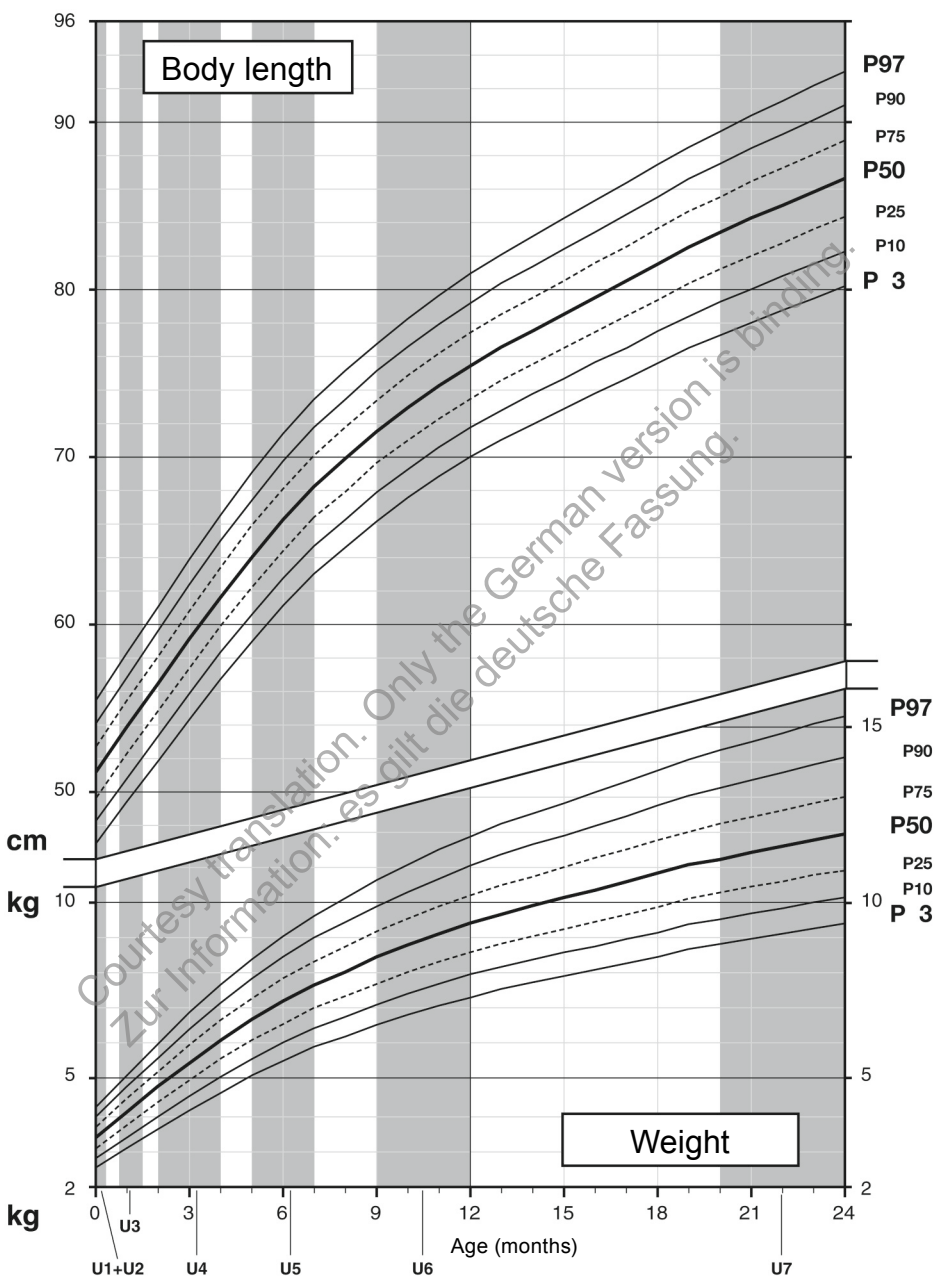
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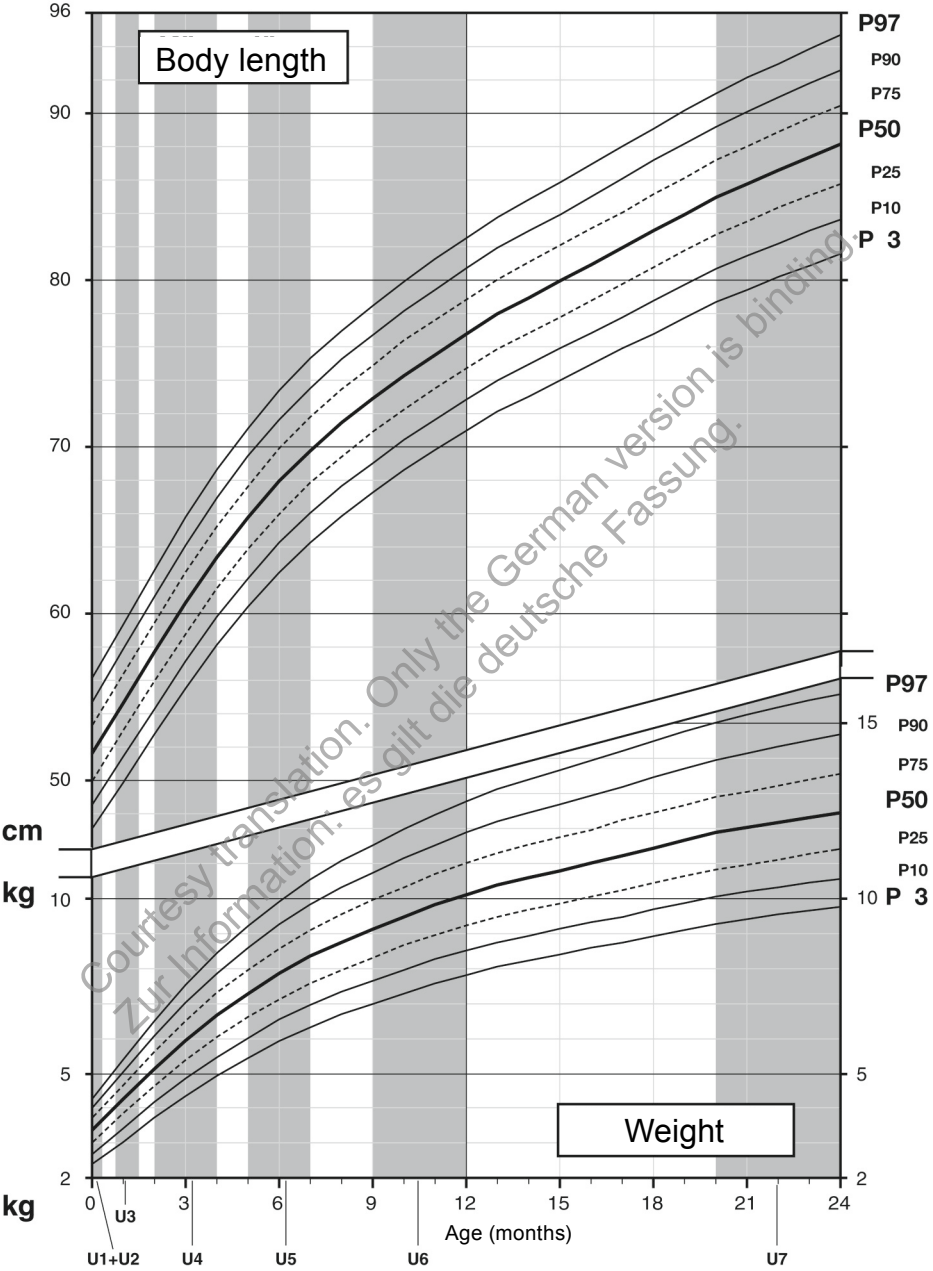
Percentile curves for body length and weight (girls 0 – 2 years)



