

Name: .....

Date of Birth: .....

Trust ID Number: .....

NHS number: .....

**Child Protection Medical Examination Proforma**

**RACH Child Protection Medical Examination Proforma**

**Before you begin: READ THROUGH ENTIRE PROFORMA SO YOU ARE FAMILIAR WITH IT**

- Introduce yourself to child and family and social worker
- Make sure you give child and family an explanation of the process and its purpose
- Date, time and sign bottom of each page
- Identifier on every page
- Extra proforma paper is in the appendix- number this and insert into notes bundle e.g. 1a, 2a
- If you (rarely) examine child without a parent, you must have a chaperone or social worker in the room
- **Ask OPEN-ended questions and record your own questions**
- Record verbatim comments made by carers / child
- **CROSS OUT PAGES / SPACE NOT BEING USED**

**CONSENT TO MEDICAL EXAMINATION**

Permission must be obtained and recorded from those with parental responsibility / child where appropriate. Written consent is good practice but **verbal consent is acceptable.**

<b>I agree to</b>		Yes	No
Medical Examination			
Medical Photography – storage and teaching purpose			
Interpreter needed (arrange official interpreter)			
<b>I agree for report to be shared with</b>			
1.	GP		
2.	Health Visitor/ School nurse		
3.	Social Care		
4.	Police		

**Parent/Carer Consent. SIGNATURE**

DATE OF EXAMINATION:	
TIME STARTED:	TIME COMPLETED:
LOCATION:	
NAME AND GRADE OF EXAMINING DOCTOR:	

**Patient's Details**

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**Child Protection Medical Examination Proforma**

Current address (if different from above):  
Telephone Number:  
Country of Birth:  
Interpreter required: Y / N

	Name	Contact Number
Health visitor		
Social Worker		
Police officer		

**Names / roles of persons present during assessment – include social services contact no + team**

Persons present during assessment	Relation to child / profession
1	
2	
3	
4	
5	
6	

**Background information given to you at point of referral**

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- **Is the child / sibling on Child Protection Plan** Y / N
- If so under which category
- **Is the child / sibling Child In Need / CAF or TAF** Y / N
- **Who has Parental responsibility of the child:**
- **Name of school / Nursery / Childminder:**



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**History** (Use verbatim quotes where possible, indicate from whom history has been taken and where possible use the voice of the child. Ask open-ended questions. Use extra sheets where needed.)

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**Past Medical History of Child** (general health, recent illness, previous injuries / admissions)

- **Birth History** (include feeding and immunisation)
  - < 5 years – review of Red Book growth
  
- **Medication and allergies**
  
- **Developmental / School history** (include reported motor abilities and milestones)
  - Gross motor
  - Fine motor
  - Speech and language
  - Vision and hearing
  - Social skills
  
- **Personal history of dislocations or hypermobility**
  
- **Bleeding history**
  - bleeding after cord cut / Vit K administration / immunisations Y / N
  - bleeding after dental procedures or operations Y / N
  - recent NSAID use Y / N
  - bleeding gums or prolonged / regular epistaxis Y / N
  - pain / joint swelling or reluctance to move a limb (seen with haemarthroses) Y / N
  
- **Family history**
  - haemophilia, Von Willebrand disease, or platelet function defects (in 30% of cases, haemophilia may arise secondary to new genetic mutations)
  - post-partum haemorrhage / menorrhagia
  - dislocations / hypermobility / EDS

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**Family Tree** (*encourage child to explain their household, include questions regarding smoking, alcohol and drug use and mental health issues in parents.*)

**Mother name, DOB and occupation:**

**Father name, DOB and occupation:**

**Siblings including DOB:**

Who else looks after the child/is present in household?

**Adolescents:**

(Remember to ask about puberty and menstruation in females)

**HEADSSS history –**

H – Home and environment

E – Education

A – Activities

D – Drugs/smoking/alcohol

S – Sex and relationships

S – Self harm and depression

S – Safety and abuse



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**NUMBER THE INJURIES ON BODY MAP** – write your open question and the child's explanation for each injury in their own words.

