**Health Information Request Form**

This form is to be used by locality social workers to request health information for their assessments. The information will be provided from a central health system that is used by a number of health professionals including health visitors and school nurses.

Names and contact details will be provided of other health professionals who, from the health records, seem to be involved with the children who we have asked information about. The social worker will need to contact individual practitioners to understand what the information means for the child and the assessment being completed.

**Please complete all sections of the form and email to:**

 bdh-tr.bdcftstrategyteam@nhs.net

|  |
| --- |
| **Case Type** |
| New Referral  |  |
| Open Case  |  |

|  |  |
| --- | --- |
| **Name of Social Worker** |  |
| **Contact Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Child or Young Person**  |  | **Date of Birth**  | **School** **(if known)** | **Address**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Parents Names**  | **Date of Birth** | **Address if different to the child**  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Reason for the health information request and date of incident (if applicable)** |
| *What is the concern leading to the assessment being undertaken?* |

**Please request the health information as soon as possible when you commence your assessment, and we will aim to return it within 5 working days – please attach 1 form per email.**