LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK

INITIAL MEDICAL AND HEALTH ASSESSMENT OF CHILD COMING INTO CARE

LOTHIAN health

CONFIDENTIAL

PLEASE USE BLOCK CAPITALS

TO BE COMPLETED BY SOCIAL WORKER

Date 19.1.95

Child's Surname: MEANEY	Forename: PETER
Known As:	Date of Birth: 20.3.79
Date of Admission to Care: 19.1.95	Legal Status: 44(1)(a)
School/Nursery Attended: MOORE HOUSE SCHOOL, BATHGATE.	
Place of Examination: Bathgate Health Centre	Date of Examination: 23/1/95
Person Accompanying Child:	Social Worker: [redacted]
	Practice Team: C+F, DALKEITH.
Source of Consent to Examination *(ie parent, young person, person holding parental rights)*:	

NOTE: Documentation on consent should be made available to the medical practitioner.

PART 1 TO BE COMPLETED BY MEDICAL PRACTITIONER ***(to take place within 24 hours of admission to care)***

CHI Number (if known)	Have you met the child before? YES ☐ NO ☑ If YES, please give details

1 Any immediate physical complaints and known relevant medical history ***(including allergies, medication and specialist referrals)***

No health problems
No medication
No allergies.

2 Concerns raised by child/parent/carer/social worker ***(tick box if problem raised and discussed)***

Diet/feeding	☐	Growth/Development	☐	Illness	☐
Behaviour	☐	Hearing	☐	Vision	☐
Movement	☐	Energy	☐	Encopresis/Enuresis	☐
Other	☐				

Comments

3 General physical appearance of the child ***(Note especially evidence of infection, illness, neglect or injury)***

Good health.

4 Measurements

Weight	57 kg	Kgs		percentile
Height/Length	—	Cms		percentile
Head Circumference	—	Cms		percentile

Comments

5 Physical examination ***(Appropriate to age and circumstances)***

		Comments
a) Skin and Hair	☐	Acne.
b) Teeth	☐	Caries - should see a dentist.
c) Eyes	✓	
d) Ears, nose and throat	✓	
e) Cardiovascular system	✓	
f) Blood pressure (if applicable)	☐	
g) Respiratory system	✓	
h) Alimentary system	✓	
i) Genitalia/testes (Males only)	✓	
j) Nervous system	✓	
k) Locomotion/posture	✓	
l) Visual acuity	RIGHT 6/6	LEFT 6/6
m) Hearing	RIGHT ✓	LEFT ✓

6 **Any immediate treatment or specialist examination given or organised** ***(including note of medication)***

None

Signature of Medical Practitioner [redacted]	Address Bathgate HC. Mid St. Bathgate W Lothian
Name [redacted]	
Designation *(eg Registered GP of child or Community Health Doctor)* General Practitioner	Phone Number [redacted]
If you are unable to complete Part 2, name of social worker given responsibility for arranging this	

PART 2 TO BE COMPLETED WITHIN SIX WEEKS OF ADMISSION TO CARE

Place of Examination	Date of Examination
Person Accompanying Child	Social Worker
	Practice Team
Source of Consent to Examination *(ie parent, young person, person holding parental rights)*	

7 **Immunisation Status Complete?**

Yes ☐ No ☐ Unknown ☐

Comments *(eg if unknown, who will check records)*

8 **Developmental assessment** ***(include information from most recent screening with date, if available)***

Gross Motor	Date
Fine Motor/manipulative/vision	Date
Hearing/communication	Date
Social/behaviour (including self-care skills and toilet training)	Date

2 Concerns raised by child/parent/carer/social worker ***(tick box if problem raised and discussed)***

Diet/feeding	☐	Growth/Development	☐	Illness	☐
Behaviour	☐	Hearing	☐	Vision	☐
Movement	☐	Energy	☐	Encopresis/Enuresis	☐
Other	☐				

Comments

3 General physical appearance of the child ***(Note especially evidence of infection, illness, neglect or injury)***

Good health

4 Measurements

Weight	57 kg	Kgs		percentile
Height/Length	—	Cms		percentile
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Comments

