

Form AH ADULT HEALTH REPORT

CONFIDENTIAL

Health report on prospective applicant for fostering/ adoption/intercountry adoption/special guardianship/ short break/respice care/kinship care/other care

To be completed by the applicant and their GP

Guidelines for completing Form AH

This 2007 revised Form AH, Adult Health Report, has been redesigned to reflect developments in practice and to clarify the purpose of the health report. Additional questions have been included regarding hepatitis and HIV. A commissioning letter from the agency should accompany this form.

Why is this information needed?

The requirements to collect information on prospective adoptive applicants and foster carers are laid down in the relevant adoption and fostering Regulations for England, Northern Ireland, Scotland and Wales.

Many children who are in the care system (children looked after) have a history of neglect and/or physical, sexual or emotional abuse. Others may have come into care as a result of other family dysfunction or problems such as parental substance misuse or mental health problems. Looked after children may experience frequent moves and interrupted schooling. At the same time, many are coping with the effects of separation and loss whilst struggling to recover from the factors which led them into care in the first place. This vulnerable group of children has a higher incidence of developmental delay, incomplete immunisations and routine healthcare, attachment issues, poor school attendance and mental health problems.

Prospective adopters and carers will therefore need to have robust physical and mental health to be able to parent these vulnerable children. The information requested on Form AH is required in order to secure the future wellbeing of any child placed. Health information on prospective adopters or foster carers and its interpretation form only one part of the process and will be set alongside other information obtained by the agency in considering the suitability of applicants. Although it is unusual for health issues to prevent approval, the information provided is used to assist appropriate matching.

Special consideration may need to be given to health-related lifestyle factors which may have implications for a placement. It is important that agencies satisfy themselves that applicants are robust enough to meet the demands of parenting on a daily basis, and in the case of adoption and long-term placements, have a reasonable expectation of retaining health and vigour to support children to adulthood. Age is relevant but more significant will be specific medical factors and health-related lifestyle factors such as smoking, alcohol consumption, gross obesity, diet and exercise. These need to be looked at alongside other positive attributes that applicants may have to offer to a child or children.

Who should complete the form?

Part A should be completed by **the agency** and the entire form given to the applicant.

Part B should be completed by **the applicant** and the entire form given to their GP.

Part C should be completed by **the applicant's own GP and the entire form sent to the agency Medical Adviser named on page 1 of the form. DO NOT send the completed form to CoramBAAF – this is a breach of patient confidentiality.**

Part B should be completed by **the applicant**. Applicants are asked to provide information about their health and lifestyle. This will be considered alongside medical information from the GP.

Part C should be **completed by the applicant's own GP**, unless special circumstances indicate that another doctor has better knowledge. The purpose of the completion of the medical report on the applicant is to obtain accurate and up-to-date information, based on medical examination and medical facts from records, on the applicant's individual and family health history and current physical and mental health. The applicant's GP is not required to make a decision on suitability but to provide sufficient accurate and detailed information to enable the agency Medical Adviser to advise the agency. This information will assist the agency in deciding the applicant's suitability to care for the child.

The agency Medical Adviser may be contacted if the doctor completing the form wishes to discuss any issues arising from the health assessment or report.

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Interpretation of Adult Health Report by agency Medical Adviser

The agency Medical Adviser should take account of medical history, current health and health-related lifestyle factors and evaluate these carefully to provide advice to the agency on the implications of an applicant's health history. The impact of health conditions on activities of daily living may be more important than the condition itself.

The agency Medical Adviser should be well informed about the implications for adoption and fostering of a variety of factors, including chronic conditions, treated cancer and psychiatric history. For adoptive applicants, current treatment for infertility, the implications of infertility and perinatal loss will need consideration, so full details including termination of pregnancy should be provided.

Assessing an applicant's mental health may involve consultation with an adult psychiatrist and close liaison with the social worker assessing the case who will have further information gained through the applicant and from interviews with referees. As with any health issue, this needs careful assessment and liaison with adult specialists and social workers for further information.

