Dear Doctor (name)

Re: Fostering Services Regulations 2011 Medical Assessment of prospective foster carers

Name: D.O.B:

**Address:**

An application has been received from the person named above to be assessed as a foster carer and she/he has given your name as her/his General Practitioner.

As you will probably know, the Fostering Services Regulations 2011 require a medical report in respect of a prospective foster carer, the details of which are sent to the fostering agency’s Medical Adviser prior to progressing to consideration of approval as a foster carer

I would therefore request that you undertake this examination at your earliest convenience.

I fully appreciate that there are currently additional pressures and prioritisation due to the current public health crisis. However, undertaking this medical examination is not only a matter of significant personal importance to your patient, but it is also a matter of public interest.

Fostering services across England are maintaining services in a way that is compatible with public health advice in order to ensure that children are safeguarded and placed at the point they enter care with a suitably assessed and approved kinship carer/foster carer. Children who enter care need to be placed with foster carers and demand for foster carers, which is unlikely to decline, is such that delays in assessments have a significant impact on the availability of placements to safeguard and promote their welfare.

I attach a copy of the Adult Health (AH) form. You will see that the applicant has completed Part B and I would be grateful if you could complete Part C and return to *[insert name of agency*], who will pass it to the agency’s Medical Adviser, Dr XXXXXXXXX. If you would like to discuss this applicant with the agency’s Medical Adviser, Dr XXXXX they may be contacted directly at *(insert address, email and phone number*).

There are a number of ways the medical can now be undertaken; either:

* Undertake a face-to-face examination in the usual way and complete the relevant sections of the enclosed Adult Health (AH) form or,
* Undertake a video consultation with the applicant, completing the AH form including using the additional part C (7)\* of the form where relevant.

XXXXXX *(insert name of fostering agency)* will arrange to pay the fee for this report.

Thank you in advance for your help in this matter.

Yours sincerely,

Encs.

1. AH Form; \**please note* *the optional section replaces only section 7 (physical examination) in Part C if a video consultation takes place.*
2. Any additional consents required.