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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Protection Medical Request Form** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Details** | | | Index Case/Sibling (delete as applicable, complete separate form for **each** child) | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | Hospital Number | | | | | | | |  | | | |
| Address | |  | | | | | | | | | | | | Ethnicity | | | | | | | |  | | | |
| Date of Birth | |  | | | | | | | | | | | | Sex and preferred pronouns | | | | | | | |  | | | |
| Language/s Spoken | |  | | | | | | | | | | | | Interpreter Required? | | | | | | | |  | | | |
| Location of Child | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Nursery /School | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Adjustments –any disabilities/ special requirements | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name | | | | | | | | | Date of Birth | | | | | Address (if different from above) | | | | | | | | | Telephone |
| Mother | |  | | | | | | | | |  | | | | |  | | | | | | | | |  |
| Father | |  | | | | | | | | |  | | | | |  | | | | | | | | |  |
| Siblings + children living at the same address | |  | | | | | | | | |  | | | | |  | | | | | | | | |  |
| Adults living at the same address | |  | | | | | | | | |  | | | | |  | | | | | | | | |  |
| Who has parental responsibility (PR)? Mother/ Father/ Local Authority  **Full name of person with PR who will be present at the assessment:**  Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RISK FACTORS** – any known past/current problems (please explain) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domestic abuse  Parental mental health  Parental physical health  Substance/ alcohol misuse  Other violent offences  risks to staff Y / N  Other (please explain) | | | | | | Y / N  Y / N  Y / N  Y / N  Y / N  Y / N  Y / N | | | | | | | | | | | | | | | | | | | |
| **Safeguarding Status** | | | | | Looked After Child/Child Protection Plan/Child In Need/Early Help/previously known to social care/None Care order details: | | | | | | | | | | | | | | | | | | | | |
| **REFERRER’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Referral | | | | | | |  | | | | | | | Time of Referral | | | | | | |  | | | | |
| Requested by (name & title) | | | | | | |  | | | | | | | Team name (e.g. CAST no) and their tel no | | | | | | |  | | | | |
| Contact numbers: **If personal mobile given please indicate so that we can redact before filing in the child’s notes.** | | | | | | | Usual No: | | | | | | | Immediate no: | | | | | | | After 5pm and contact name: | | | | |
| Referrers secure email | | | | | | |  | | | | | | | Team secure email | | | | | | |  | | | | |
| S 47 Joint/Single Investigation | | | | | | | Court Order YES / NO Detail: | | | | | | | | | | | | | | | | | | |
| Who should doctor feedback to ? \*may finish after 4pm | | | | | | | * Referrer * Duty SW * Other | | | | | | Has the child been interviewed? | | | | | | | | | | * Yes, police * Yes SW * No | | |
| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Name | | | | Telephone | | | | | | | Base Address | | | | | | | | | | |
| Social Worker | | | |  | | | |  | | | | | | |  | | | | | | | | | | |
| Police | | | |  | | | |  | | | | | | |  | | | | | | | | | | |
| GP | | | |  | | | |  | | | | | | |  | | | | | | | | | | |
| Health Visitor | | | |  | | | |  | | | | | | |  | | | | | | | | | | |
| **WHO WILL ACCOMPANY CHILD? (please give name)** | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Mother | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Father | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Social Worker | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Police | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other (incl siblings and other family members) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **What is the MAIN reason for requesting a child protection medical assessment?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | To document physical injury and give paediatric opinion about likelihood of abuse | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | To look for evidence of sexual abuse. | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | To look for current evidence of severe neglect (i.e. physical signs that need immediate documentation) | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | Other (please explain) | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL EXAMINATION REQUEST DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief details of reason for request: Include DATE and TIME of incidents. If disclosure, use child’s actual words. Include relevant background information. (If completed electronically, field will expand.). Please continue on reverse if needed. Please advise if child or caregivers may be under the influence of drugs or alcohol. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social worker to attach or bring CHRONOLOGY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Photographer required | | | | | | | | | | | | * CSI required | | | | | | | | | | | | | |
| OUTCOME | | | | Telephone advice | | | | | □ | | | Proceed to examination | | | | | □ | | Time: | | | | | Attended/Cancelled/WNB | |
| If the child is deemed as at risk of significant harm, **a place of safety should be identified prior to the child protection medical assessment.** Safeguarding decisions should not be based on medical findings alone. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions to referrers: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Consultant | | | | | | | | | | Appointment Date & Time | | | | | | | | | | Appointment Venue | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |  | | | | | | |

