



LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

BACKGROUND MEDICAL INFORMATION (CHILD IN CARE)
(Supplied by person who knows child)



CONFIDENTIAL

PLEASE USE BLOCK CAPITALS

Date 19.1.95

Child's Surname MEANEY	Forename PETER
Known As	Date of Birth 20.3.79.
Date of Admission or Planned Admission to Care 19.1.95	
Person supplying information (eg parent, other relative, care giver, child, social worker) social worker	

Signature [Redacted]	Address 11 ST Andrew Street Dunblair
Name [Redacted]	
Relationship to Child social worker	Phone Number [Redacted]
Please indicate whether any information you contribute is definite or hearsay	Date 19.1.95.

NOTE: A separate form should be completed and signed by each person supplying information. This information will be shared with the child's medical practitioner and persons undertaking the assessment of the child's health.

1 Current medical complaints and any medication

None

2 Has the child had any hospital admissions/operations/illnesses/injuries? If so, where, when and what?

No

3 Any previous infections? (If YES, please give date)

Measles	YES ☐	NO ☐	NOT KNOWN ☐	Date
German Measles (Rubella)	YES ☐	NO ☐	NOT KNOWN ☐	Date
Whooping Cough	YES ☐	NO ☐	NOT KNOWN ☐	Date
Mumps	YES ☒	NO ☐	NOT KNOWN ☐	Date age 7
Chicken Pox	YES ☒	NO ☐	NOT KNOWN ☐	Date age 8
Any other infections? Not known.				

4 Completed Inoculations (If YES, please give date)

Triple Antigen (ie diphtheria, whooping cough, tetanus)	YES ☐	NO ☐	NOT KNOWN ☐	Date
HIB	YES ☐	NO ☐	NOT KNOWN ☐	Date
Polio	YES ☐	NO ☐	NOT KNOWN ☐	Date
Measles	YES ☐	NO ☐	NOT KNOWN ☐	Date
MMR (Measles, Mumps, Rubella)	YES ☐	NO ☐	NOT KNOWN ☐	Date
BCG	YES ☐	NO ☐	NOT KNOWN ☐	Date
German Measles (Rubella)	YES ☐	NO ☐	NOT KNOWN ☐	Date
Tetanus Booster	YES ☐	NO ☐	NOT KNOWN ☐	Date
Other? Peter's [REDACTED] states he has received all necessary injections.				Date

5 Is a special diet required?

No.

6 Any known allergies?

None

7 Any referrals to specialists or clinics (eg paediatrician, developmental clinic)

Currently

None

In the past

8 Any known relevant family medical history (eg heart disease, genetic factor)

Not known.

