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| **ADVICE FROM THE AGENCY MEDICAL ADVISOR**  **ADOPTION AGENCY REGULATIONS 2005 Reg. 36 (6) (b & f)**  **FOR THE PURPOSE OF THE ADOPTION AGENCY**  **CONSIDERING A MATCH FOR THE CHILD AND ONGOING REVIEWS**  **(FORM 1)** |

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

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| **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** |  |  |  |
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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 *(and if so please tick under the Yes column)* (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** |  | | |

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