*e.g. Injury 1 – 2x2 cm bruise, located over ASIS, non-tender to touch.*

*"What happened?"*

*"I fell off trampoline"*

**See p11 if you need more space for history**

	<b>INJURY DESCRIPTION</b>	<b>EXPLANATION FOR INJURY</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		

**Patient's Details**

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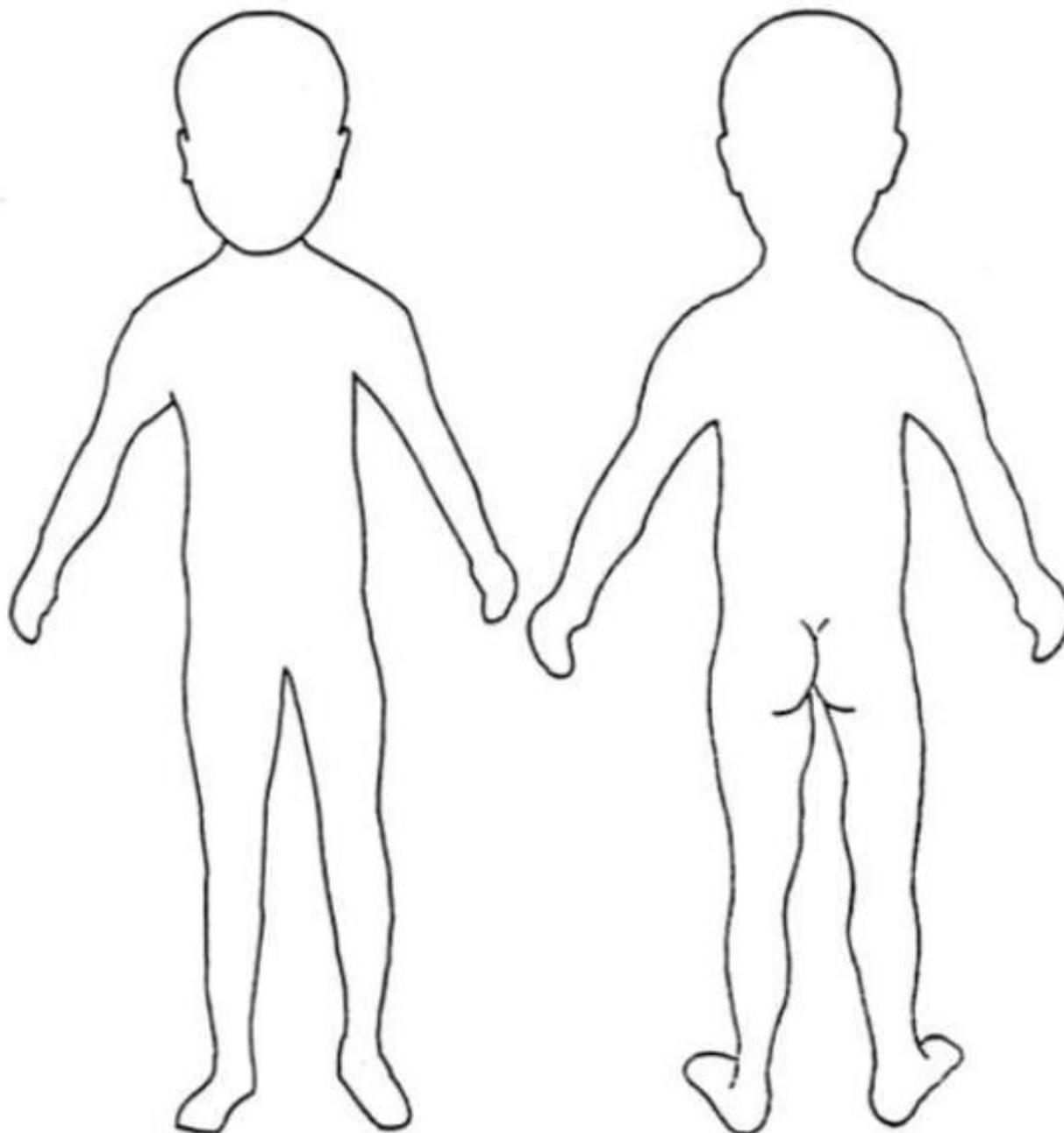
NHS Number: .....

