Adoption medical letter for SW

**Letter to Social Worker from Adoption Medical Adviser**

To: Social Worker Date:

**PLEASE READ ALL THE INFORMATION IN THIS LETTER CAREFULLY**

Dear

Re: DOB:

Thank you for the referral requesting an adoption medical for the above child. I have arranged an appointment for the adoption medical on:

Date:

Time: (Social Worker to meet Medical Advisor 15 minutes earlier)

Place:

Please can you confirm this appointment with the child’s carer and ensure you are also able to attend. It is essential that both the current carer and the Social Worker attend with the child. If you need to change the appointment please contact me immediately. Please ask the carer to bring the child’s Red Book to the appointment.

The appointment has been arranged on condition that I receive the paperwork within three (3) weeks of the date of this letter (ideally in one bundle). If it is not received the appointment may be postponed. See overleaf for details of paperwork required.

If parents wish to attend, they will be invited in for the examination part of the appointment only. They should arrive one hour after the appointment time. This appointment is not a contact session.

If the child’s plan changes and the medical appointment is not required, I would be grateful if you could let me know as soon as possible so that the appointment slot can be offered to another child.

Yours sincerely

Name of Medical Advisor

CHILD’S NAME: APPOINTMENT DATE:

Please can you send me the paperwork listed below

|  |  |
| --- | --- |
| 1 | **BAAF Form PH (report on health of birth parent)** |
|  | One form for each parent |
| 2 | **BAAF Consent Form**  |
|  | One form for each parent so that we can access and disclose personal and family health information on the child’s medical report. There are two boxes on page 2 which require a parent’s signature. If birth mother refuses to sign this form, you should request consent from your legal team to access maternity notes to obtain information on the pregnancy and birth, as there may be implications for the health of the child.  |
| 3 | **Family Medical History Form** |
|  | Please ask family member(s) to complete this form (preferably someone who knows as much information as possible, e.g. grandparents) – ideally one form for each side of the family |
| 4 | **BAAF Form M/B (obstetric report on mother/neonatal report on child**  |
|  | If child born in Swindon please complete Part A and return and I will request birth mother’s maternity recordsIf child born outside of Swindon complete Part A and send to the relevant maternity unit with a photocopy of the Consent Form signed by birth mother. When returned from the maternity unit send to me.  |
| 5 | **BAAF Form CR-C Carer’s Report (for children under 10 years)****BAAF Form CR-YP Carer’s Report (for children aged 10 years and over)**  |
|  | The age appropriate form should be completed by the main carer |
| 6 | **Up-to-date Social Services Summary Report/Chronology** |
| 7 | **Up-to-date School/Nursery Report**  |
|  | Please request this from the child’s school/nursery as soon as possible |
| 8 | **Any other medical reports available to the SW** |
|  | Psychology or psychiatrist reports on child or parentsHospital reports not from the Great Western HospitalTherapist reports – speech therapy etc |
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