Name | NHS/CHI number | DoB

Form IHA-YP LOOKED AFTER CHILDREN

Initial Health Assessment
Recommended for young people 10 years and older

CoramBAAF children's health assessment forms

This form is part of an integrated system of forms, including:

- Consent Form (consent for obtaining and sharing health information)
- Form M (mother's health)
- Form B (baby's health)
- Form PH (parental health)
- Form IHA-C (initial health assessment for child from birth to 9 years)
- Form IHA-YP (initial health assessment for young person10 years and older)
- Form RHA-C (review health assessment for child from birth to 9 years)
- Form RHA-YP (review health assessment for young person 10 years and older)
- Form CR-C (carers' report – profile of behavioural and emotional wellbeing of child from birth to 9 years)
- Form CR-YP (carers' report – profile of behavioural and emotional wellbeing of child or young person aged 10–16 years)

Guidelines for completing Form IHA-YP

Who should complete the form?

Part A – to be completed by the agency/social worker
Part B – to be completed by the examining health professional, either a doctor or a nurse
Part C – to be completed by the examining health professional
Part D – may be used for data collection if desired by the responsible LAC health team

Purpose of the form

- To help health practitioners fulfil the regulatory requirements which exist throughout the UK for each looked after young person to have a holistic, comprehensive health assessment and a health care plan in place prior to the first LAC review.

- To provide the framework for this initial health assessment and provision of a written summary health report that will be used to formulate the health recommendations for the care plan.

- To record the young person's wishes and feelings regarding their present and future health.

- To create an opportunity for discussion with the young person about their health concerns, including physical and mental development, relationships, sexual health, possible use of tobacco, drugs and alcohol and to encourage them to begin to assume responsibility for their own health.

- To provide carers and professionals with important health information on the young person, and provide a foundation for future health reviews.

- To provide the basis for reports for adoption panels, discussions with prospective adopters at matching and possibly to inform court proceedings.

- To provide the young person with details of their past health history on reaching adulthood.

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The forms have been revised after wide consultation and feedback collected over 10 years. They are designed for use throughout the UK, although it is recognised that regulations across the four countries differ and that practice varies across regions depending on local circumstances. To ensure the forms meet local needs and processes, they may be used flexibly – for example, if information has been recorded previously and is accessible within the health record, it is not necessary to duplicate it. Similarly, not every question or prompt will need to be followed for each young person, and clinical judgement can be exercised.

Part B should be completed by the assessing health professional who must have relevant experience and training to at least Level 3 of the RCPCH and RCN Intercollegiate Competencies. Regulations in England and Northern Ireland require a doctor to undertake the assessment; however, in Scotland and Wales this may be carried out by a doctor or nurse. If the young person is followed in a specialist or disability clinic, it may be most appropriate for a practitioner from that team to complete the assessment.

This examination and assessment are not required if they have already been carried out by a suitably qualified health professional in the three months immediately preceding the date on which the young person began to be looked after by the local authority. However, the existing health plan should be reviewed and updated to take account of the young person's changed circumstances. Additionally, there may well be circumstances in which the young person's history or current presentation warrants further comprehensive examination or assessment. This will be a matter for individual clinical judgment.

Secure email **must** be used when sharing relevant information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

Part A and procedure for social worker prior to health assessment

- Part A contains important demographic, social and legal information which is required by the assessing health professional prior to the assessment and **must be completed in full by the social worker/local authority.**

- The social worker must state the name and contact details of the agency health adviser to whom the form should be returned. The young person's legal status and holder/s of parental responsibility/ies must be indicated.

- **Consent to access health information** In order to meet standards set out in national guidance, information on past health history, including birth and family history, is required for completion of the health assessment and summary report, and should ideally be collated prior to the health appointment; CoramBAAF Forms M (mother), B (baby) and PH (parental health) can be used to collect this information. In addition, information held in the GP records together with other available medical and health reports, particularly where the young person has a disability or serious medical condition, should be obtained.