**Child Protection Medical Examination Proforma**

**Body Map**

**Child** (see page 11 for baby)

Date and time of observation: \_\_\_\_\_



**Patient's Details**

Name: .....

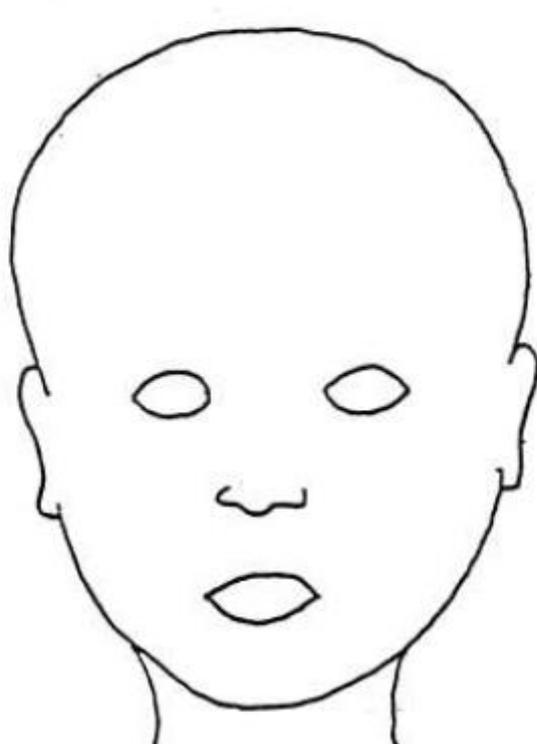
Date of Birth: .....

Trust ID Number: .....

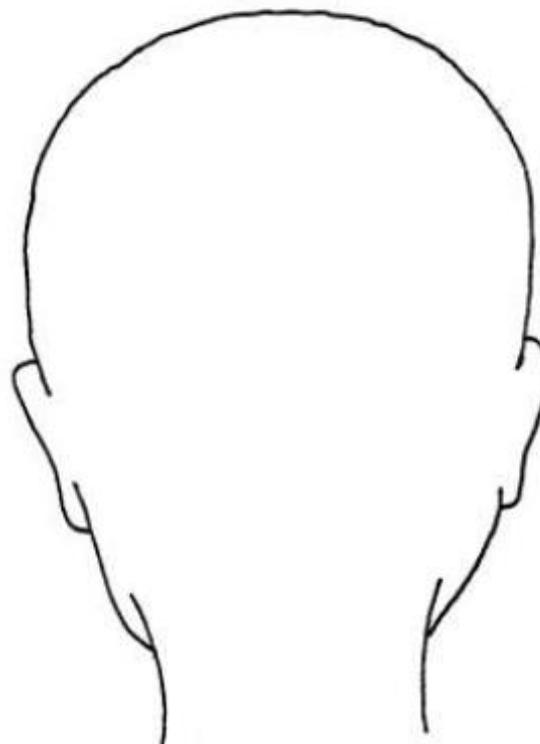
NHS Number: .....