In the case of complex health issues, written permission should be obtained from the applicant for further information to be sought. Applicants should be reassured that information obtained will be dealt with in the strictest confidence and will be used only to inform the process of assessment of approval.

Confidentiality

Health reports form part of the applicant's case record and the relevant Regulations for each country in the UK provide for the agency to treat such case records as confidential.

The Medical Adviser's summary forms the basis from which medical information on prospective adopters and foster carers is to be included in the written assessment reports provided for adoption and fostering panels. Whilst the applicant gives permission for the agency to have information regarding their medical history and this can be shared within the agency on a need to know basis, this does not permit information about an applicant to be shared with their partner. The information regarding one applicant is confidential to that applicant and this confidentiality must be respected. In the event of the information provided indicating any concerns as to the applicant's suitability, the Medical Adviser should discuss these with the agency.

Medical reports and all information about prospective foster carers are subject to the Data Protection Act 2018, which grants people (including applicants) the right to see personal information held about them, under section 45. This Act does not apply in the case of applicants to adopt because adoption agency records are exempt from the provisions in section 45 about subject access.

Specific issues

Further information on statute and guidance and specific health issues in fostering and adoption may be obtained at www.corambaaf.org.uk and from the following publications:

- BAAF (2006) *Genetic Testing and Adoption*, Practice Note 50, London: BAAF
- BAAF (2008) *Guidelines for the Testing of Looked After Children who are at Risk of a Blood-Borne Infection*, Practice Note 53, London: BAAF
- Borthwick S and Lord J (2015) *Effective Fostering Panels: Guidance on regulations, process and good practice in fostering panels in England*, London: CoramBAAF
- CoramBAAF (2018) *Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers*, Practice Note 68, London: CoramBAAF
- Department for Education and Department of Health (2015) *Promoting the Health and Well-Being of Looked After Children*, London: DfE and DH
- Lord J and Cullen D (2016) *Effective Adoption Panels: Guidance on regulations, process and good practice in adoption and permanence panels in England*, London: CoramBAAF
- Mather M and Lehner K (2010) *Evaluating Obesity in Substitute Care*, London: BAAF
- Merredew F and Sampeys C (2015) *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners*, London: BAAF
- Merredew F and Sampeys C (2017) *Undertaking a Health Assessment: A guide to collecting and analysing health information using CoramBAAF's integrated health forms*, London: CoramBAAF
- Millar I with Fursland E (2006) *A Guide for Medical Advisers: Scotland*, London: BAAF
- Morrison M (2018) *Effective Adoption and Fostering Panels in Scotland*, London: CoramBAAF

REMINDER Please send the entire form once completed to the agency Medical Adviser named on page 1 of the form.

DO NOT send the form to CoramBAAF – this is a breach of patient confidentiality.

Name of applicant DoB

PART A To be completed by the agency – write clearly in black ink

Health report on prospective application for (tick as appropriate)

Fostering	<input type="checkbox"/>	tick if long term	<input type="checkbox"/>	Short break/respice care	<input type="checkbox"/>
Adoption	<input type="checkbox"/>			Intercountry adoption	<input type="checkbox"/>
Special guardianship	<input type="checkbox"/>			Kinship care	<input type="checkbox"/>
Other care	<input type="checkbox"/>				

Ages and number of children applied for (if specific child, provide details)

Name of agency		Social worker	
Address			
		Postcode	
Telephone		Fax	
Email			
Case reference number			

Form to be returned to agency Medical Adviser by GP – DO NOT RETURN COMPLETED FORMS TO CORAMBAAF

Name of Medical Adviser			
Address			
		Postcode	
Telephone		Fax	
Email			

Name of applicant DoB

PART B To be completed by the applicant

Family name of applicant			
Given name		Gender	
Address			
		Postcode	
Date of birth		Occupation	
Ethnic descent			

1. Relationship history (if appropriate)

Duration of marriage/cohabitation/civil partnership
Any previous marriage/cohabitation/civil partnership (give duration)

2. CONSENT

I understand that the information about my medical history and present medical condition recorded on this form is required by the named agency and will be of great importance in decisions regarding the future placement of a child. I consent to a medical examination and to any further enquiry deemed necessary, and to the provision of this report to the agency. I understand that further enquiries from medical specialists may be needed, and that in future I may be asked to give specific consent to obtain further health information.