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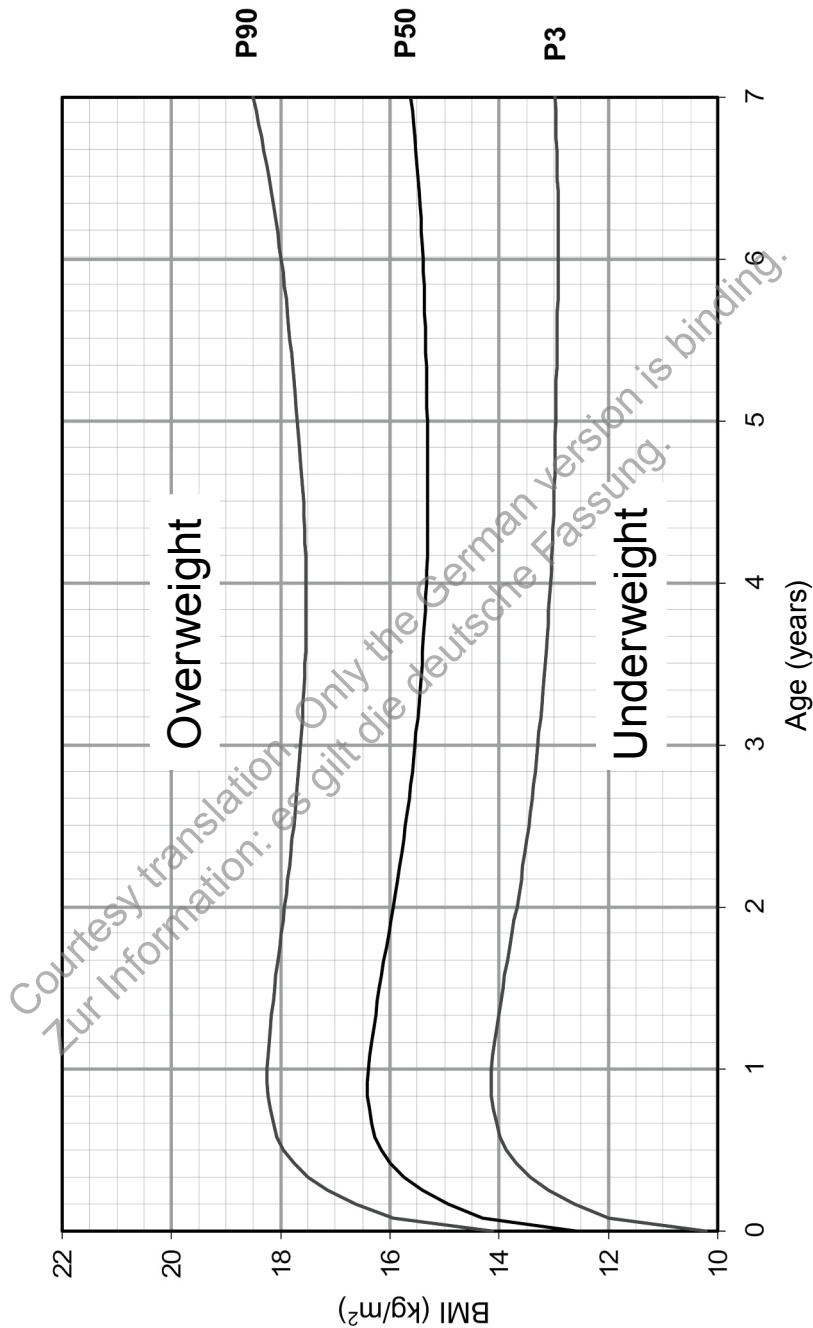
Percentile curves for body length and weight (boys 0 – 2 years)