**IN HOURS- all referrals must be made by telephone to the appropriate medical team, with appointment times agreed. In addition this form should sent by email. Please note that emails may not be accessed routinely.**

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|  | **TELEPHONE** | **EMAIL** |
| **North Hampshire patients:** Hampshire Hospitals NHS Foundation Trust | 01256 313687 | [childprotectionmedicals@hhft.nhs.uk](mailto:childprotectionmedicals@hhft.nhs.uk) |
| **Isle of Wight** **patients:** St Mary’s Hospital, (**for child sexual abuse referrals, please contact the Portsmouth and SEH service below**) | 01983 822099 – ask for duty paediatric consultant on call |  |
| **Portsmouth and SE Hants** **patients:** HIOW Healthcare NHS FT, Coral Clinic | 0300 300 2013  (please phone first to discuss case details and book appointment) | [childprotectioneast@solent.nhs.uk](mailto:childprotectioneast@solent.nhs.uk) |
| **Southampton and SW Hants patients:** HIOW Healthcare NHS FT, Magnolia clinic | 0300 123 6662 | [childprotectionadmin@solent.nhs.uk](mailto:childprotectionadmin@solent.nhs.uk) |
| **NE Hants patients** - Surrey Child & Family Health, HCRG Care Group | **07717 426704**  (Main number)  **0300 247 0025 (**Office number if unable to access mobile (option2)) |  |
| **CSA referrals** | In addition to the routes above, CSA referrals can also be made to the Sexual Assault referral Centre (SARC) Single point of contact. Please telephone 0300 123 6616 and email this form to: [admin.treetops@solent.nhs.uk](mailto:admin.treetops@solent.nhs.uk). In general, if the last episode of abuse was within 7 days it may be quicker to phone SARC directly, if it was more than 7 days ago, it may be quicker to phone the clinics above directly, but either route will get the referral to the right place. | |

**OUT OF HOURS**

|  |  |
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|  | **TELEPHONE** |
| **All HIPS areas: suspected child sexual abuse where forensic samples might be indicated** | Sexual Assault referral Centre (SARC) 0300 123 6616. SARC will contact the paediatrician and/or sexual offences examiner on call. If forensic samples not needed telephone in- hours services as above, asap the next working day  Please send form to SARC email: [admin.treetops@solent.nhs.uk](mailto:admin.treetops@solent.nhs.uk) |
| **Suspected physical abuse** |  |
| **North Hampshire patients:** Hampshire Hospitals NHS Foundation Trust | Royal Hampshire County Hospital Winchester 01962 863535  Basingstoke & North Hampshire Hospital 01256 473202  Ask for the ‘paediatric consultant on call’  Please bring a hardcopy of this form for the paediatrician and send a copy to  [childprotectionmedicals@hhft.nhs.uk](mailto:childprotectionmedicals@hhft.nhs.uk) |
| **IOW patients:** St Mary’s Hospital, I | 01983 822099 – ask for duty paediatric consultant on call |
| **Portsmouth and SE Hants patients:** Queen Alexandra Hospital, Portsmouth | 02392 286000 ask for the paediatric consultant on call’ they will advise the email address to send this request form to.  Please send a copy to safeguarding team by email  [Safeguarding.ChildrenTeam@porthosp.nhs.uk](mailto:Safeguarding.ChildrenTeam@porthosp.nhs.uk) |
| **Southampton and SW Hants patients** University Hospital Southampton NHS Foundation Trust | 02380 777 222. Ask for the ‘paediatric consultant on call’ |
| **NE Hants patients** Frimley Health NHS Foundation Trust: Frimley Park Hospital | 0300 614 5000 Ask for the ‘paediatric consultant on call **at Frimley park hospital**’ (otherwise the request will go to Wexham park hospital). A child protection medical request form is not required. |