I understand that I am responsible for informing the agency if there are any significant changes to my health.

Signature of applicant

Date

Name of applicant DoB

3. Do you consider yourself to be in good health?

Yes/No

If no, please give details			
Are you seeing any specialists or hospital consultants?			Yes/No
If yes	i) Who is it?		Where?
ii) What do you see him/her for?			
Have you had any fertility treatment?			Yes/No
If yes, give brief details and medical reasons, and date treatment ended			
Are you taking any medication on a regular basis?			Yes/No
If yes, what are they?			
Have you had any significant health problems in the past?			Yes/No
If yes, please give details			
Have you had any emotional or mental health problems such as anxiety, depression or stress?			Yes/No
If yes, please give details. Include any life events which may have been a trigger			
Have you ever seen a psychiatrist/psychologist/psychotherapist/counsellor/psychiatric nurse/other health or social work professional or complementary therapist for issues related to mental health?			Yes/No
If yes, please give details and dates			
Have you ever attended a private health clinic or hospital?			Yes/No
If yes, provide details and dates			

Name of applicant DoB

Are you on any benefits related to sickness, incapacity or disability?	Yes/No
If yes, please give details	

4. Family history

Provide details about the health of your family. Does anyone have any serious health problems? Does anyone have any genetic conditions that may run in the family?

	Age	State of health if living (if known)	Age at death and cause (if known)
Father			
Mother			
Brothers and sisters			
Children (provide BMI for each child)			
Other			

5. Lifestyle

Describe your exercise	Type	How often and how long
Describe your diet and any dietary restrictions		
Anything else important about your lifestyle		

Name of applicant DoB

Do you or did you ever		Quantity – specify per day or week	Duration or Date stopped
Smoke tobacco	Yes / No		
Drink alcohol	Yes / No		
Use street/recreational drugs (give name)	Yes / No		
Inject street/recreational drugs (give name)	Yes / No		

I certify that to the best of my knowledge the above information is complete and accurate.

Signature of applicant

Date

SAMPLE

Name of applicant DoB

PART C To be completed by the applicant's GP and returned to the agency medical adviser named on page 1

Please review the information provided by the applicant in Part B and complete the following sections 1 to 11.

Examining doctor acknowledgement

I have reviewed the information in Part B with the applicant			
Comments/Recommendations			
Signature of GP		Date	

1. General

Are you the applicant's usual GP? Completion by the usual GP is highly recommended. If not, explain current role.
How long have you known the applicant? How long have you treated the applicant?
At what date do his/her records (please consider written and computerised records) begin? Do the records appear to be continuous? If not, please provide details of any breaks.
When and for what purpose did he/she last consult your practice?
Is he/she currently receiving/being prescribed any medication or other treatment? If yes, please specify

2. Medical history

Is there any history (medical, surgical or traumatic) referable to the following systems? Please give details (including treatment, dates and duration) or write NONE

Cardiovascular system

Name of applicant DoB

Respiratory system (including nose and throat)	
Digestive system	
Urogenital system and details of any sexual health issues (for females include details of any pregnancies or terminations)	
Is any family limitation due to contraception, sterilisation, failure to conceive or other cause? If 'failure to conceive', give duration and reason. Please specify investigations and treatments	
Nervous system	
Special senses	
Vision	
Hearing	
Glandular system (including diabetes, endocrine, breasts and lymph nodes)	
Blood and haematopoietic system	
Musculo-skeletal system	
Skin	
Infectious diseases, e.g. Hepatitis C, Hepatitis B, HIV, TB (include test results and dates if relevant)	

Name of applicant DoB

Immunisations, e.g. Hepatitis B, TB (Hepatitis B immunisation is recommended for foster carers and intercountry adopters)

3. Mental health

Any history of psychiatric or psychosexual disorder? (This includes anxiety, stress, personality disorders and psychoses)
Any psychiatric or psychological treatment or counselling/psychotherapy? (Specify and give dates and duration)
Any emotional/relationship problems?
If there have been psychiatric/emotional problems, how would you assess the applicant's present condition?
Long-term prognosis?

