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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 2: Medical Summary Report)** |

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| **THE STATE OF THE CHILD’S HEALTH, HIS/HER HEALTH HISTORY AND ANY NEED FOR HEALTH CARE WHICH MIGHT ARISE IN THE FUTURE** |

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| **Name of Child** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Date of Clinic** |  |
| **Age of Child at Clinic Date** |  |
| **In attendance at Clinic (Name and Designation)** |  |
| **Date of Summary** |  |

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| |  | | --- | | **Name of Agency Medical Advisor completing this advice form** | | | Dr Rebecca Chambers  Adoption Medical Advisor | |
| |  | | --- | | **Medical report(s) read by agency medical adviser (add further rows as required)** | | | | |
| **Number** | **Type of Report** | **Report Author & Title** | **Date of Report** |
| **Report 1** |  |  |  |
| **Report 2** |  |  |  |
| **Report 3** |  |  |  |
| **Report 4** |  |  |  |
| **Report 5** |  |  |  |
| **Report 6** |  |  |  |
| **Report 7** |  |  |  |

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| |  | | --- | | **Using the headings detailed below, provide a summary of the state of the child’s health, his/her health history and any need for health care which might arise in the future. The summary must include details of parental medical histories, with written consent to access their records having been gained** *(please ensure that each part of this reg. 17 requirement is addressed, including commenting on any health needs regarding the child’s heritage, cultural and linguistic background as appropriate)* | |
| **Social history – from Social Care information:**  Click here to enter text.  **Details of birth**  Click here to enter text.  **Ante natal care**  Click here to enter text.  **Blood born viruses**  Click here to enter text.  **Neonatal Screening**  Click here to enter text.  **Neonatal Progress**  Click here to enter text.  **Immunisations**  Click here to enter text.  **Past medical history**  Click here to enter text.  **Background on family health information**  **Maternal history**  Click here to enter text.  **Paternal history**  Click here to enter text.  **Siblings**  Click here to enter text.  **Current Health**  Click here to enter text.  **Medication**  Click here to enter text.  **Allergies**  Click here to enter text.  **Vision**  Click here to enter text.  **Teeth**  Click here to enter text.  **Feeding**  Click here to enter text.  **Sleeping**  Click here to enter text.  **Toileting**  Click here to enter text.  **Development/Education**  Click here to enter text.  **Emotional & behavioural needs**  Click here to enter text.  **Examination**  Click here to enter text.  **Conclusion**  Click here to enter text.  **Additional Information for Consideration**  Click here to enter text. |

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