- **In Scotland**, the Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations, 2009 SSI 2009/268, may be helpful in obtaining certain medical information about the child's family, if adoption is the plan for the child. Regulation 11 says that where the agency has not been able to obtain information about whether there is 'any history of genetically transmissible or other significant disease' in the birth mother's or father's families, a medical practitioner, such as a birth parent's GP, must disclose such information to the adoption agency on request.

- A signed CoramBAAF **Consent Form** should accompany the request to complete Forms M, B, PH, IHA-C (child) and IHA-YP, to facilitate access to additional young person or family health information.

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Consent for health assessment

- The social worker should make every effort to obtain informed consent for the health assessment in advance. This consent should be sought from:
  - the young person, if he/she has capacity to consent; or
  - a birth parent with parental responsibility/ies; or
  - another adult with parental responsibility/ies; or
  - an authorised representative of any agency holding parental responsibility/ies.

- The young person with capacity to consent may do so by signing the consent section at the start of Part B of this form at the time of the health assessment.

- Consent from birth parent(s) is best obtained at the time of placement; the birth parent(s) may give consent by signing the LAC documents and these should be available for the assessing health professional on request. Alternatively, the birth parent(s) may give consent by signing the consent section at the end of Part A of this form.

- The young person's social worker should provide the assessing health professional with background details and the reason for the young person being looked after, for example, a child protection or core assessment report. It is the social worker's responsibility to prepare the young person, parents and carer for the assessment. If the young person or their carer is not already in possession of the *Personal Child Health Record* (red book), the social worker should obtain it from the parents and ensure it is brought to the health assessment.

- It is good practice for the social worker, and birth parent(s) where appropriate, to attend the assessment as well as the carer or the young person's support worker, thus ensuring that the health professional has up-to-date information on the young person's background and family and personal history, and is able to receive directly any comments regarding the young person's health. **The social worker should advise the health professional if there are any concerns about personal safety, for all those attending.** The social worker should also alert the health professional to any addresses on the form that must not be shared with other family members.

- The social worker should ensure that arrangements are made for an interpreter or signer to be present if necessary.

- **The agency/social worker should be aware that it is the expectation of the LAC health team that they should be notified when actions from the recommendations in Part C are carried out.**

Part B: The health assessment and procedure for the assessing health professional

- Part B should be completed by the assessing health professional who must have relevant experience and training to at least Level 3 of the Intercollegiate Competencies. Regulations in England and Northern Ireland require a doctor to undertake the assessment; however, in Scotland and Wales this may be carried out by a doctor or nurse.

- Services should have a mechanism for identifying which health professional is best placed to undertake the assessment. If the young person is already known to community child health services, a paediatrician who knows the young person may be better placed to provide a comprehensive report.

- It is important for any assessing health professional to seek advice and guidance when needed from a senior colleague with expertise. Although some specialist nurses have expertise in physical examination, medical oversight should be in place and there should be an agreed pathway for the young person whose IHA is completed by a nurse, to see a doctor if needed.

- The purpose of the assessment should first be explained to the young person, parent(s) and carer.

- There is a section for the young person to sign, giving their informed consent to the assessment. With increasing maturity and understanding, it is to be expected that many, or perhaps most, young people will have capacity to consent to health assessment, and will take an increasingly active part in their own health care.

- The emphasis should be on engaging the young person in the assessment of their own health and encouraging responsible health behaviour and a healthy lifestyle, including discussing their hopes and aspirations, rather than on completing yet another form.

- Those present at the assessment should be listed at the beginning of Part B. It is important to note that young people may not discuss sensitive and personal information unless confidentiality can be assured. At the outset, the issue of confidentiality should be raised with the young person and the limits of confidentiality explained. Carers or other adults should not be present during assessment unless the young person specifically gives permission. It may, however, be helpful to speak to the carer(s) alone. It would also be appropriate to see the birth parent(s) alone to obtain their health history.

- The form should record the young person's wishes and feelings regarding their present and future health and well-being.

