**REFERRAL FORM FOR PAEDIATRIC SAFEGUARDING MEDICALS**

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| **Date of referral** | **Time** |
| **Name of Child/ren** | **DOB** |
| **Current address (NB may be different from EPR)** | **Current contact Tel Number for Family** |
| Name of ***referring*** Social Worker |  |
| Tel no for***referring*** Social Worker |  |
| Name of attending social worker (if known) |  |
| TEAM MANAGER IN SOCIAL CARE (to COPY report to) |  |
| Name of police officer if involved |  |
| Consent obtained Yes 🞏 No 🞏 | By whom? |
| If not, why not? Is there intention to obtain consent prior to medical? |  |
| **Background** | |
| **Current concerns/Reason for medical** | |
| **Paediatrician covering safeguarding** | |
| **Discussion between Paed Cons and SW OR strategy discussion *prior* to medical (if applicable)** | |
| **Medical accepted** Yes 🞏  **Date & time of arranged medical**  **Date and time child actually seen** | No 🞏  **Reason medical declined** |

**NB If an interpreter is needed this is the responsibility of the social worker/police to arrange.**