Updated Health report for foster carers or prospective approved adoptive parents.

A commissioning letter from the fostering/adoption agency should accompany this form.

Guidelines and process for completion

This PDF form must be completed using Adobe Acrobat.

Adobe Acrobat Reader DC (free version) and Adobe Acrobat Pro DC can both be used to complete and sign this document.

For technical support on how to complete the form go to corambaaf.org.uk/form-help

Part A - *to be completed by the agency*

It should clearly identify where the form should be returned when all sections are completed.

Part B - *to be completed by the carer/prospective adoptive parent*

Confidentiality and storage On completing part B/section 4, the carer confirms that they give consent for their health information to be shared with the agency. The health report will be stored confidentially on their social care record. After completion of AH2, if additional information is required from health specialists further consent should be obtained from the carer.

Part C - *to be completed by a medical practitioner, usually the carer's own GP*

The form can be completed by GP record review

The **purpose** of the completion of the medical report on the applicant is to obtain accurate and up-to-date information on the applicant's individual and family health history and current physical and mental health. Safeguarding concerns should be disclosed.

The agency medical adviser should be contacted if the doctor completing the form wishes to discuss any issues arising. For more information visit **corambaaf.org.uk/formah2**

Part D - *to be completed by the agency medical adviser*

Interpretation of Adult Health Report by agency medical adviser
On receipt of the completed AH2 form, the medical adviser will provide a summary, and advice to the agency on the implications of an applicant's current health and history. Further information for medical advisers is available at **corambaaf.org.uk/formah2**.

Form AH2 ADULT HEALTH REPORT
CONFIDENTIAL

Why is this information needed?

Adopter and foster carer applicants have a medical report completed as part of their application process. (Form AH)

Fostering agencies will continue to support and supervise foster carers. There is a responsibility for agencies to consider health as part of the review process for carers. Form AH2 is produced as a tool to be used as part of this process. Adoption agencies may also on occasion need to review the status of the health of approved prospective adopters.

If agencies are aware of very significant changes to a carers" health (or there is significant missing medical information) they should discuss the situation with the agency medical adviser and it may be preferable to complete a new full AH report.

Form AH2 ADULT HEALTH REPORT

CONFIDENTIAL

Name of carer | **DoB**

PART A to be completed by the agency

Please describe caring role below

Fostering ☐ **tick if long term** ☐

Adoption ☐

Special guardianship ☐

Other care ☐

Short break/respite care ☐

Intercountry adoption ☐

Kinship/connected person ☐

Name of agency

Social worker

Address

Telephone | **Postcode**

Email

Case reference number

Name of medical adviser

Employed by

Address

Telephone

Email

RETURN FORM when Parts B and C are complete TO

Name

Designation

Email

Name of carer		**DoB**	

PART B to be completed by the carer

1. Carer details

Please try to give as much accurate information as possible.

Family name			
First name		**Gender**	
Address			
Telephone		**Email**	
Date of birth		**Occupation**	
Ethnicity			
GP details **Name and address**			
Name of partner if applying jointly			

2. Current health

Do you consider yourself to be in good health currently? **Yes** ◯ **No** ◯

Please give details

Are you seeing any specialists or hospital consultants **Yes** ◯ **No** ◯

If yes, give details of who you see and where

What do you see him/her for?

Name of carer **DoB**

Do you attend the GP for regular appointments? **Yes** **No**

If yes, what are these appointments for?

Do you take any medication regularly? **Yes** **No**

If yes, please list below and clarify what each is for

Have you had any health issues in the past? **Yes** **No**

If yes, please give details

Have you had any emotional or mental health problems such as anxiety, depression or stress? **Yes** **No**

If yes, please give details. Include any life events that may have been triggers

Do you have any significant sleep difficulties? **Yes** **No**

Have you ever seen a psychiatrist/psychologist/psychotherapist/ counsellor/psychiatric nurse/other health or social work professional or complementary therapist for issues related to mental health? **Yes** **No**

If yes, please give details and dates

Are you awaiting an appointment regarding your mental health and emotional well-being? **Yes** **No**

If yes, please provide details and dates

Name of carer **DoB**

Have you ever attended a private health clinic or hospital? **Yes** **No**

If yes, provide details and dates

Are you on any benefits related to sickness, incapacity or disability? **Yes** **No**

If yes, please give details

Do you have any dental problems? **Yes** **No**

How often do you attend the dentist?