**Child Protection Medical Examination Proforma**

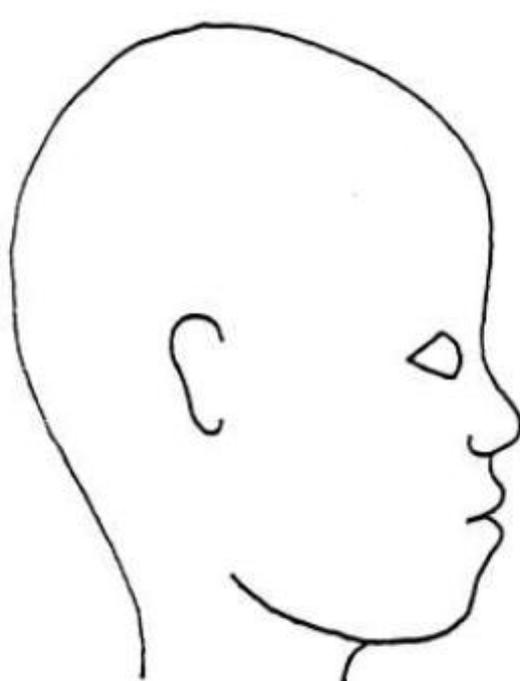
Date and time of observation: \_\_\_\_\_



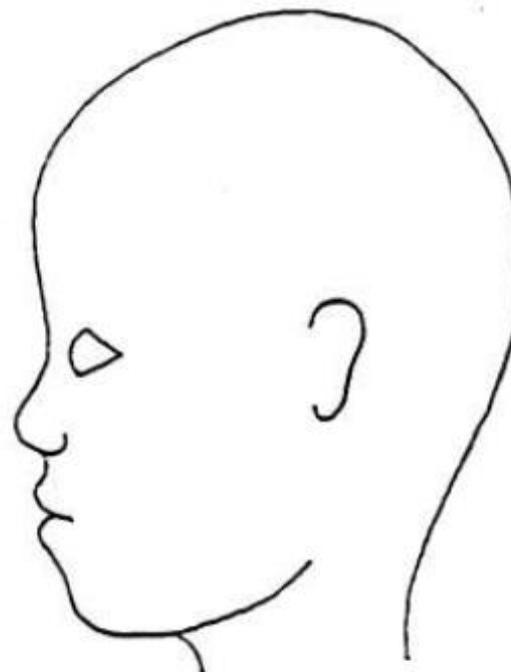
**FRONT**



**BACK**



**RIGHT**



**LEFT**

**Patient's Details**

Name: .....

