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Looked After Children- Review Health Assessment

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Part 2- To be completed by the assessing health professional and retained within the child's health record.

A copy of this entire form will be sent to the child's adoption agency and, in England, to the GP as lead record holder, as required by statutory guidance.

The child should be told about the reasons for the assessment and that information will be shared, and their views obtained.

To aid with continuity of care, you will need the following information:

- A copy of the previous health assessment/s. This should be entire IHA or RHA form.
- A copy of the previous health care plan
- The Social Worker should provide an update on health issues, including actions or outcomes from the last assessment
- Reports from other health professionals where relevant
- Current Personal Child Health Record or Carer-Held Record Book
- Access to the child's community paediatrics record

Consent by the child with capacity to consent is essential.

Does the child have capacity to consent? Yes/No

If not, then check for signed consent in Part 1

Consent by the child

1. I understand the reason for this health assessment
2. I agree for it to take place.
3. I understand that following this assessment, recommendations for my health care plan will be drawn up.
4. A copy of Part 3 will be given to;

	Please detail names
Me	
my Social Worker	
my carer, birth parent/s	
GP	
School Nurse/Doctor	

In adoption, I understand that this entire form will be sent to my adoption agency and that the information in it should be shared with my prospective adopters.

Child name _____

Signature of child _____

Date _____

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Professionals checklist (please tick if viewed to support health assessment)			
Consent (Part 1) in the event a child does not have the capacity to consent		Education, Health Care Plan (EHCP)	Social worker summary
GP information		Strengths and Difficulties Questionnaire (SDQ)	Family history
Previous health assessment/plan		Immunisations	LAC review minutes/plan

Present at the health assessment			
Name	Role	How long have they known the child	
Child seen alone	Yes/No	If no, give reason	
Carer seen alone	Yes/No	If no, give reason	
Venue health assessment completed			

When was your last LAC review?	
When is the next LAC review?	

Social Worker Name		Responsible LA	
Contact number		Date last seen	

Section 1- Review of previous health recommendations

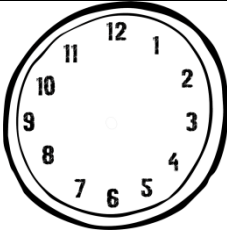
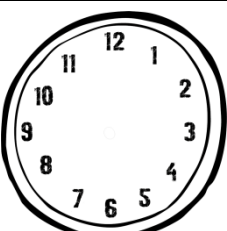
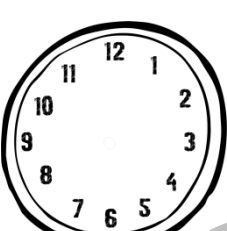

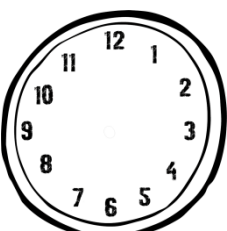
Has the child/young person received a health assessment in the last 12 months (6 months <5 years)	Yes/No
Have the recommendations been completed since the last health assessment	
Child's views	Carers views
You told us you'd like this to happen for you?	
Has this happened for you? If no, why not?	

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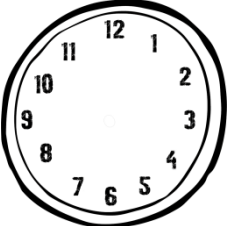
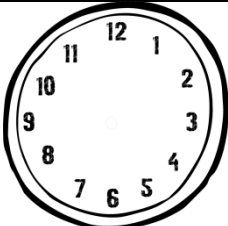
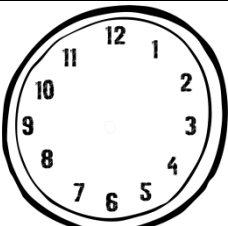
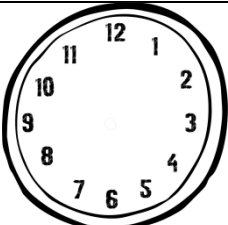
Section 2- Health discussion (please use the 24 clock to aid discussion) Let the child support you with drawing, colouring and writing about their day.