- The forms are intended as guidance and should not replace clinical judgement. A box can be left blank if the question or issue is not relevant and should be marked N/A for 'not applicable' to indicate the practitioner has considered it.

- The extent of the physical examination will depend on the age of the young person and its appropriateness within the clinical context. For example, examination of the genitalia would not be routine in a young person if there is no clinical indication. Practitioners should clearly document what physical examination has been carried out.

- With appropriate consent (for example, using CoramBAAF Consent Form), health professionals should use all available information, such as community health, GP and hospital records, to inform the assessment. Additional relevant information may be available from other sources within the young person's care network. The source of all information should be documented.

- For refugee and trafficked young people, consider the impact on their health of their country of origin and route taken, experiences en route, entry point into the UK, infectious diseases, the impact of displacement, separation and loss, physical, emotional and sexual trauma, sexual health and mental health. See 'Additional resources' for websites providing information on worldwide prevalence rates of HIV/AIDS and hepatitis as well as country specific immunisation schedules and uptake.

- Since Part B may contain personal and sensitive information about other family members, as well as the young person, it should be retained in the young person's health record and treated with the utmost care with respect to confidentiality. For adoption only, a copy of the entire form will be sent to the young person's adoption agency.

- Practitioners should be sensitive to the language used, as this report may be shared across agencies, released in court proceedings, and accessed by the young person in the future.

- The issues raised in the report must be discussed with the young person and great care must be taken to respect confidentiality. Explicit consent for the release of personal and sensitive information to others in the health care team, to carers, to the school, etc, must be negotiated.

- For young people placed out of area, the entire completed form including Part B should be sent to the looked after children's health team in the responsible/placing area.

Part C: Summary Health Report

- Part C is the summary report and health recommendations for the child care plan. All of Part C will be needed by the social worker who has responsibility to formulate the health care plan and the Independent Reviewing Officer (IRO)/reviewing officer who has responsibility to review the young person's care plan. Completion of Part C in its entirety will provide the information required to fulfil the statutory requirements for the health care plan.

- **Part C should include an analysis of the young person's personal and family health history and the implications these have for the young person's current and future health and care needs**. Part C will be shared with adoption and fostering agencies.

- Part C should usually be completed by the assessing health professional. Occasionally it may be necessary for the looked after children's health team from the responsible/placing authority to assist in completion of Part C to ensure a comprehensive report.

- Health recommendations for the care plan should be specific, time-bound and clearly identify the person responsible for each action. The plan should include upcoming appointments with dates and any outstanding issues such as immunisations. **It is the expectation of the LAC health team that they should be notified when actions are carried out.**

- Part C should include a list of all those who receive a copy of Part C; the list should include all those with responsibility for implementing recommendations for the child care plan.

- Part C can be used as the basis for discussion with current and future carers, provided informed consent has been obtained to disclose the information. **In Scotland**, regulations state that prospective adopters must be given full information about a young person at the time of placement, including the medical information on the young person and his/her family. In England, Northern Ireland and Wales, it is good practice to disclose all relevant health information to prospective adopters.

- Part C may be released in court proceedings and may be accessed by the young person at a later date, so it is important to be sensitive to confidentiality and the use of language.

- Statutory guidance for England states that the lead health record for a looked after child should be the GP-held record and that the entire initial health assessment and health plan, and subsequent review assessments and plans, should be part of that record.

- Consent issues when sharing third party information need to be carefully considered in light of what is relevant to the young person and in their best interests.

Part D: Data collection and audit

- This is an optional section which LAC health teams may customise for their local data collection.
- In England, the National Tariff checklist, developed as a quality assurance tool for health assessments of children placed out of area, may be inserted here.