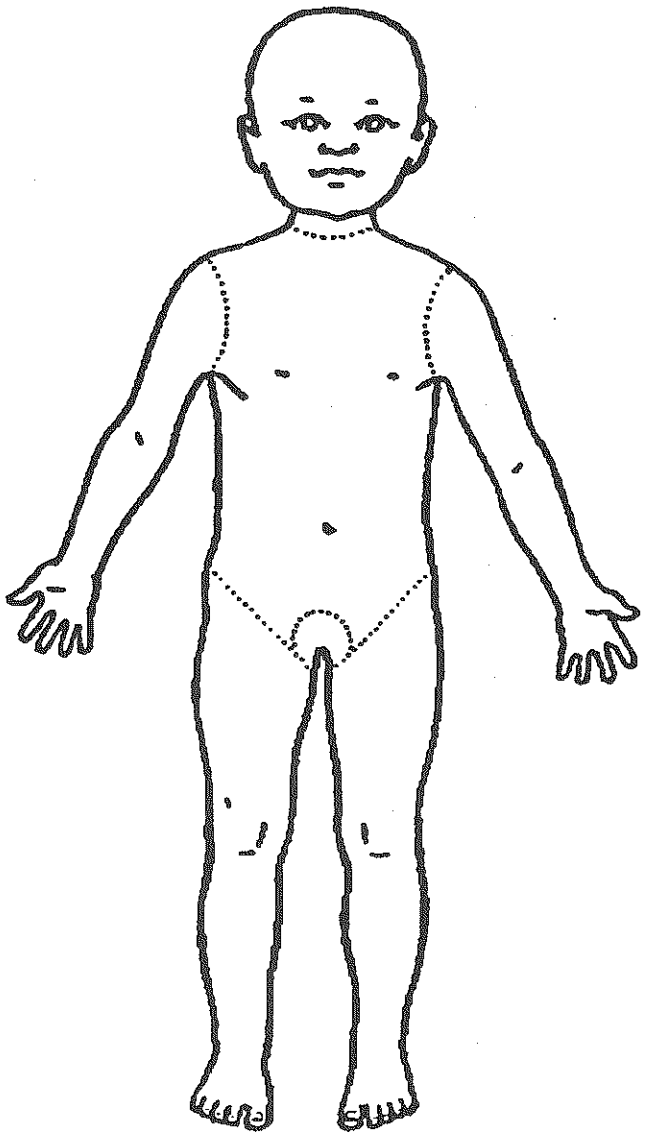
5 Physical examination ***(Appropriate to age and circumstances)***

		Comments
a) Skin and Hair	☐	Acne
b) Teeth	☐	Canes - should see a dentist
c) Eyes	☑	
d) Ears, nose and throat	☑	
e) Cardiovascular system	☑	
f) Blood pressure (if applicable)	☐	
g) Respiratory system	☑	
h) Alimentary system	☑	
i) Genitalia/testes (Males only)	☑	
j) Nervous system	☑	
k) Locomotion/posture	☑	
l) Visual acuity	RIGHT ☑	LEFT ☑
m) Hearing	RIGHT ☑	LEFT ☑

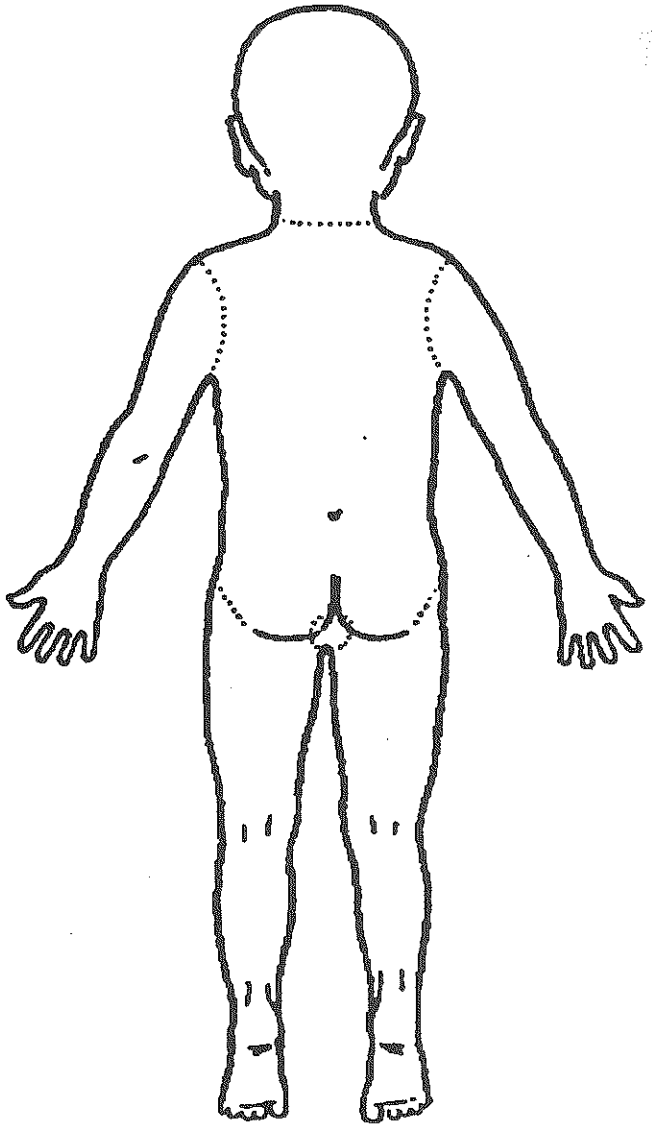
Child's Surname

Date of Birth

FRONT



BACK



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