	<p><u>Breakfast/Lunch/dinner/snacks</u></p>
	<p><u>Sleep/naps</u></p>
	<p><u>Oral hygiene- include last dental appointment</u></p> <p><u>Dentist name and address:</u></p> <p><u>Last dental visit:</u></p>
	<p><u>Personal Hygiene/toileting/self care and independence skills</u></p>
	<p><u>Childcare/education provision</u></p>

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	<p><u>What does the child like to do during the day?</u></p>
	<p><u>Social skills/friendships/attachment</u></p>
	<p><u>Additional activities discussed</u></p>
	<p><u>Changes in routine weekend; (please consider contact arrangements with family?)</u></p>

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Section 3			
What's going well.....		What can we improve on for your next health assessment.....	
Child's views	Carers views	Child's views	Carers views

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Section 4- Health overview

Have there been any changes since your last health assessment? Have you attended the GP/hospital for any reason?

Do you have any current conditions or diagnosis which affects your health or development?

Do you take any regular medication (dosage and frequency)/equipment required, e.g. mobility aids

Do you have any allergies/adverse reactions to medication, food or animals (treatment if required, e.g. EpiPen)

Please detail health professionals involved in your care.....

Role	Name/address	Give details/date of last visit
Health Visitor/School Nurse		
Optometrist/Orthoptist/ Ophthalmologist		
Paediatrician		
CAMHS/mental health services/voluntary sector		
Therapists, e.g. physio or occupational therapy, speech and language		
Other		

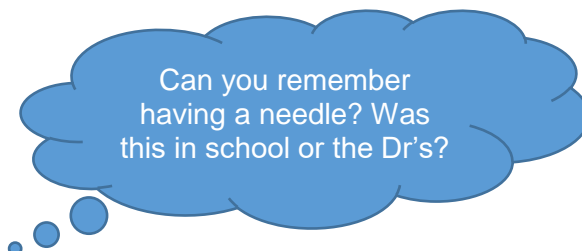
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Immunisation status

Are you fully immunised?	Yes/No
Next one due:	
Advice provided on next immunisation	Yes/No



Child development

Has an ASQ been used to support developmental assessment (please delete) **YES/NO**

Has the child's school report been used to support assessment (please delete) **YES/NO**

Stop What you are doing	Look <ul style="list-style-type: none"> ○ At the child ○ The carer ○ The environment 	Listen <ul style="list-style-type: none"> ○ To the child ○ Listen to what the child is saying ○ Listen to professionals
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Developmental area	Observation	Action
Child's presentation		
Gross motor skills		
Fine motor skills		
Communication		
Cognitive development		
Social and self care skills		
Behaviour		

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Your Growth

Weight today (KG)		Height today (cm)		BMI Today
Centile today		Centile today		
Previous weight (KG)		Previous height		Previous today
Previous centile		Previous centile		

