**Referral for Pre-Adoption Medical**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Social Worker:  |  | Ethnicity:  |  |
| Team Manager:  |  | L/A Solicitor:  |  |
| Office:  |  | Children’s Guardian:  |  |
| Name of Child:  |  | Any Siblings Previously Adopted:  |  |
| Date of Birth:  |  |
| Child’s NHS No: |  |
| Date of Child’s SHOBPA meeting/Adoption Panel |  |

|  |
| --- |
| Name of hospital where born:  |
|  |

|  |  |
| --- | --- |
| Legal Status of Child:  |  |

|  |  |
| --- | --- |
| Contact Terminated  | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| Foster Carers Surname: |  | Forenames:  |  |
| Address & Tel No:  |  |

|  |  |
| --- | --- |
| Name of Foster Carers GP:  |  |
| Address & Tel No of GP:  |  |

|  |  |
| --- | --- |
| School or Nursery Address |  |

|  |  |
| --- | --- |
| Birth Parents | Birth Parents |
| Mother:  |  | Father:  |  |
| Date of Birth:  |  | Date of Birth:  |  |
| Address:  |  | Address:  |  |
| Ethnic Origin:  |  | Ethnic Origin:  |  |

|  |  |
| --- | --- |
| Date of Review Recommending Adoption Plan |  |

|  |  |
| --- | --- |
| Are the Foster Carers wishing to adopt this child?  | Yes/No |

**Child’s social history – to be completed for first medicals only**

|  |  |
| --- | --- |
| Please describe birth mothers ante natal care  |  |
| Child’s birth history – to include complications at birth/birth weight  |  |
| Has the Child potentially been exposed to any of the following? |
| Abuse, neglect or trauma | YES/NO – If Yes, please detail below. |
|  |
| Alcohol during pregnancy | YES/NO – If Yes, please detail below. |
|   |
| Drugs during pregnancy  | YES/NO – If Yes, please detail below. |
|   |
| Stress during pregnancy – including domestic violence | YES/NO – If Yes, please detail below. |
|   |
| Brief family background and family structure -including reasons the child is looked after  |  |
| Details of any adopted siblings |  |
| Family health history – including history about birth parents and any siblings (learning issues, mental health, genetic conditions, substance misuse etc.)  |  |
| Should Blood Borne Virus testing be carried out? (Consider unknown birth father, parental drug use, if birth mother was a sex worker). Has consent be sought?  |  |
| List child’s period in care/placements since birth  |  |
| Have there been any psychiatric, psychological or other expert reports?  |  |

|  |
| --- |
| Have any concerns about the Childs development or wellbeing been expressed by any of the following? Foster Carer/Nursery/School/any other person? If yes please give details: |
|  |

|  |  |
| --- | --- |
| Please provide any other information which may be helpful to the medical advisor |  |

|  |  |
| --- | --- |
| Name of Completing Social Worker |  |
| Date |  |