

**Background Information for Medical Advisors**

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| Childs Full Name |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Educational establishment (if relevant) |  |
| Date Became Looked After |  |
| **Date of ADM meeting** |  |

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| --- | --- |
| Name of Birth Mother |  |
| Date of Birth |  |
| Ethnicity |  |

|  |  |
| --- | --- |
| Name of Birth Father |  |
| Date of Birth |  |
| Ethnicity |  |

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| --- | --- |
| Family Structure – to include details of siblings. Please indicate if fostered or adopted. |  |
| Family Background |  |
| Reasons for becoming Looked After |  |

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| Does the Child have any health issues? | YES/NO – If Yes, please detail below |
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| Are you aware of any health issues in the family? | YES/NO – If Yes, please detail below. |
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| Is there any history of learning disabilities/difficulties within the family? | YES/NO – If Yes, please detail below. |
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| Is there any history of substance misuse issues within the family? | YES/NO – If Yes, please detail below. |
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| Is there any history of domestic violence within the family? | YES/NO – If Yes, please detail below. |
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| Is there any history of mental health issues within the family? | YES/NO – If Yes, please detail below. |
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| Have there been any psychiatric, psychological or other expert reports? | YES/NO – If Yes, please provide details and précis to conclusions below. |
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| Has the Child potentially been exposed to any of the following? | |
| Abuse, neglect or trauma | YES/NO – If Yes, please detail below. |
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| Alcohol during pregnancy | YES/NO – If Yes, please detail below. |
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| Drugs during pregnancy | YES/NO – If Yes, please detail below. |
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| Stress during pregnancy – including domestic violence | YES/NO – If Yes, please detail below. |
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| Have any concerns about the Childs development or wellbeing been expressed by any of the following? | |
| Foster Carer | YES/NO – If Yes, please detail below. |
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| Nursery/School | YES/NO – If Yes, please detail below. |
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| Any other Person | YES/NO – If Yes, please detail below. |
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| Please provide any other information which may be helpful to the medical advisor |  |