Use of electronic forms

- Please note that this form is now only available as an electronic template. The templates are provided by CoramBAAF to the fostering or adoption agency under a license agreement. Health agencies should get new and revised templates as necessary from the relevant fostering or adoption agency, including where any problems arise with the formatting of the document.
- If you are working with a printed copy and you do not have enough space to write, ask the agency that provided the form for an electronic template, as boxes in the template will expand as you type to allow sufficient space for full reporting/assessment.
- When it is appropriate to share Part C, a printed copy may be made by selecting the relevant page numbers of the completed Part C.

Additional resources

Further information on statute and guidance and specific health issues in fostering and adoption may be obtained at www.corambaaf.org.uk and from the following:

Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268

BAAF (2004) *Health Screening of Children Adopted from Abroad*, Practice Note 46, London: BAAF

BAAF (2006) *Genetic Testing and Adoption*, Practice Note 50, London: BAAF

BAAF (2007) *Reducing the Risk of Environmental Tobacco Smoke for Looked After Children and their Carers*, Practice Note 51, London: BAAF

BAAF (2008) *Guidelines for the Testing of Looked After Children who are at Risk of a Blood-Borne Infection*, Practice Note 53, London: BAAF

BAAF and BSHG (2008) *Statement on the Use of DNA Testing to Determine Racial Background*, London: BAAF

CoramBAAF (2015) *The Provision of Information to Fostering for Adoption Carers*, Practice Note 59, London: CoramBAAF

Department for Education and Department of Health (2015) *Promoting the Health and Well-Being of Looked After Children*, London: DfE and DH

Graham-Ray L (2015) *The Story so Far: Stories from our looked after children and care leavers*, London: Central London Community Healthcare NHS Trust

Lord J and Cullen D (2013) *Effective Adoption Panels: Guidance on regulations, process and good practice in adoption and permanence panels*, London: BAAF

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Merredew F and Sampeys C (eds) (2015) *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners*, London: BAAF

Millar I with Fursland E (2006) *A Guide for Medical Advisers: Scotland*, London: BAAF

Monitor and NHS England (2016) *National Tariff Payment System 2016-17*, London: Monitor and NHS England

Monitor and NHS England (2016) *2016/17 National Tariff Payment System: Annex B: Technical guidance and information for services with national currencies*, London: Monitor and NHS England

RCPCH and RCN (2015) *Looked After Children: Knowledge, skills and competences of health care staff – Intercollegiate role framework,* London: RCPCH

Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland*, Edinburgh: Scottish Government, available at: www.scotland.gov.uk/publications/2014/05/9977

Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice, paragraphs 80–95

The World Health Organisation gives data on international immunisation schedules and uptake rates past and present at www.who.int/immunization/monitoring_surveillance/data/en/

The World Health Organisation gives worldwide prevalence rates of hepatitis B at www.who.int/csr/disease/hepatitis/whocdscsrlyo20022/en/index1.html

The World Health Organisation gives worldwide prevalence rates of HIV/AIDS at www.who.int/gho/hiv/en/

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This information is confidential and is not to be divulged without authorisation of the health adviser. A copy of this entire form will be sent to the young person's adoption agency, and in England, to the GP as the lead record holder as required by statutory guidance.

The young person should be accompanied by his/her carer and, if possible and appropriate, a birth parent, provided, where he/she has capacity to consent, he/she agrees to be accompanied. Informed consent to health assessment is needed from the young person who has capacity, and only if he/she does not have capacity, from an adult with parental responsibility/ies. For consent to access family health information, a signed CoramBAAF Consent Form (or photocopy) must be attached.

Part A To be completed by the agency – type/write clearly in black ink

Form to be returned to the agency health adviser:

Health adviser's name			
Address			
Postcode		Telephone	
Email		Fax	

Young person		Interpreter/signer required? Arranged?	Yes/No Yes/No
Given name(s)		Family name	
Likes to be known as		Also previously known as	
Date of birth		Sex	M/F
Legal status e.g. In care/accommodated Compulsory supervision order (CSO) (Scotland)		NHS number	
		CHI number (Scotland)	
		Local identification number	
Person(s) with parental responsibility/ies:		Current legal proceedings	
Date first looked after at this episode		Reason for being looked after	
Number of previous placements, including birth family			
Ethnicity/religion			
First language		Other languages	
School/higher education/other care			
Is there a red book/personal health record? NB – This should follow the young person	Yes/No	If yes, name of person currently holding	

