ADOPTION / FOSTERING APPLICATION (ADULT)

**ADULT HEALTH REPORT(S) FOR REVIEW BY MEDICAL ADVISOR**

*(NB Please use a single cover sheet for couples / co-carers, especially if they have different surnames)*

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| **Name: Date of Birth**: **Age:** **Name:**  **Date of Birth**: **Age**:  |

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| **Type of care offered:** Respite / Short Term Fostering / Long Term Fostering / Specialist / Adoption/ Special Guardianship / Other (Please highlight option in **bold**)**Age range:** **No. & gender of children:**For kinship arrangements, please given name(s) and DOB of child(ren) and relationship to carer:Is this an ‘Initial’ or a ‘Review’ report?Proposed Panel date if applicable: |

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| **Social Worker:** **Tel no**: **Team Manager**: **Tel no**: Team:  |

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| Are there any significant health issues of which the Medical Advisor should be aware? |