**ADVICE FROM THE AGENCY MEDICAL ADVISOR REGARDING ADOPTION AGENCY REGULATIONS 2005 reg. 15(2) and reg. 15(3), FOR THE PURPOSE OF THE ADOPTION AGENCY CONSIDERING ADOPTION FOR THE CHILD**

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of Birth** |  |
| **NHS Number** |  |

|  |  |
| --- | --- |
| **Name of Medical Advisor completing this advice form** |  |
| **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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| --- | --- | --- |
|  | **Yes** | **No** |
| Having reviewed the child’s health information listed above is a further examination of the child by a registered medical practitioner and consequential child’s health report unnecessary? (AAR 15 (2)) |  |  |
| Does the Agency Medical Advisor recommend any other medical and psychiatric examinations of, and other tests on, the child to be carried out; and written reports of such examinations and tests to be obtained? (AAR 15 (3)) If yes please list the recommendations below |  |  |
| **Recommendation 1** |  |
| **Recommendation 2** |  |
| **Recommendation 3** |  |

|  |  |
| --- | --- |
| **Signature of Medical Advisor** |  |
| **Name (in print)** |  |
| **Date** |  |