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Birth family

Mother: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Father: Name		Date of birth	
Address			
Postcode		Telephone	
Ethnicity/religion/first language			
Contact arrangements			

Siblings contact arrangements Any previous birth family name/address?	
Name(s)	
Contact arrangements	
Date(s) of birth	

Name of GP			
Address			
Postcode		Telephone	

Current carers – Do not disclose this information			
Name		Date placement started	
Address			
Postcode		Telephone	
Languages spoken		Any relationship to the child?	

Name | NHS/CHI number | DoB

Agency details

Name of agency			
Address			
Postcode		Telephone of agency	
Name of social worker and team		Name of manager	
Telephone of social worker		Email of social worker	
Name of reviewing officer			
Telephone		Email	

Consent to the young person's health assessment by birth parent/other person with parental responsibility/ies OR person authorised by LA to give consent, where the child does not have capacity to consent.

Consent already given in Looked After Documents? If not, then complete below			**Yes/No**
I agree to			being assessed.
Date		Signature	
Name		Relationship	

Part A completed by:			
Telephone		Date	

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Part B To be completed by the examining health professional and retained within the young person's health record. A copy of this entire form will be sent to the young person's adoption agency, and in England, to the GP as lead record holder, as required by statutory guidance. The young person should be told about the reasons for the assessment and that information will be shared, and their views obtained.

Consent by the young person with capacity to consent is essential.

Does the young person have capacity to consent? Yes/No If not, then check for signed consent in Part A

Consent by the young person

I understand the reason for this health assessment and I agree for it to take place. I understand that following this assessment, recommendations for my health care plan will be drawn up. A copy of Part C will be given to me and my social worker. I consent to copies going to my carer, birth parent(s), GP and school nurse/doctor (delete or add as necessary).

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Signature Date

List name and role of all those present at assessment			
Young person seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	

1 Health discussion Date

What would the young person like to get from this health assessment? Do they have any worries about health? How is the young person feeling today? Does the carer or anyone else involved with the young person have any concerns?

Please use this section to document the health discussion, e. g. wishes and feelings, eating, sleeping, interests, activities, friendships, aspirations. What do they do outside school?

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How long has the young person been in this placement and how is it going? (See also sections 4, 5 and 6)

For refugee and trafficked young people, consider country of origin and reason for leaving, route taken, experiences en route, entry point into the UK.

Does the young person wear glasses? Any concerns about **eyesight**? When was it last tested?

Does the young person have any concerns about **hearing**? Would they like it tested?

Does the young person have any current health problems, known conditions or diagnoses? Are they receiving any special support or allowances?

Is the young person attending any **health, therapy or other appointments**? Are there any outstanding?

	Name	Address	**Give details/date of last visit**
School nurse			
Dentist/orthodontist			
Optometrist/ ophthalmologist			
Paediatrician			
CAMHS/mental health services/voluntary sector			
Therapists, e.g. physio or occupational therapy, speech and language			
Youth offending			
Substance misuse team			
Care leaving team			
Other			

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Regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

2 Immunisation status

For refugee and trafficked young people, consider an accelerated immunisation schedule

Is this young person fully immunised for their age?	Yes/No
Immunisations required now	
Next one due	

Dates given	1	2	3	4	5
Diphtheria					
Tetanus					
Polio					
Pertussis					
Hib					
Pneumococcus					
Rotavirus					
Meningitis B					
Meningitis C					
MMR					
Influenza					
HPV					
Men ACWY					
BCG					
Hepatitis B					
Other:					

3 Health history

Personal health history including summary of CoramBAAF Forms M and B where available (request if not provided)

a. **Antenatal/birth/neonatal** including use of tobacco, alcohol, drugs, risk taking behaviour, gestation, time and place of birth, mode of delivery, birth measurements, resuscitation required, Apgar scores, feeding details, parenting issues.

