# General Practitioner Information

# for

# Child Protection Conference

**CONFIDENTIAL**

|  |  |
| --- | --- |
| Report Author: |  |
| Practice  Address: |  |

|  |  |
| --- | --- |
| Report in respect of: **To be completed by Integrated Children’s Services, KCC** | |
| Family Last  Name(s): |  |
| Family Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children: **To be completed by Integrated Children’s Services, KCC** | | | | |
| **Last Name** | Forename | DOB | Address (if different to above) | NHS number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Significant Adults: **If not known to your surgery please alert Integrated Children’s Services, KCC** | | | | |
| Name | DOB | Relationship to the children | Address | PR[[1]](#footnote-1) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please answer relevant questions and indicate if not applicable or if the answer is not known to you.**

If this is a review conference you only need to mention changes since the last conference

|  |
| --- |
| **Are all the family members listed registered at your surgery? Yes / No**  **If not, please state those who are registered?**  **How long have they been registered?**  **Do you know of any other significant family / household members not listed?** |
| **Do your records indicate any concerns, current or historical, relating to the parents that may impact on their parenting capacity or present a potential child protection issue?**  **Please give details:**    **Also indicate severity and compliance with treatment:**   * **substance/ alcohol misuse** * **mental health (including depression)** * **aggressive behaviour including domestic abuse** * **physical or learning disabilities**   **Other health issues?** |
| **If yes to any of the above do your records indicate any referrals to, or involvement / treatment with, specialist agencies / health professionals?**  **Are there any parenting strengths or needs for support you wish to highlight?**  **Do you know of good support / concerning features in the wider family?** |

|  |
| --- |
| **Do the children have any significant medical conditions or emotional / behavioural problems?**  **Are they on any prescribed medication? (please specify)**  **If so, are prescriptions ordered at appropriate intervals?**  **Are immunisation and developmental checks up to date?**  **Does the family make appropriate use of GP services?**  **Does the child attend with an appropriate adult and interact appropriately?**  **Have the parents adhered to medical advice?**  **Have there been any concerns relating to the children’s presentation? E.g. late presentations?**  **Does the family make appropriate use of A&E and MIU?**  **Please list injuries reported or noted at the surgery or hospital with dates:**  **Is the child attending secondary / tertiary care? If so, please give details:** |
| **Any other helpful information?**  **Summary of your involvement / concerns / strengths:** |

# GP Name: …………………………. Signature ………………………………… Date of Report ……………….

1. Does this person hold Parental Responsibility?

   Mother of the child

   Father of the child (married to mother)

   Unmarried father of the child who has agreement to share parental responsibility with mother/child born after December 2003.

   Father or another person who has court granted Parental Responsibility Order or Residence Order [↑](#footnote-ref-1)