Childhood Developmental Screening: Map All Seven Visits

Description

MOH says eligible Singapore Citizen children receive full subsidies for seven childhood developmental screenings at CHAS GP clinics and polyclinics. Eligible Permanent Resident children can receive subsidies at polyclinics. No separate application is needed, but screenings must follow national guidelines.

This guide is for a parent or caregiver of a child aged zero to six. Its purpose is to track the seven recommended developmental screenings and choose the correct subsidised clinic route for citizenship status. The answer comes first because the costliest mistake is usually taking the next irreversible step before the controlling condition is known.

Follow the branch that fits

1. **The child is a Singapore Citizen:** Use a participating CHAS GP or polyclinic under the national schedule.
2. **The child is a Permanent Resident:** Use the subsidised polyclinic route.
3. **A recommended visit was missed:** Ask the childâ??s clinician for the catch-up plan rather than doubling visits.
4. **A developmental concern appears between visits:** Seek assessment promptly instead of waiting for the next routine screen.

The table is a triage tool, not a substitute for the underlying authority. It separates the readerâ??s situation from the action, so a general rule is not applied to the wrong person, property, business, journey or account.

List all seven screens

Vaccination dates alone can hide a missed developmental check. The controlling position was checked against MOH childhood screening subsidy page.

Do this: Keep a separate screening column. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Use the correct clinic route

CHAS GP and polyclinic subsidy eligibility differs for PR children.

Do this: Record citizenship and provider. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Bring prior records

Trend and earlier observations help the clinician.

Do this: Save Health Booklet and previous reports. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Observe across settings

Sleep, language, movement and interaction may differ at home and school.

Do this: Collect concrete examples, not labels. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Do not self-diagnose

Milestone guides are prompts for discussion. The related operating detail was also checked against HealthHub developmental milestones.

Do this: Ask a qualified professional about concern. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Confirm charges

MOH says the CHAS GP screening fee cap is S$0 for eligible SC children, subject to current terms.

Do this: Ask the clinic to confirm the visit is the covered screen. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Act between screens

Routine schedules are not a reason to delay a concern.

Do this: Contact the clinician or relevant service early. This turns the rule into a dated record that another person can review, instead of leaving the outcome to memory or an informal message.

Two original tools for this decision

a seven-visit tracker separate from the vaccination schedule

This LBRD analysis applies each branch above to the readerâ??s actual role, timing and evidence. Write the facts in separate columns, mark unknowns, and do not convert an estimate into a confirmed eligibility result.

an observation note that records behaviour, setting, frequency and functional impact without diagnosing

Keep the source, date checked, decision owner, deadline and supporting document in the same record. The value of this tool is not the template itself; it is the visible connection between the official condition and the action taken.

Stress-test the plan

A PR child may be developmentally eligible for the screening, but the subsidised route described by MOH is through a polyclinic rather than a CHAS GP. The family should confirm the appointment type and bring prior records.

The example is an analysis, not a promise that an authority, operator, provider or professional will reach the same result. Change one material fact at a time and re-run the decision. If the route depends on a date, amount, pass type, legal form, age, location or approved drawing, verify that field at the point of action.

Before acting

1. Use a participating CHAS GP or polyclinic under the national schedule.
2. Use the subsidised polyclinic route.
3. Ask the childâ??s clinician for the catch-up plan rather than doubling visits.
4. Seek assessment promptly instead of waiting for the next routine screen.
5. Ask the clinic to confirm the visit is the covered screen.
6. Contact the clinician or relevant service early.

Save the two official pages with the date checked. If an online form, price, timetable, clinic network or approval condition changes, the current official service must take priority over this explainer.

Limits and escalation

This is general information, not medical advice. A clinician must assess development and advise on screening or referral timing.

Where the facts are disputed or the consequence is material, pause and ask the controlling authority or an appropriately qualified professional. Keep the answer with the documents used to make the decision.

Related LBRD guides

For the next adjacent task, read Teen Flying Solo to All 7 Continents To Raise S$1 million for Cancer Research. You may also need Thailand Proof of Funds: What Singapore Travellers Need.

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