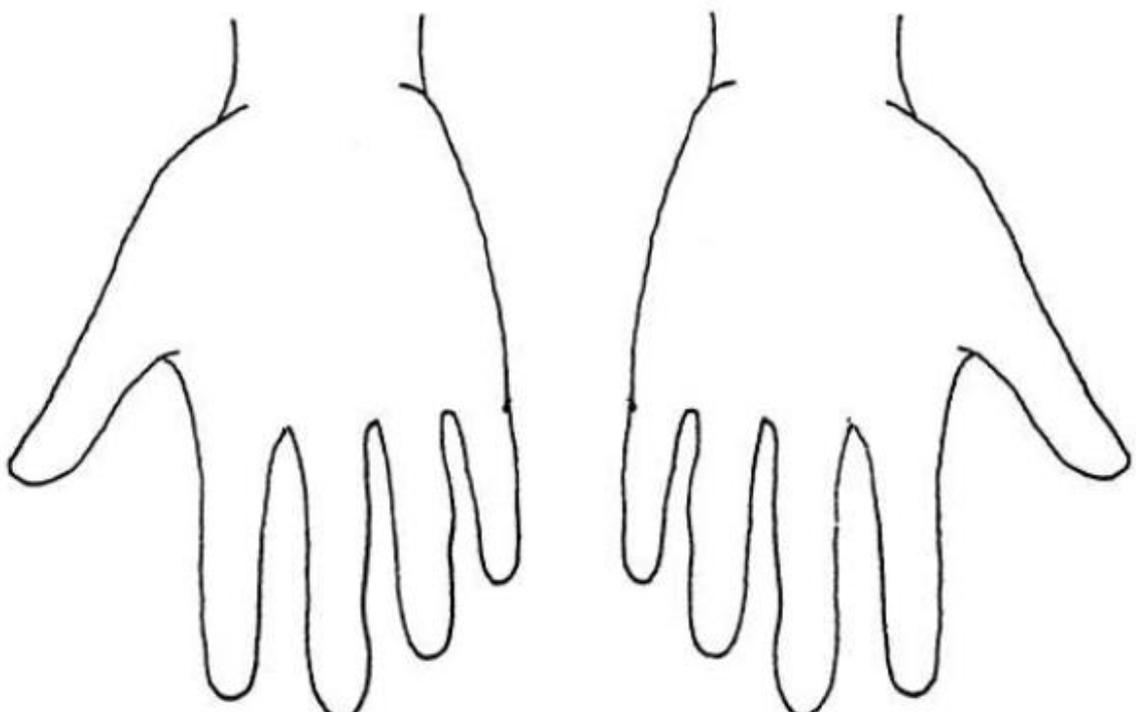
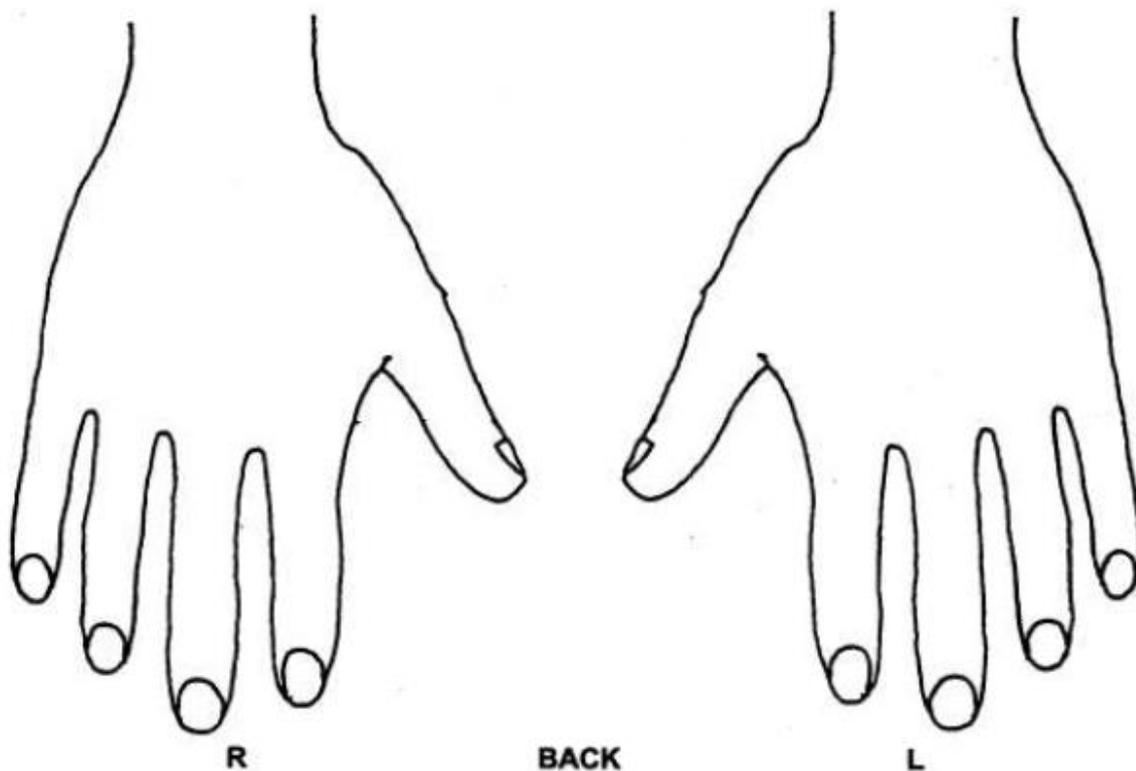
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**Child Protection Medical Examination Proforma**

