

Form IHA – YP

MEDICAL REPORT & DEVELOPMENTAL ASSESSMENT OF YOUNG PERSON 10 YEARS AND OVER LOOKED AFTER OR REFERRED FOR ADOPTION

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BAAF, Skyline House, 200 Union Street, London SE1 OLX.

Initial Health Assessment

recommended for young people 10 years and older

To be completed by a doctor



This information is confidential and is not to be divulged without authorisation of the Health Adviser.

The young person should be accompanied by his/her carer and if possible a birth parent, provided, where he/she has capacity to consent, he/she agrees to be accompanied. Valid consent to health assessment is needed from the young person who has capacity, and only if he/she does not have capacity, from an adult with parental responsibility/ies. For consent to access family health information a signed Consent Form (or photocopy) must be attached.

Part A To be completed by the agency – write clearly in black ink

Form to be returned to the agency Health Adviser:

Name	
Address	
Postcode	
Telephone	Fax
Email	

Young person	Interpreter/signer required?	Arranged?
First name(s)	Family name	
Likes to be known as	Also/previously known as	
Date of birth	Gender	
Legal status	NHS number	
eg. In care/accommodated	CHI number (Scotland)	
supervision order (Scotland)	Current legal proceedings	
Person(s) with parental responsibility/ies		
Date first looked after at this episode	Reason for being looked after	
Number of previous carers, including birth family		
Ethnicity/religion		
First language	Other language(s)	
School/other care		

Name of young person	DoB
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Birth family

Mother: Name
Address

Siblings contact arrangements
Any previous birth family name/address?

Postcode Telephone
Ethnicity/religion/first language
Contact arrangements

Father: Name
Address

Postcode Telephone
Ethnicity/religion/first language
Contact arrangements

Name of GP
Address

Postcode Telephone

Current carers

Name Length of time provided care
Address

Postcode Telephone Any relationship to the child?
Languages spoken

GP of carers (if different from above)
Name
Address

Postcode Telephone

Agency details

Name of agency Name of social worker
Address

Postcode Telephone

Consent by birth parent/social worker* where young person does not have capacity to consent

Consent already given in Looked After documents? Yes/No If not, then complete below

I agree to being assessed Date

Signature Name Relationship

* Authorised by LA to give consent on their behalf

Part A completed by: Telephone Date

Name of young person

DoB

Part B To be retained within the young person’s health record

Consent by the young person with capacity to consent is essential.

Does the young person have capacity to consent? Yes/No YES
If not, then check for signed consent in Part A

Consent by the young person

I understand the need for this health assessment and I agree to be seen. I understand that, following this assessment, a summary and recommendations for my health care plan will be drawn up. A copy will be given to me and my social worker. I consent to copies also being sent to my carer, birth parent(s), GP and school nurse/doctor (delete or add as necessary).

Signature

Date

List those present at assessment:

1 Health discussion

How are you feeling today? What would you like to get from this health assessment?

Do you have any worries about your health? Are you eating and sleeping well?

How are you getting on at school? Do you attend regularly? Favourite subjects? Any special educational needs? Do you have friends at school? Are you being bullied? Are you a bully?

What are your interests, activities and hobbies?

Do you wear glasses? Any concerns about eyesight? When was it last tested?

Do you have any concerns about hearing? Would you like it tested?

Name of young person

DoB

Are you attending any **health or therapy appointments**? Are there any outstanding?

	Name	Address	Give details/dates of last visit
School Nurse			
Dentist			
Paediatrician			
CAMHS			
Other			

Would you like any further discussion or any **information** about skin or hair care, diet, exercise, relationships, safe sex, smoking, alcohol, street drugs, etc?

Do you have a trusted adult to talk to?

Any other concerns (from social worker, birth parent, carers, school, etc)?

