|  |  |  |  |
| --- | --- | --- | --- |
| 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 NStaff 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  |
|  |