Date and time of observation: \_\_\_\_\_



**Patient's Details**

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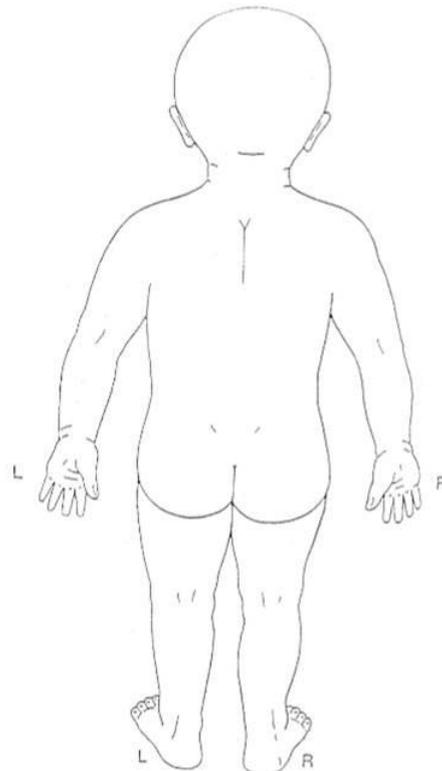
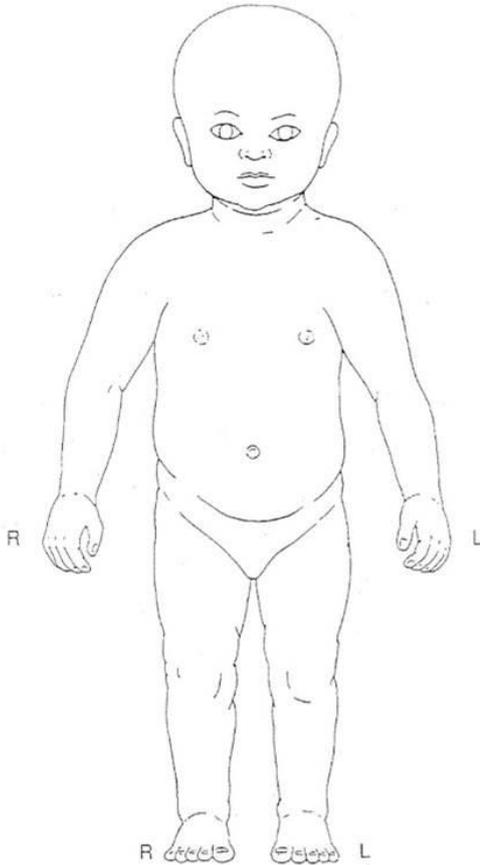
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**Child Protection Medical Examination Proforma**

**Baby**

Date and time of observation: \_\_\_\_\_



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**Child Protection Medical Examination Proforma**

**INVESTIGATIONS to be arranged - see NAI blood tests guideline**

	Yes	No	Date	Result
FBC			/ /	
Clotting screen			/ /	
vWF, Factor 8			/ /	
U&E/LFT/amylase			/ /	
Bone profile, Vit D, PTH			/ /	
X-Ray			/ /	
Skeletal survey			/ /	
CT Head			/ /	
Ultrasound Head			/ /	
MRI Head			/ /	
Ophthalmology (ideal = within 24 hrs)			/ /	See separate documentation

Previous RACH Medical Records Requested and Reviewed **Yes / No**

**OVERALL OPINION**

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	Yes	No	
Does child need paediatric review?			If yes- Date
Do siblings need assessment?			If yes, Date
Does child need admission to hospital? - have you handed child over to COW			
If you are a registrar – has the case and management been seen and discussed with Consultant?			

**Medical Management Plan**

e.g.) dietician referral

e.g.) eczema management

e.g.) referral to community to paed's if disordered development

**\*\*Please now complete the provisional opinion form and start a ward checklist if being admitted\*\***

<p><b><u>Discussed at Peer Review</u></b>      Y / N</p> <p><b><u>Date</u></b></p>
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## Child Protection Medical Examination Proforma

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EXTRA PAPER – please file where needed

Date

Signed / Name / Title

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