2 Immunisation status

Is this young person fully immunised for their age? Yes/No YES	Dates given				
	1	2	3	4	5
Immunisations required:	Diphtheria				
	Tetanus				
	Pertussis				
	Polio				
	HiB				
	Meningitis C				
	MMR				
	Hepatitis B				
	BCG				
	Other				

Name of young person

DoB

3 Health history

Family health history including genetic disorders, mental health and learning difficulties from Form PH or, if different, state source. Please indicate if no family history is available

Mother

Father

Siblings

Others

Social and care history including lifestyle issues, and any risk of blood-borne viruses or other infections

Personal health history including summary of Forms M & B where available

a. **Antenatal/birth**, including risk-taking behaviour, time and place of birth, birth measurements, resuscitation required, Apgar scores

b. **Neonatal**, including feeding details and attachment

c. **Other** past health history including growth, illnesses, hospital admissions and accidents

Regular medication/equipment required

Allergies/adverse reactions to medication, food or animals

Name of young person

DoB

Investigations	Date	Result
Thyroid function and PKU		
Haemoglobinopathy screen		
Cystic fibrosis		
Hepatitis B		
Hepatitis C		
HIV		
Genetic/chromosomes		
Other		

4 Physical examination

Date **Age**

General appearance/presentation, including evidence of non-accidental injury

Skin, including BCG scar

Hair colour Eye colour
Oral health

Growth

Height cm centile **Weight** kg centile

ENT Result & date of last hearing test

Eyes

Red reflex/cover test

Result & date of orthoptic assessment/visual acuity test

Respiratory system Does anyone in the carer's household smoke?

Cardiovascular system

Abdomen

Name of young person

DoB

Pubertal status (NB. assess during examination and examine genitalia *only* if clinically indicated)
Date of menarche

Nervous system (as clinically indicated, including fine and gross motor skills and co-ordination)

Musculoskeletal system (NB. scoliosis and other joints as clinically indicated)

5 Emotional and behavioural development (including carer’s report and Strengths and Difficulties Questionnaire when available)

6 Current functional assessment

Date

Age

Attention and concentration

Conclusion

Communication skills

Conclusion

Name of young person

DoB

Self-care skills (dressing, personal hygiene, toileting, etc)

Conclusion

Independence skills in daily living (telling time, handling money, preparing simple food, road safety, stranger awareness)

Conclusion

Social and peer relationships

Conclusion

7 Special educational needs/additional support needs for learning

School action?	Yes/No YES
School action plus?	Yes/No YES
Statement of SEN /Record of Needs/Co-ordinated support plan?	Yes/No YES
Concern about attendance?	Yes/No YES
Is recent school report available?	Yes/No YES

Examining doctor

Signature	Date
Name	Address
Designation	
Qualifications	
Telephone	Postcode
Email	Fax

It is essential that the examining health professional discuss the issues raised in this report with the young person, and seek appropriate consent for further dissemination of information. The examining health professional or agency Health Adviser should discuss the issues and their implications for the young person with any future carers.

Please respect confidentiality and take care whether or not to share personal health information.

Name of young person

DoB

Part C To be returned to the social worker. It is good practice, with appropriate consent, to share this information with the young person’s current and future carers. This summary should also be shared with adoption and fostering panels.

SUMMARY REPORT FROM AGENCY HEALTH ADVISER

Date completed

Relevant family history (state source) and implications for future

Mother

Siblings

Father

Other

Relevant factors in young person’s own health history and implications for future

Birth history and past health history

Present physical and dental health

Developmental and educational history

Emotional and behavioural development

Sexual health and lifestyle issues

Parenting issues in current placement

Issues will be reviewed by your social worker at your statutory review with your permission. Personal or sensitive health topics should not be discussed in a group setting. If you need help with these, please ask the help of your carer, social worker, or health professional.

Name of young person

DoB

HEALTH RECOMMENDATIONS FOR YOUNG PERSON CARE PLAN

Personal or sensitive health topics should not be put on this plan or discussed in group settings without the express knowledge and consent of the young person.

Date of next health assessment

Issues	Action required	By when	Named person responsible

Allergies Yes/No YES

Immunisations up to date? Yes/No YES

Registered with GP? Yes/No YES

Permanently registered with GP? Yes/No YES Name

Registered with dentist? Yes/No YES Name

All issues to be reviewed by social worker at Looked After Young Person Reviews

Name of person completing Part C

Date

Designation

Address

Qualifications

Postcode

Telephone

Fax

Email

Signature

Panel