**Form B 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

**Child Information Form (form B)**

Please complete one form for each child and a parent/carer form for each parent/carer (form C)

**Name of Child**

**DOB**

**Address**

**NHS Number**

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

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

**Medical History**

**1.Date registered with the surgery**

**2.Number of consultations in the last year**

**3.Does the child attend with appropriate adults?** **Yes  No  Not known**

**4.Is the child a young carer? Yes  No  Not known**

**5.Have there been any home visits in the last year?** **Yes  No  Not known**

**6.Have there been missed appointments?** **Yes  No  Not known**

**7.Has the child missed any immunisations? Yes  No  Not known**

**8.Significant past medical history**

(eg diabetes, epilepsy, deliberate self harm or substance misuse)

**9.Do physical or mental health conditions impact on family relationships?**

**Yes  No  Not known**

Comments:

**10.Drug history (regularly prescribed medications). Please list.**

**11.Is compliance with medication an issue?** **Yes  No  Not known**

Comments:

**12.Are other health professionals involved?**

(eg HV, SALT, CAMHS, Paediatrics, OT, Physio) **Yes  No  Not known**

**13.Is there support from other professionals such as Supporting Troubled Families and are the family engaging with these services?** **Yes  No  Not known**

Comments:

**14.Are there any concerns about emotional / behavioural or developmental needs?**

**Yes  No  Not known**

Comments:

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

Comments:

**16.ONLY COMPLETE THIS BOX FOR CASE CONFERENCE REPORTS. What is your view of this child’s protective and risk factors?**

Please consider the parent/carers ability to parent safely, including consideration of prescribed medication, engagement with services, drug and alcohol use, disability, physical and mental health, parent support network, literacy/education, employment and criminal behaviours if known.

If there are others in the home, such as adult siblings or step parents/partners, please consider them and the impact that their presence in the home may have on the child(ren).

Please consider and comment on any observed interactions between the child and parent/carer e.g. parental responsiveness

Comments:

**17.Any other additional information**

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.*