Do you have any significant problems with your vision or hearing? **Yes** **No**

If yes, please give details

Name of carer		**DoB**	

3. Lifestyle

What exercise or activity do you do?	**How long for and how often?**

Describe your diet and any dietary restrictions

What do you feel keeps you healthy?

Do you currently smoke tobacco? (cigarettes, pipe, roll-ups)? **Yes** ◯ **No** ◯

If yes, how long have you smoked?

How many do you smoke per day?

- ◯ **Less than 1**
- ◯ **1-5**
- ◯ **6-10**
- ◯ **10 +**

If NO, have you ever smoked tobacco? **Yes** ◯ **No** ◯

How many years did you smoke for?

When did you stop smoking?

Do you currently use an electronic cigarette (vaping device) **Yes** ◯ **No** ◯

Do any other household members smoke?

Where are visitors/household members allowed to smoke in your home?

Name of carer **DoB**

Do you drink alcohol? **Yes** **No**

What type of alcohol do you drink?

- **Beers/cider**
- **Spirits**
- **Wines**

How much do you drink on average a week? Describe in glasses/ bottles or units

Have you ever used recreational/street/illegal drugs? **Yes** **No**

If yes, please describe use, including when and type of substance

What is your current weight?

What is your current height?

4. Consent

I certify that to the best of my knowledge the above information is complete and accurate.
I understand that the information about my medical history and present medical condition recorded on this form is required by the named agency.
I consent to a medical examination, and for the examining medical/health practitioner to access my medical records.
I consent to the provision of this report to the agency, understanding that it will be viewed by relevant staff and the agency medical adviser and will be stored confidentially by the agency.
I consent to the agency medical adviser viewing my electronic health record and requesting further information from my GP if required.
I understand that I am responsible for informing the agency if there are any significant changes to my health.

Signature of carer (need help creating a digital signature?)

PLEASE NOTE: ENTERING A SIGNATURE IN THE BOX BELOW WILL LOCK ALL INFORMATION ENTERED IN PART B. PLEASE CHECK BEFORE SIGNING.

Name of carer | **DoB**

PART C to be completed by an appropriate health professional, usually the applicant's GP

For more information visit **corambaaf.org.uk/formah2**

Please review the information provided by the applicant in Part B.

The applicant has completed Part B, a questionnaire about their own health, and I have had the opportunity to review this information as part of this assessment **Yes** ◯ **No** ◯

Please comment on self-reported information. Does it appear consistent with GP record?

Date of last Form AH /AH2 (if you do not have a copy of the last report please contact the agency)

Referring to GP records and the questionnaire (part B) completed by your patient do there appear to have been any changes in health issues? Yes ◯ No ◯

Please record new or resolved health issues below

SAFEGUARDING

Do you know anything about the applicant's lifestyle/health/history that might impact their capacity to care for a child or put a child's welfare at risk? (Please review all records available) Yes ◯ No ◯

Please give details

Name of carer | **DoB**

Name

GMC Registration number | **Qualifications**

Address

Telephone | **Postcode**

Email

How was Part C completed? ◯ **in person** ◯ **via video consultation**

Signature of Health Professional (need help creating a digital signature?)

PLEASE NOTE: ENTERING A SIGNATURE IN THE BOX BELOW WILL LOCK ALL DATA ENTERED IN PART C. PLEASE CHECK BEFORE SIGNING.

This form should be returned as per the instructions at bottom of page 1 Part A

Please do not return this form under any circumstances to CoramBAAF.

Name of carer		**DoB**	

PART D Summary report from agency medical adviser

. Further information for medical advisers is available at **corambaaf.org.uk/formah2**

Summary of health and lifestyle issues with comments on the significance for adoption/fostering.

Name		**Designation**	
Qualifications			
Address			
Postcode			
Email		**Telephone**	

Signature of Medical Adviser (**need help creating a digital signature?**)

PLEASE NOTE: ENTERING A SIGNATURE IN THE BOX BELOW WILL LOCK ALL DATA ENTERED IN PART D. PLEASE CHECK BEFORE SIGNING.