

Child's Name: Request details					
Day of week/Date request received: M / T/ W / ⁻ Fime of Referral request:/ hrs (24hr cloc					· —
Day of week/Date of Paediatric Assessment:	M / T/ W / Th/	/ F/ Sat/ S	Sun		
Start Time of paediatric assessment:/ hr	s (24hr clock)				
Finish Time of paediatric assessment:/ h	nrs (24hr clock)				
NHT number		Currei label)		(or attach addı	ess
Surname					
Other surnames					
First name					
Date of birth					
Age of child					
Sex Male Fer	male				
Telephone number(s):					
Country of birth	Ethnic group	p			
Language at home	Interpreter re	equired	Yes	No	
GP Name	GP address				
Health Visitor	HV address				
Social Worker (usual)	Social Work				
if applicable	Office				
Examination requested by (Name):					
Examination requested by (Agency):					
			1		
Is the child or sibling(s) on the Child Protection	on Register?	Yes	No	N/A N/	K
What category(s) of registration	on register:				
Was the child previously on CPR? When?	Category?				
Who has parental responsibility?					
Venue where examined					
Examining Paediatrician's name					
Examining Paediatrician's Signature					
Examining Paediatrician's grade					



Child's Name:	DOB:		. HCN:
Consent to Examination			
	(norsen with parental re	ocnoncih	sility for
I,give consent (please tick) for:	(person with parental re	sponsiu	mity 101)
(a) Full medical examination from	m ton to too		
(a) I diffriedical examination for (b) Photographs of injuries/mark	•	ase note:	S
(c) The use of anonymised data	· ·		
research purposes			
(d) The use of photographs for r		_	agancias if nacassary
(including Social Services ar	•	illi Olliei	agencies ii necessary
(f) Additional Investigations whi	•	dered ne	ecessary)
(g) Skeletal survey including CT	/MRI scan of brain (if consid	ered ned	cessary)
The purpose of the medical examina	ation and report has been ex	plained	to me by
Dr			
I have been advised that:-			
I can decline consent for any	of the above (a-g) before I s	sign	
I can withdraw my consent/s	top the examination at any ti	me	
The details of my child's cas	e may be subject to peer rev	iew	
Signed	(Person with	n Parent	al Responsibility)
Date			
Destar			
Doctor I have explained the nature/purpose	of the examination and repo	ort to the	above Person with PR
Signed:0	GMC number		_ Date
Statement of Interpreter (where a	ppropriate)		
I have interpreted the information at	ove to the best of my ability	and in a	way in which I believe
s/he/they can understand Signed	Date		
PRINT NAME		reted _	

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Child's Name:		DOB:	HCN:
IISTORY			
	from at each atego: E	llaasa daaun	nent details of these paring for
lease attribute who history is taken ne child in the relevant time peri	od prior to presentat	ion	nent details of those caring for
ie child in the relevant time pen	ou prior to presenta		



		kg	Gestation: Type of Delivery:		
eonatal health:			Type of Delivery.		
eeding:					
-					
nmunisation: L	Jp to date	1	None	Dolayod	
	op to date		NOTIE	Delayed	
delayed, list nown immunisation					
ast History:					
B: Document the follow	ving in the pa	ast medi	ical history:-		
	0 1		,		
 Bleeding from umbi 					
 Cephalohaematoma 					
Bruising after IM va					
 Bleeding after surgi 					
Vitamin K administr					
 Any episodes of pro 	longed bleed	ling?			
	(£ \$4 !	:! D:-		h!=1	//!!
	tory or ivied:	icai Dis	orders (include any	history of fractures	bruising
Relevant Family His	•				
Relevant Family His eding)	•				

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General Health			
Chest			
Gastrointestinal			
Urinary			
Genital			
CNS			
Sleep			
Behaviour			
Medications			
Allergies			
Developmental history - 3=severe delay 4=profo	Summary of Developund delay 9=unknown	ment - Level: 0=No	rmal 1=mild 2=moderate
Development	Level	Co	omment
Gross Motor/Locomotor			

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Fine Motor/Manipulation skills

