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| --- | --- |
| **Title** | **IHA Health Form Checklist**  |
| **Purpose** | **Checklist for practitioners completing IHA referrals** |
| **Updated by** | **Elaine Andrews Service Manager NW Looked After Team, Sharon Kefford, Designated Doctor Siobhan Walsh Assistant Director Looked After Children and Care Leavers**  |
| **Approved by** | **Siobhan Walsh**  |
| **Date** | **05.11.2024** |
| **Version** | **V1** |
| **Status** | **Completed**  |
| **Review** |  **November 2024** |
| **Frequency** | **Every year** |
| **Next review date** | **November 2025** |
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**Checklist**

Please go through the list below and check off each item as and when completed.

**Ensure all parts in yellow are completed
Once all is completed, please sign and date**

**Please tick each box once completed**

**Consent**

|  |  |
| --- | --- |
| Has a relevant person signed and dated the Permission for Care and Health Form? Parent/s/ Guardian/ young person/ Social Worker (care order only) |  |
| Are all the relevant sections completed?  |  |
| Have Parent/s/ Guardians/young person and yourself signed the copy of Permission for Care and Health Form? |  |

**IHA**

|  |  |
| --- | --- |
| Are the person’s Name/ DOB/ ICS Number on all the Form pages? |  |
| Have all sections of Part A Form been complete? |  |
| Is all the information on the Form correct and up to date? |  |
| Are all the signatures on the Form handwritten? |  |

**PH**

|  |  |
| --- | --- |
| Has the parent/s completed all sections of the Form? |  |
| Is all the information correct and up to date? |  |
| Has the Form been signed and dated by Parent/s and Social Worker? |  |

**M&B 0-5 years**

|  |  |
| --- | --- |
| Have all the sections of the M and B Forms been completed? |  |
| Is all information correct and up to date? |  |
| Has the Form been signed and dated by Parent/s and Social Worker? |  |

**Completed on:**

**Date:** ……………………………………………………………………………………..

**Name:** ……………………………………………………………………………………..

**Signature:** …………………………………………………………………………………