 **STRICTLY CONFIDENTIAL**

**ADOPTION MEDICAL REPORT**

**FOR A CHILD TO BE PLACED FOR ADOPTION**

|  |  |
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| **Name of Child** |  |
| **Date of Birth** |  |
| **Sex** |  |
| **Ethnicity** |  |
| **NHS Number** |  |

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| **Medical report(s) read by agency medical adviser**  **(add further rows as required)** |
| **Number** | **Type of Report** | **Report Author and Job Title** | **Date of Report** |
| **Report 1** |  |  |  |
| **Report 2** |  |  |  |
| **Report 3** |  |  |  |
| **Report 4** |  |  |  |
| **Report 5** |  |  |  |
| **Report 6** |  |  |  |

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| **Details of in-person clinic appointment** |
| **Date & Time** |  |
| **Person(s) attending with the child** |  |
| **Medical Advisor**  |  |
| **Other(s)***(Name and role)* |  |

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| **Child’s Own Health History and Implications for the Future** |
| **Birth history and antenatal period** |
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| **Past medical history** |
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| **Social and care history, including reasons for becoming Looked After** |
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| **Current Health** |
| **Physical health** |
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| **Dental health** |
|  |
| **Vision** |
|  |
| **Hearing** |
|  |
| **Speech & Language** |
|  |
| **Immunizations** *(comment here, chart below)* |
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|  | **1****Date** | **2** | **3** | **4** | **5** |
| **Diphtheria** |  | **-** | **-** | **-** |  |
| **Tetanus** |  |  |  |  |  |
| **Polio** |  |  |  |  |  |
| **Pertussis** |  |  |  |  |  |
| **Hib** |  |  |  |  |  |
| **HepB** |  |  |  |  |  |
| **Pneumococcus** |  |  |  |  |  |
| **Rotavirus** | **-** |  |  |  |  |
| **Meningitis B** |  |  |  |  |  |
| **Meningitis C** |  |  |  |  |  |
| **MMR** |  |  |  |  |  |
| **Influenza** |  |  |  |  |  |
| **Others** |  |  |  |  |  |

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| **Screening Test & Investigations** *(comment here, chart below)* |
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| **Guthrie** | **Date** | **Result** |
| PKU and Thyroid |  |  |
| Cystic Fibrosis |   |  |
| MCADD |  |  |
| Haemoglobinopathy |  |  |
| Sickle cell |  |  |
| Cystic fibrosis |  |  |
| Maple syrup urine disease |  |  |
| Homocystinuria |  |  |
| Isovaleric acidaemia |  |  |
| Glutaric aciduria type |  |  |
| Hep B&C Mother |  |  |
| HIV |  |  |
| Syphilis |  |  |
| Chromosomes/array CGH | - |  |
| Newborn hearing |  |  |
| Other |  |  |

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| **Physical Examination** |
| **Weight** |  |
| **Height** |  |
| **Head circumference** |  |
| **Overview of physical examination undertaken** |
|  |
| **Developmental and Educational progress** |
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| **Emotional & Behavioural development** |
|  |
| **Child’s wishes and feelings** |
|  |
| **Parenting issues within current placement** |
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| **Birth Family** |
| **Birth Mother’s Name** |  |
| **DOB** |  |
| **Ethnicity** |  |
| **Overview of Birth Mother’s history** |
|  |
| **Birth Father’s Name** |  |
| **DOB** |  |
| **Ethnicity** |  |
| **Overview of Birth Father’s history** |
|  |
| **Birth Sibling’s Name** |  |
| **DOB** |  |
| **Sex** |  |
| **Full/Half sibling** |  |
| **Overview of Birth Sibling’s history** |
|  |
| **Birth Sibling’s Name** |  |
| **DOB** |  |
| **Sex** |  |
| **Full/Half sibling** |  |
| **Overview of Birth Sibling’s history** |
|  |
| *\*NOTE: Add further sections if there are additional siblings.* |
| **Additional relevant family history that may have implications on the child for their future.** *(i.e. extended family health/medical conditions, earlier in life experiences, etc)* |
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| **Medical Advisor’s Summary***To include inheritance risk and antenatal experiences and their implications* |
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| **Recommendations and Action Plan** |
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| **Signature of Medical Advisor** |  |
| **Name (in print)** |  |
| **Date** |  |