4. Other information

Any other information (hospital admissions, accidents, injuries)

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5. Investigations

Provide dates and results of investigations if relevant and not detailed elsewhere, e.g. x-rays, scans, ECG, exercise tolerance test, lipid profile, glycosylated Hb, liver function, urinalysis, kidney function, etc.

Name of applicant DoB

6. Consultations

Provide details of past and present consultations with specialists

	Specialist's name	Hospital and patient reference number	Reason/details/dates
Past			
Present			

Please send copies of hospital and consultant reports with the completed form

7. Examination data: every applicant will need a complete examination

Measurements (in light clothes)	Height		cm
	Weight		kg
Body Mass Index			
If BMI > 30, take waist and hip measurement	Waist circumference		cm
	Hip circumference		cm
Blood pressure:			
Please record and take two further readings if the first exceeds 140/90 diastolic (5th phase) or if the pulse rate is abnormal	Systolic	Diastolic (5th phase)	Pulse rate
Please take urine sample (essential)	Albumin	Sugar	Blood
Cardiovascular risk score (name tool)			

Provide details of any relevant clinical findings (if none, please write NONE)

Name of applicant DoB

Blood and haematopoietic system		
Anaemia		
CVS	Pulse	
	Rhythm	
	Heart	
	Size	
	Sounds	
	Murmurs	
	Optic fundi	
Respiratory system	Trachea	
	Chest shape	
	Percussion	
	Breath sounds	
	Other signs	
Digestive system	Mouth	
	Abdomen	
	Liver	
	Spleen	
	Hernia	
Nervous system	Cranial nerves	
	Limb tone	
	Tremor	
	Reflexes	
	Co-ordination	
	Sensation	
	Other signs	
Special senses	Vision	
	Hearing	
Urogenital system (only if clinically indicated)		
Glandular system	Breasts (only if clinically indicated)	
	Lymph nodes	
Musculo-skeletal system	Spine	
	Limbs	

Name of applicant DoB

	Joints	
Skin		

8. Is any other medical opinion or investigation required? What further action have you taken?

9. Functional assessment (where relevant)

Comment on how the applicant copes physically and mentally with any chronic condition, e.g. ability to work, limitation in daily activities, and how this may impact on parenting capacity.

10. Do you know anything about the applicant's lifestyle that might impair their capacity to care safely for a child or put a child's welfare at risk?

Name of applicant DoB

11. Comments of examining doctor

Using the applicant's information and your own assessment, please comment on health and lifestyle issues that may impact (now or in the future) on the applicant's ability to care for a child. Note that you are **not** being asked to make a decision as to the suitability of the applicant, but to provide sufficient accurate and detailed information to enable the medical adviser to advise the agency on the health of the applicant. **PLEASE ENSURE THIS FORM IS RETURNED TO THE AGENCY MEDICAL ADVISER NAMED ON PAGE 1.**

SAMPLE			
Signature		Date	
Name			
GMC Registration number		Qualifications	
Address			
		Postcode	
Telephone		Fax	
Email			

Name of applicant DoB

12. Summary report from agency Medical Adviser

This will be entered into Form F/the Prospective Adopter’s Report and read by the panel and applicant.

Summary of health and lifestyle issues with comments on the significance for adoption/fostering.

SAMPLE			
Signature		Date	
Name		Designation	
Qualifications			
Address			
		Postcode	
Telephone		Fax	
Email			