**Referral for Pre-Adoption Medical**

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| 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 |  | | |

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| Name of hospital where born: |
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| Legal Status of Child: |  |

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

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

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

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| School or Nursery Address |  |

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

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| Date of Review Recommending Adoption Plan |  |

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

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

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| 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. |
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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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| 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? |  |

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

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