

Child protection medical examination Proforma

1. Details			
Name		Date	
Address		Location	
		Examined by (1)	
D.O.B	CHI	Gender M / F	L G B T
GP		Health Visitor	
School / Nursery		Social Worker	
Parental responsibility held by		Subject to legal order YES / NO Detail:	
Name of Parent(s) or Carer(s)		Start Time	
Name(s) Present at examination		End Time	

2. Consent obtain from parent(s) or other(s) with parental responsibility for the child and/or from the child as appropriate

Igive permission for Medical Examination of myself /child namedas explained to me by Drto include:

- Full medical examination YES / NO
- Collection of forensic specimens YES / NO
- Photography / Video of clinical findings YES / NO

I understand that Dr (s)may have to produce a report based on the examination and that details of the examination / and any photographs may have to be revealed in court.

I also understand that information from this report will be shared with professionals involved in your / the child's care and these may include the GP, social worker, health visitor, school nurse, childrens services department, child protection team and the police.

I have been advised that I may delete any of the above before I sign and at any stage of the examination withdraw my consent.

SIGNED..... DATE.....

NAME

STATUS (delete as applicable) Self / Parent / Carer / Professional with parental responsibility

WITNESSED.....

NAME DATE.....

3. Background information from referral agency

use continuation sheet if required

(Information from)

4. Information from parent / carer

use continuation sheet if required

(Information from)

(Who was present when history recounted)

5. information from child

use continuation sheet if required

(Information from)

(Who was present when history recounted)

6. Family background (Draw family tree / include dates of birth)

Housing

Parental Substance Misuse (Alcohol or Drugs)

Pets

Domestic violence

Employment

Other relevant family / social issues (e.g. residence/contact issues, family illness, other adults contributing to child care)

7. Past Medical History

Birth

Birth weight

Delivery

Place of birth

Neonatal Health

Feeding

Post natal depression

Chronology of medical history

Immunisations

Allergies

Date

Hearing

Vision

Current Medication

8. Developmental history / School progress

Summary of development (for age under 5 years or as appropriate)

0=normal 1=mild delay 2=moderate delay 3=severe delay 4=profound delay 9=unknown

Gross motor / Locomotive skills ()

Fine Motor / Manipulation skills ()

Visual skills ()

Hearing & Language skills ()

Speech & Language skills ()

Social Interactive skills ()

Social self help skills ()

Cognitive skills ()

Other information:

Education (school / nursery, mainstream education, learning support etc)

9. Presenting symptoms

Symptoms described by child e.g. headaches / abdominal symptoms

Any History of Secondary Wetting / Soiling / Aggression or Anger / Sexualised Behaviour / Self Harm / Conduct Disorder / Eating Disorder / Sleep Disturbance / Other (detail):

10. General physical examination

General physical appearance of child (note clothing, signs of infection, neglect or injury etc)

Demeanour / behaviour include interaction with parent / carer if present

Examination continued

Skin and hair (note any injuries on body diagrams)

Teeth and mouth (obvious decay, injuries, frenulum intact etc)

Eyes (pupils, conjunctiva, retina)

ENT (include tympanic membranes)

Cardiovascular

Respiratory

Gastrointestinal

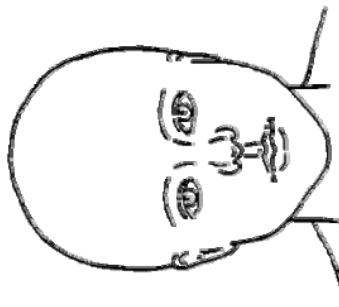
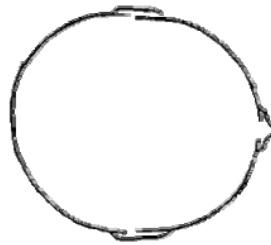
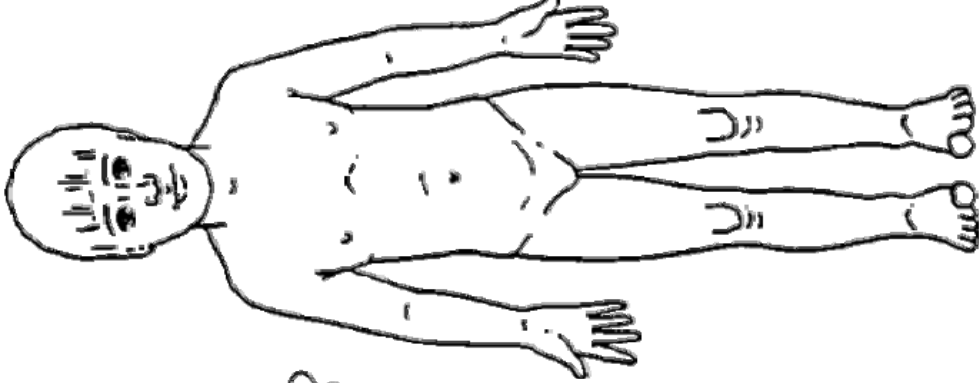
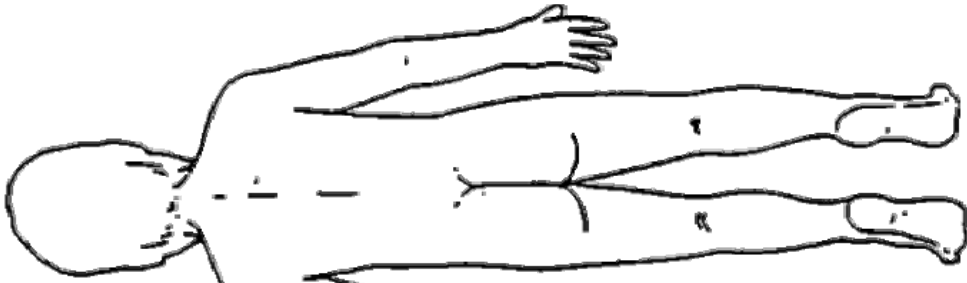
Genitourinary (include symptoms, tanner stage)

Nervous system

Locomotion / posture

Height	cm	centile
Weight	kg	centile
Head Circ	cm	centile
Temp		
A	V	P U
CRT	Seconds	
HR		

Investigation	Specify	DATE	RESULT
xray			
skeletal survey			
CT / MRI			
Blood Tests			
Urine			
Swabs			
Photography			



11. Well being (include child's views, protective factors, detail concerns and highlight any identified needs)

<p>Safe Protected from abuse, neglect or harm at home, at school and in the community</p>	<p>Active Having opportunities to take part in activities such as play, recreation and sport to contribute to healthy growth and development</p>	<p>Achieving Being supported and guided in learning and development of skills confidence, self esteem at home, school and in community</p>	<p>Responsible Having opportunities to play active and responsible roles and having appropriate guidance and supervision and being involved in decisions that affect them</p>
<p>Healthy Having highest attainable standards of physical and mental health, access to suitable healthcare, support in learning to make healthy and safe choices</p>	<p>Respected Having the opportunity, along with carers to be heard and involved in decisions which affect them</p>	<p>Nurtured Having a nurturing place to live in a family setting with additional help if needed or if not possible a suitable care setting</p>	<p>Included Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn</p>

12. Summary of actions and recommendations

separate report provided (circle) YES / NO / ON REQUEST

SUMMARY (include information provided to social work / police on outcome of assessment)

FOLLOW UP / REFERRALS

Signed

Name

Date

Signed

Name

Date