**Form C General Practitioner Report for Children’s Services Department**

**Section 17 Enquiry** [ ]  **Section 47 Enquiry** [ ]  **Case Conference** [ ]  **(please tick)**

Consent is required for S17 enquiry and should be attached to the REQUEST from

 Children’s Services form sent to the GP

**Parent or Carer Information Form**

(please complete one form for each parent or carer)

**Name of Parent or Carer**

**DOB**

**Address**

**NHS Number**

**There have been no changes in circumstances and the person above has not been seen by primary care since my last report dated** [ ]

 **(If this box is ticked go straight to number 18.)**

**1.Do you have any concerns regarding parental capacity?** (Please consider emotional warmth, basic care, guidance/boundaries, safety, stimulation) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**2.Are there any concerns about neglect?** (poor hygiene, head lice etc.) **Yes** [ ]  **No** [ ]  **Not known** [ ]

**3.Is there any on-going physical or mental ill health issue that could affect the ability to parent well? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**4.Are there regular prescribed medications?**  (please list) **Yes** [ ]  **No** [ ]  **Not known** [ ]

**5.Are there medicine compliance issues**? **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**6.Is there any alcohol or substance misuse that could affect the ability to parent well?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**7.Are there other health professionals involved?** (mental health or hospital specialist services) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**8.Have parents ever expressed any thoughts of harming their child or other children?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**9.Have there been missed appointments? Yes** [ ]  **No** [ ]  **Not known** [ ]

**How many?**

**10.Have there been attendances to A&E or OOH services? Yes** [ ]  **No** [ ]  **Not known** [ ]

**How many?**

**Family**

**11.Are there any persons (not mentioned above) known to reside with the family, or who regularly visit? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**12.Is there support from the wider family or other professionals such as Supporting Troubled Families?**  **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**Are the family socially isolated**? **Yes** [ ]  **No** [ ]  **Not known** [ ]

**13.Are the family frequent attenders?** **Yes** [ ]  **No** [ ]

**14.Is there any domestic abuse or concerns about coercive behaviour between partners? Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**15.Are there any concerns regarding the family’s housing situation?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**16. Are there any concerns regarding employment or income?** (have the family had to manage difficulties with debt?) **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

**17. Are there any concerns regarding access to community resources?**

 **Yes** [ ]  **No** [ ]  **Not known** [ ]

Comments:

The contents of this report should be shared fully with the parents or carers and child or young person (as appropriate), unless you believe this will place the person(s) at risk of harm.

**Have the contents of this report been shared fully with the parents or Carers and child or young person?** **Yes** [ ]  **N**o [ ]

**If no, why has the information not been shared**?

Comments:

**Date**

**18. Name and role**

 **Practice Address**

*Information*

*Section 17 (S17) Assessment is for a child in need. Under the Children Act 1989 a child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without provision of services from the local authority. Consent to share information is required for a S17 enquiry.*

*Section 47 (S47) Assessment is for a child who may be suffering, or is likely to suffer significant harm. Consent to share information is not required for a S47 enquiry.*