Please detail any concerns about child development

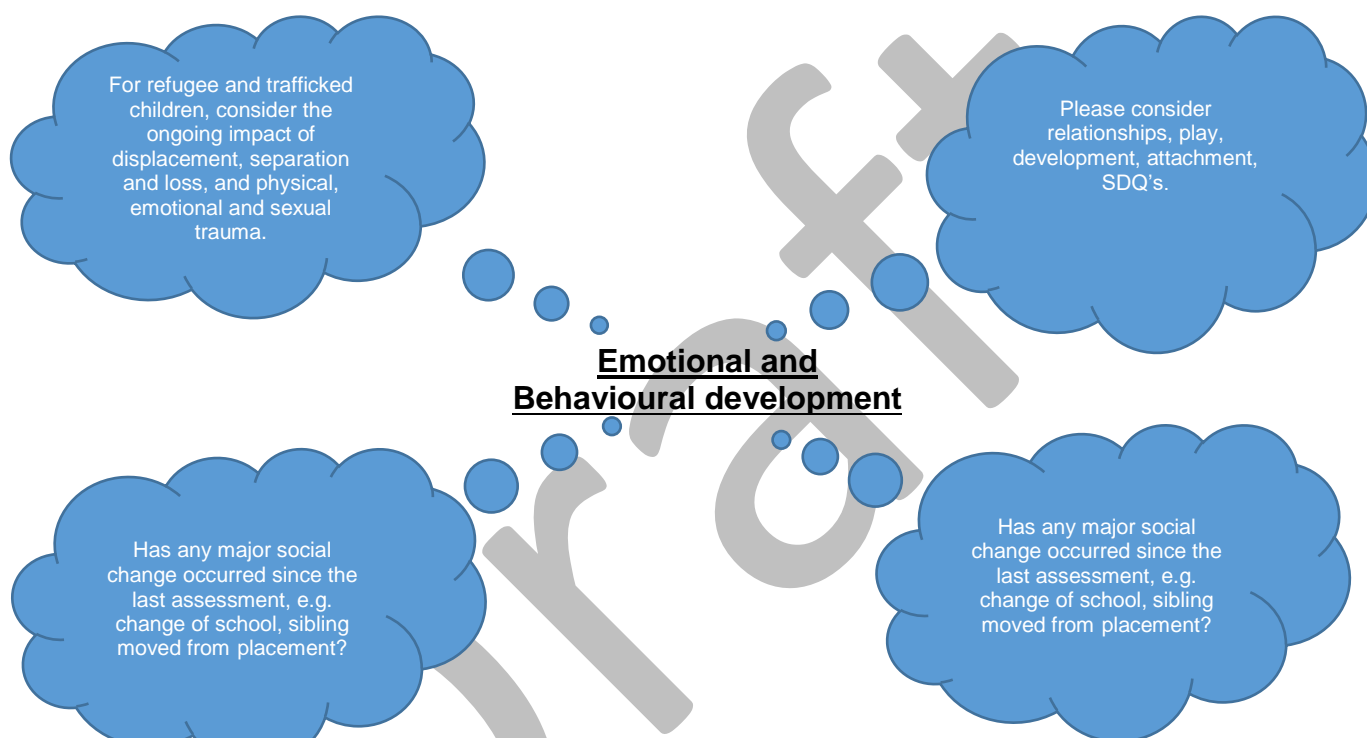
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Section 5- Emotional health and well being



Has an Strengths and Difficulties Questionnaire (SDQ) been completed (please delete) YES/NO


Date of SDQ:

SDQ score;

Actions following SDQ:

Please provide examples for each emotion and how the child manages these?




Please consider self harm/substance misuse/smoking/vaping or suicidal ideation when exploring emotional health

		What are you feeling today?
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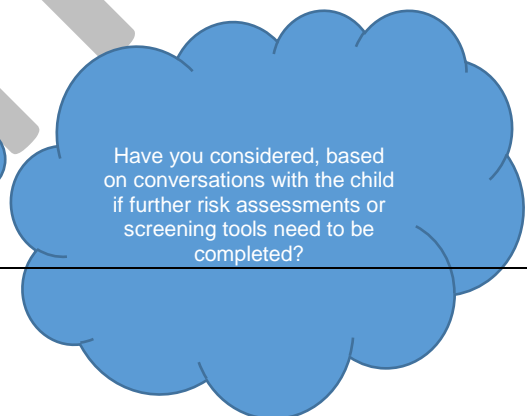
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	Happy	
	Angry	
	Sad	
	Excited	

Three wishes

- 1.
- 2.
- 3.



Section 6- Safety and health promotion

(Please shade in the appropriate areas relevant for the child)

Smoking/vaping	
Substance misuse	
Bullying	
Child sexual exploitation	
Episodes of missing	
Female genital mutilation	
Other	

Detail any risk/vulnerability or health promotion provided to mitigate any risk to the child

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Detail and referrals or liaison with multi agency professionals to manage risk		
Name/agency referral	Intended support required	Date referred

Additional comments/observations

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Assessing health professional

Name			
Designation		Qualifications	
Registration	NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	

It is good practice for the assessing health professional to discuss the issues raised in this report with the child, where it is appropriate, and to seek appropriate consent for further dissemination of information. The assessing health professional or agency health adviser should discuss the issues and their implications for the child with any future carers.

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

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Free drawing/writing page for child

A large, empty rectangular box with a thin black border, intended for a child to draw or write.