

**AGENCY MEDICAL ADVISER’S SUMMARY FOR THE PURPOSES OF THE ADOPTION AGENCY REGULATIONS 2005 reg. 17(1)(b)**

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| **THE STATE OF THE CHILD’S HEALTH,**  **HIS HEALTH HISTORY AND ANY NEED FOR**  **HEALTH CARE WHICH MIGHT ARISE IN THE FUTURE** |
| NB: the summary below must be included verbatim by the relevant social worker in section 10 of the Child’s Permanence Report |

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

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| **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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| **Summary of the state of the child’s health, his health history and any need for health care which might arise in the future [please ensure that each part of this reg. 17 requirement is addressed]**  **Please use a separate sheet if the space below is insufficient** |
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| **Signature of Medical Advisor** |  |
| **Name (in print)** |  |
| **Date** |  |