|  |
| --- |
| **ADVICE FROM THE AGENCY MEDICAL ADVISOR (AMA) 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 Agency 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** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Having reviewed the child’s health information listed above, is it unnecessary for a Registered Medical Practitioner to carry out a further examination of the child (AAR 15 (2) (*and if the child does not need to be seen again please tick under the yes column*)?  |  |  |
| If a further examination of the child is unnecessary at this stage (as stated above), please explain why the child does not need to be seen again below |
|  |
| 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** |  |