cm



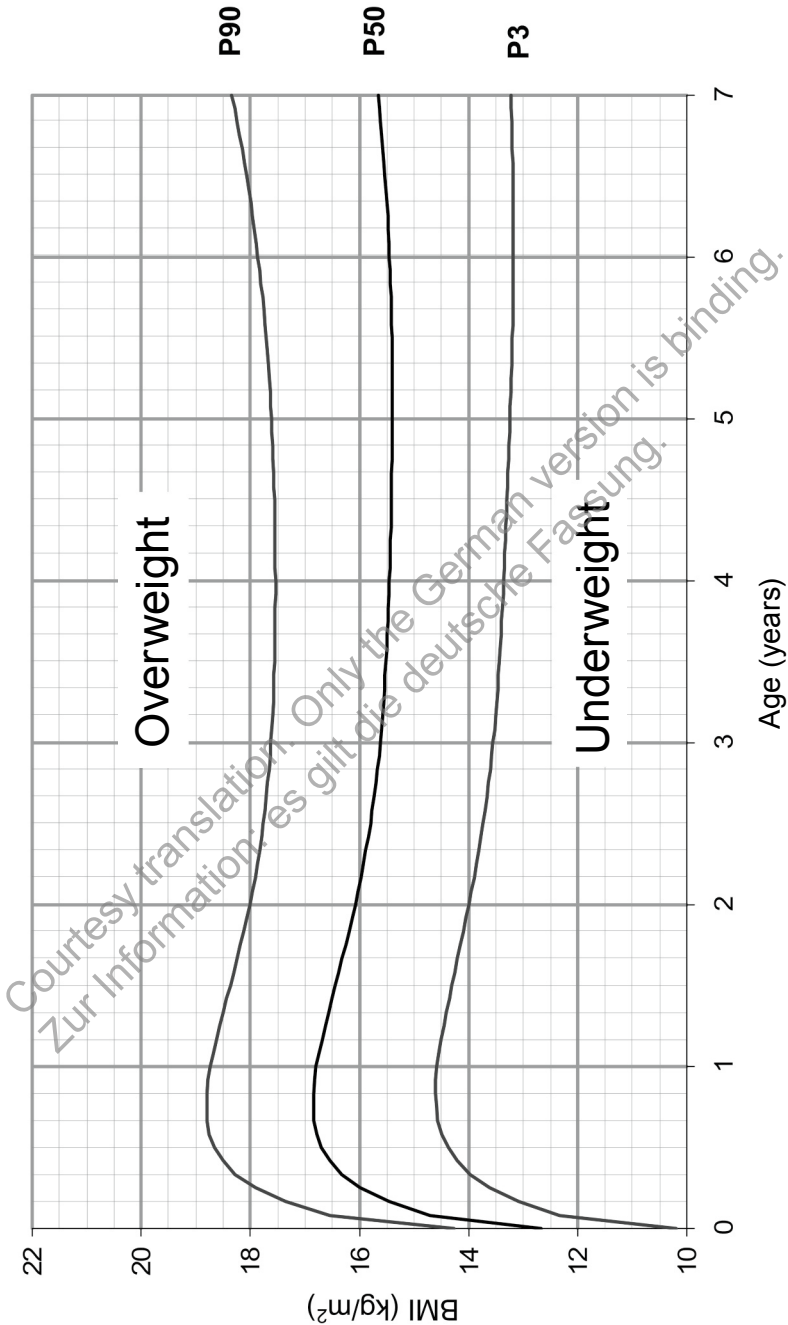
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Percentile curves for body mass index (girls 0 – 7 years)