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b. **Past health history** including growth, illnesses, hospital admissions and accidents (consider female genital mutilation (FGM)). For refugee and trafficked young people, consider risk of infectious diseases contracted in country of origin or en route, physical, emotional and sexual trauma and mental health.

Family health history including genetic disorders, mental health difficulties, learning difficulties taken from CoramBAAF Form PH or if different, **state source**. Please indicate if no family history is available.

Mother

Father

Siblings (state whether full or half siblings)

Others

Investigations to date	Date	Result
Haemoglobinopathy screen		
Sickle cell		
Hepatitis B		
Hepatitis C		
HIV		
Syphilis		
Chromosomes/array CGH		
Other		
Other		
Other		

Name | NHS/CHI number | DoB

4 Social/care history including abuse, neglect, exposure to domestic violence, lifestyle issues, and any risk of blood-borne or other infections

5 Impact of contact with birth family

including positives and negatives and young person's wishes and feelings, e.g. enjoyment, changes to routine, missed activities, anxiety, behaviour, quality of contact arrangements, whether anything could be done to improve contact (please state whose view this is)

6 Emotional and behavioural development

including anxiety, depression, eating disorder, anger, self-harming, suicidal ideation, interpersonal skills, domestic violence, friendships, relationship with current carer, including CoramBAAF Carers' Report, SDQ date and score, or other screening tool if available. For refugee and trafficked young people, consider the impact of displacement, separation and loss and physical, emotional and sexual trauma.

Are there any significant **behaviour problems** or difficulty relating to carers, other significant adults and peers, e.g. bullying? How is the young person coping with bereavement or loss of family, friends, pets, etc? Do they have a trusted adult to talk to?

7 Safety and health promotion

Does the young person smoke?	Yes/No	Use e-cigarettes?	Yes/No
Does the carer or anyone else in household smoke?	Yes/No	Use e-cigarettes?	Yes/No

Are there any current risks to safety, e.g. safe storage of e-cigarettes and medicines, pets, domestic violence, substance misuse, road danger, stranger danger, sexual exploitation, female genital mutilation, cultural or gender risks, radicalisation, forced marriage, e-safety, self-harming behaviour?

Sexual exploitation risk assessment (consider use of CSE toolkit)

Document further discussion as required on keeping healthy, skin and hair care, diet, weight, exercise, relationships, domestic violence, puberty, smoking, alcohol, street drugs, etc? Does the carer need any information or support?

Name		NHS/CHI number		DoB	

If using substances, use or exposure to smoking/alcohol/substances/solvents/other
Frequency, where and when used, desire to stop use, aware of accessing help from an appropriate agency, has a drug use/alcohol profile been completed, harm reduction considered?

Sexual health (as appropriate)

Date of menarche		Any worries about managing periods?	

Is the young person sexually active, can they say "no" when they want to, do they need contraception, current contraception, recent STI screening, do they know how to access contraception and sexual health clinics? Advise on personal checks as age appropriate (breasts, testicles)

8 Current functional assessment and education (Record age appropriate activities to document skills)

Date		Age	

Any concerns about development from the young person, carer or school?

Self-care and independence skills Does the young person have relevant skills for their age, e.g. dressing, personal hygiene, telling time, managing money, including credit, travelling alone, preparing simple food, accessing health services/information? This information may be particularly relevant from the age of 14–15 when leaving care/pathways plans are being considered.

Education

Is the young person currently in school?	Yes/No
Type of educational provision, e.g. mainstream, special unit, home tutoring	
Are there concerns about school attendance?	Yes/No
Are there concerns about attention/concentration or communication skills?	Yes/No

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Does the young person receive any extra support with learning?	Yes/No
Has the young person been referred to the education department?	Yes/No
Is a recent school report available?	Yes/No
Are there any difficulties in accessing extracurricular activities or additional needs, e.g. geographic, contact or funding arrangements?	Yes/No
Has further education, training or employment been considered?	Yes/No
Please give details, e.g. attendance, enjoyment, favourite subjects, special educational needs, short- and long-term aspirations and any challenges	

9 Physical examination Date Age

General appearance/presentation,including evidence of non-accidental injury.

