**Statutory Health Checks for Children's Services**

Social Workers: complete grey section

GP: complete green section

Children’s Health: complete red section

**Social Workers- Please send this request to**

**BS\_HealthAdmin@lincolnshire.gov.uk**

**AND**

**The appropriate GP surgery via secure email.**

**All professionals please send back to named social worker as detailed below within 10 working days**

Date:

Social worker name:

Social worker email address:

Social Care team:

Reason for SC involvement and referral:

|  |  |
| --- | --- |
| Child | Date of birth |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Parental consent | If consent has been dispensed with, please state reason below |
| Yes/No |  |

|  |
| --- |
| Child/Family’s registered GP Practice |
|  |

|  |  |
| --- | --- |
| **GP information:**  **please ensure each child’s information** **is identified.** | |
| Does the child have any health diagnoses?  (Please specify) |  |
| Is the child under the care of any specialists?  (e.g. ENT/ speech therapy/ physiotherapy/ paediatrician?) |  |
| Are there any missed appointments for the GP or any other health specialist? |  |
| Immunisations: are they up to date? |  |
| Has the child attended A&E or urgent care centre or been admitted to hospital in the last 2 years?  (Please add dates and reason for attendance) |  |
| Do you have any safeguarding concerns about this child/family? |  |

**Name:**

**Signed:**

**Role:**

**Dated emailed to Social Worker:**

|  |  |
| --- | --- |
| **Children’s Health information:  please ensure each child’s information** **is identified.** | |
| If the child is of school age, are they open to the CYPN service? | Yes/No |
| What contact has Children’s Health had with child/family in the last 2 years? |  |
| Are there any health issues which have been identified? |  |
| Do you have any safeguarding concerns about this child/family? |  |
| Have any referrals been completed by Health Visitor or Children and Young People’s Nurse? |  |
| Are there any missed appointments with Children’s Health? |  |
| Is there any other additional information? |  |

**Name:**

**Signed:**

**Role:**

**Dated emailed to Social Worker:**