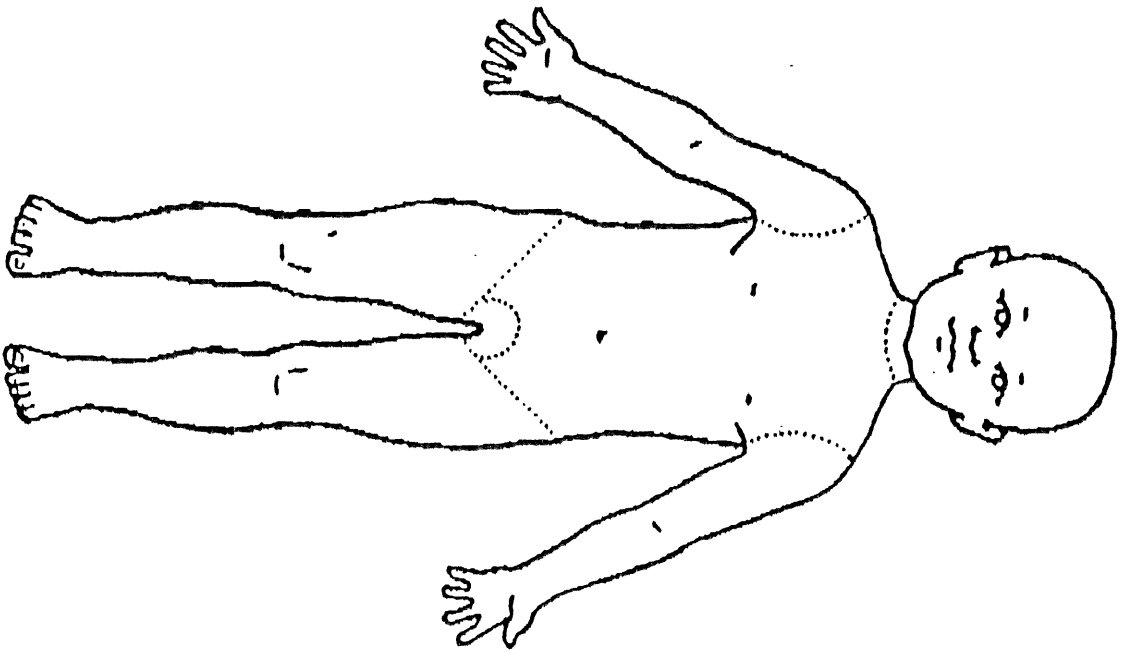
9 Any other comments

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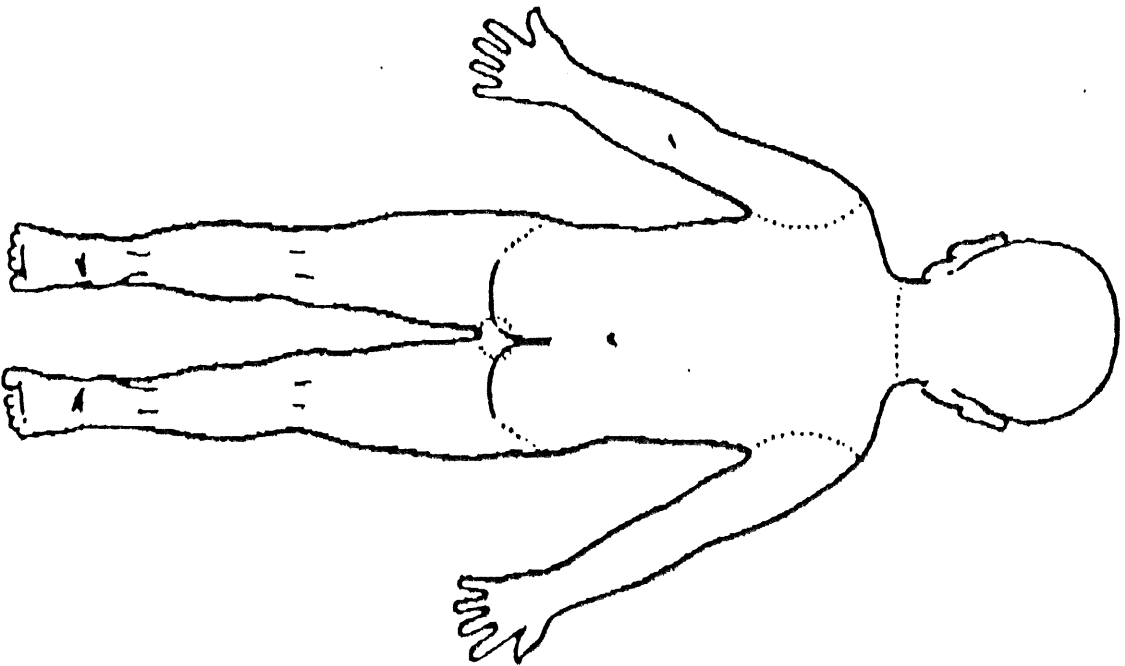
Child's Surname

Date of Birth

FRONT



BACK



Please indicate on the charts any areas of bruising or abrasions and describe overleaf.