Skin, including BCG scar			
Hair colour		Eye colour	

Oral health including evidence of caries, fillings, dental and orthodontic treatment.

Growth

Weight		Height		BMI	
kg	centile	cm	centile	kg/m^2	centile

Any concerns about growth and development e.g. pubertal changes, weight gain or loss?

ENT

Result and date of last hearing test

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Eyes

Result and date of orthoptic assessment/visual acuity test

Respiratory system

Cardiovascular system

Abdomen

Pubertal status (NB assess during examination and examine genitalia **only** if clinically indicated) consider FGM, whether both testes descended/previously documented

Nervous system (as clinically indicated) including fine and gross motor skills and co-ordination

Musculoskeletal system including scoliosis and consider other joints as clinically indicated

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10 Comments on any other issues not covered by previous sections

Examining health professional

Name			
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is good practice for the examining health professional to discuss the issues raised in this report with the young person, and to seek appropriate consent for further dissemination of information. The examining health professional or agency health adviser should discuss the issues and their implications for the young person with any future carers.

Please respect confidentiality and take care whether or not to share personal health information.

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Part C **should be retained in the young person's health record and a copy sent to the social worker. This summary should be an analysis of the young person's personal and family health history and the implications these have for the young person's current and future health and care needs.**

All of Part C will be shared with adoption and fostering agencies to ensure that the social worker has all the data needed to formulate the health care plan. It is good practice, with informed consent, to share this information with the young person's current and future carers. A copy of this entire form should be sent to the young person's adoption agency, and in England to the GP as lead record holder. Throughout the UK, it is good practice to disclose all relevant health information to prospective adopters; in Scotland this is mandatory.

Summary report from examining health professional **(complete every section)**

Date completed

Based on information taken from:

Relevant factors in young person's past and current health history and implications for future

Birth history and past health history

Social and care history, including reason for being looked after

Present physical and dental health including current health issues

Educational progress and extra-curricular activities

Name | NHS/CHI number | DoB

Emotional and behavioural development

Sexual health, lifestyle and independence issues

Young person's wishes and feelings

Issues in current placement

Relevant family health history (state source) **and implications for future**

Mother	
Father	
Siblings	
Other	
Summary and implications for future	

Issues will be reviewed by your social worker at your statutory review with your permission. Personal or sensitive health topics should not be discussed in a group setting. If you need help with these, please ask for help from your carer, social worker, or health professional.

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HEALTH RECOMMENDATIONS FOR YOUNG PERSON'S CARE PLAN

Personal or sensitive health topics should not be put on this plan or discussed in group settings without the express knowledge and consent of the young person.

Include all details needed to create and implement the health care plan and the dates of the last dental check-up and doctors/hospital appointments. The expectation is that those completing the actions from the health care plan should notify the LAC health team.

Date of health assessment (date/s young person seen)	
Date of next health assessment	

Health issues	Action required	By when	Person responsible

List current medications

Name | NHS/CHI number | DoB

Allergies?	Yes/No
Immunisations up to date?	Yes/No
Permanently registered with GP?	Yes/No
Name of GP	
Registered with dentist?	Yes/No
Name of dentist	
Date last seen	

All issues to be reviewed by social worker and IRO/reviewing officer at looked after young person reviews

Name of person completing Part C		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Panel	

Overview/comments by looked after health professional in responsible/placing authority (if required)

Name		Date	
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Panel	

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Copy of Part C sent to (include all those with responsibility for recommendations for the young person's care plan):

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Part D **is an optional section which may be used for local data collection and audit. The LAC health team may wish to customise this space for their data collection. In England the National Tariff checklist for children placed out of area may be inserted here.**

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