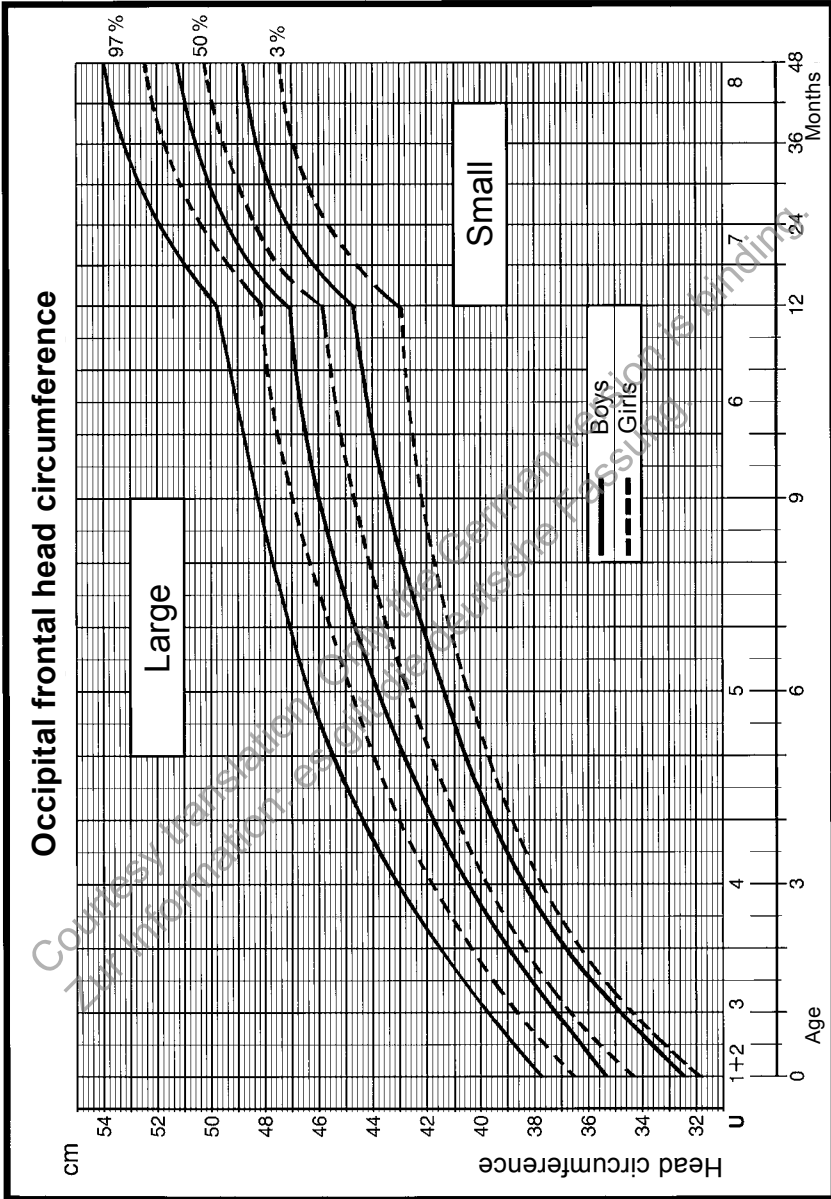


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Percentile curves for body mass index (boys 0 – 7 years)



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Prader, A., Largo, R. H., Molinari, L., & Issler, C. (1989). Physical growth of Swiss children from birth to 20 years of age. First Zurich longitudinal study of growth and development. *Helvetica paediatrica acta. Supplementum*, 52, 1-125.

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