Visual Skills

Hearing, Speech &
Language
Skills
Social/Play and self-help skills



	pplicable) Yes () No (CN:
If yes please specify- Name	(s)		
Hospital/Department			
Other professionals involved	Yes () No()		
If yes please specify			
Parents	Name	Age	Occupation
Birth mother			·
Birth father			
Other people	Name	Age	Relationship to child
Adults living at same address			
Children living at same address			
audiess			
FAMILY SOCIAL HISTOI	RY (including psychiatric)	ecrintion/	Comments.
Mother's health	De	55CHPtiOH/	Comments.
Father's health			
Drug use			
Alcohol use			
Smoking			
Housing			
Pets			
Domestic abuse/family history of abuse			
Siblings			
Siblings health			

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E	(AMINATION				
	Include generaLook for signsAssess generaRecord size, a	I physical examile of neglect I demeanour, en opearance of ang eous injuries on l	y injuries, noting		sion
į.	-				
	General condition Clothes	Satisfactory	Unsatisfactory	Comments	
	Cleanliness				
	Nappies/Rash				
	Infestation				
	Pallor				
				ction with the child	
G	ROWTH				
	Height:cm_	centile			
	Weight:kg	centile	•		
	OFC:cm	cent	tile		
					Page 7 of 10



Child's Name:	DOB:	HCN:
Examination of the body (also include negative fin	ndings). Docume	nt here and record on body
chart	• ,	•

Area	Location	Examined Y/N	Injuries Y/N	Details of injury or other comment
	Scalp/hair/fontanelles			
	Face			
	Ears			
	Mouth (including frenulae & teeth)			
	Eyes			
	Neck			
	Arms			
	Hands			
	Fingernails			
	Breasts			
	Chest /Cardiovascular			
	Abdomen			
	Thighs			
	Lower legs			
	Feet/toenails			
	Back			
	Neurological			
	Genitalia			
	Anal area/Buttocks			



B: Photos taken tick	1	ype of	photo eg m	nedical photographer or ward camera?
VESTIGATIONS				
	Yes	No	Date	Result
Hb, WBC, Platelets				
Clotting screen				
Further clotting studies				
U&E/LFT				
Bone chemistry				
Toxicology Blood Urine				
Other Bloods				
X-Ray				
Skeletal survey				
Repeat Chest Xray				
Bone scan				
CT Head				
Ultrasound Head				
MRI Head				
Ophthalmology				
Others (specify)				
BRIEF SUMMARY OF H	ISTOR	V A NIF	FINDINGS	
BRIEF SUMMART OF H	ISTOR	TANL	FINDINGS	5

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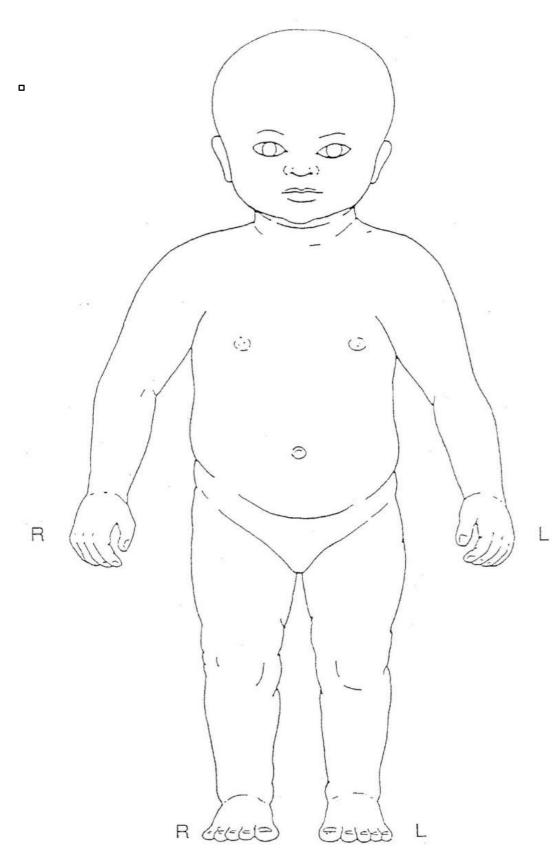
	rs Name: FERRALSMADE/SECOND CON			
_				
_				
Finis	sh Time (24 hour clock)			
Disc	cussion with Multi-disciplinary	Team/Further Action	i:-	

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Child's Name:	DOB:	HCN:	

Date of examination Examiner name: Signature:





Pages not needed should be crossed through and militaled and not removed nonrecord



