|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name: |  | Children’s Home: |  |
| Date, time & duration of appointment: |  | Medical professional: |  |
| Others present: |  | Venue of appointment: |  |

|  |
| --- |
| Purpose of appointment and issues discussed: |
|  |

|  |
| --- |
| Advice given from medical professional: |
|  |

|  |
| --- |
| Child’s views/engagement/presentation: |
|  |

|  |
| --- |
| **Actions taken** |
| Parent/Carer informed N  Social Worker informed N  Staff team informed Y Support plan / risk assessment updated: Y / N  Medication file updated: Y / N  Other (please detail): |

|  |  |
| --- | --- |
| Person completing record: |  |
| Date record completed: |  |

|  |
| --- |
| Learning points |
|  |