Form AH ADULT HEALTH REPORT

Covid-19 Pandemic Period

CONFIDENTIAL

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

To be completed by the applicant and their GP

Guidelines for completing Form AH

Please note the standard CB (2018) AH form has been adapted for the Covid 19 pandemic period to include an optional section for a GP to use in Part C/ section 7 if they complete the examination via video consultation. The questions in Part B have been updated.

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.**
If the local process involves sending the form to the agency and it is then transferred to the Medical Adviser, the applicant/ GP should be informed that this is the local procedure.

DO NOT send the completed form, or any part of it, to CoramBAAF – this is a breach of patient confidentiality and of GDPR.

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.

It is acceptable to use electronic signatures on the form.

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.

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 section45. 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 (2019) *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
Morrison M (2020) *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 completed form, or any part of it, to CoramBAAF – this is a breach of patient confidentiality and of GDPR

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Form AH ADULT HEALTH REPORT

CONFIDENTIAL

Covid-19 Pandemic Period

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		**tick if long term**		**Short break/respite care**	
Adoption				**Intercountry adoption**	
Special guardianship				**Kinship care**	
Other care					

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 <u>To be completed by the applicant</u>

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

<u>1. Relationship history (if appropriate)</u>

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

<u>2. CONSENT</u>

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 currently? **Yes/No**

If no, please give details	

Are you seeing any specialists or hospital consultants?	**Yes/No**
If yes, give details of who you see and where	
ii) What do you see him/her for?	
Do you attend the GP for regular appointments?	**Yes/No**
If yes, what are these appointments for?	
Do you take any medication regularly?	**Yes/No**
If yes, please list below and clarify what each is for	
Have you had any health issues 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	
Do you have any significant sleep difficulties?	**Yes/No**

Name of applicant		**DoB**	

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	
Are you awaiting an appointment regarding your mental health and emotional well-being?	**Yes/No**
If yes, please provide details and dates	
Have you ever attended a private health clinic or hospital?	**Yes/No**
If yes, provide details and dates	
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)			

Name of applicant		**DoB**	

Other			

5. Lifestyle

Describe your exercise	**Type**	**How often and how long**

Describe your diet and any dietary restrictions
Do you feel you eat a balanced diet?
Anything else important about your lifestyle

Do you smoke tobacco? (cigarettes, pipe, roll-ups)	**Yes/No**
If yes, how long have you smoked?	
How many do you smoke per day?	• **0-5** • **6-10** • **10 +**
If no, have you ever smoked tobacco?	**Yes/No**
How many years did you smoke for?	
When did you stop smoking?	
Do you currently use an electronic cigarette (vaping device)?	**Yes/No**
Do any other household members smoke?	

Name of applicant		**DoB**	

Where are visitors/household members allowed to smoke in your home?	
Do you drink alcohol?	**Yes/No**
What type of alcohol do you drink?	• **Beers/cider** • **Spirits** • **Wines**
How much do you drink on average a week? Describe in glasses/bottles or units	
Have you ever used recreational/street/illegal drugs?	**Yes/No**
If yes, please describe use, including when and type of substance	
What is your current weight?	
What is your current height?	
Please describe whether you have had any fertility treatment?	
What were the dates of this treatment?	
Please describe your pregnancy history, including any pregnancy losses	
Have you accessed any counselling in relation to the treatment? If so, please give details, and say whether this continues.	

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

Signature of applicant **Date**

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**

Name of applicant		**DoB**	

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	
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	

Name of applicant		**DoB**	

Musculo-skeletal system
Skin
Infectious diseases, e.g. Hepatitis C, Hepatitis B, HIV, TB (include test results and dates if relevant)
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?

Name of applicant		**DoB**	

Long-term prognosis?

4. Other information

Any other information (hospital admissions, accidents, injuries)

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.

6. Consultations

Provide details of past and present consultations with specialists

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

Name of applicant		**DoB**	

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

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

(If completing via video consultation, please complete 7B not 7A.)

7A

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)

Blood and haematopoietic system		
Anaemia		
CVS	**Pulse**	
	Rhythm	
	Heart	
	Size	

Name of applicant | **DoB**

	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)**	

Name of applicant | **DoB**

	Lymph nodes	
Musculo-skeletal system	**Spine**	
	Limbs	
	Joints	
Skin		

7B: For video consultations

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
Please arrange urine sample (essential)	Albumin	Sugar	Blood

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

Blood and haematopoietic system Any lumps in neck, axillae or groins?	
Cardiovascular review Palpitations? Exertional chest pain/tightness? Dyspnoea (inc Paroxysmal Nocturnal)? Orthopnoea? Oedema? **BP (recent recording/state date or arrange)**	

Name of applicant | **DoB**

Respiratory review Cough? Sputum? Wheeze? Haemoptysis? MRC Dyspnoea Score? Hoarseness?	
Digestive system Mouth problems? Abdomen pain/dyspepsia? Change in bowel habit? Change in appetite? Unexpected weight loss? Abdominal/groin lumps?	
Nervous system Headache? Diplopia? Muscle weakness? Clumsiness? Falls? Tremor? Numbness or altered sensation?	
Special senses Vision problems Hearing problems Taste or smell disturbance	
Urogenital system (if applicable)	

Name of applicant		**DoB**	

Breasts **Lumps or other signs?**	
Musculo-skeletal system Spine Limbs Joints	
Skin	

8. Further examination or investigation required? Yes /No

(If having completed via video consultation you have identified the need for a physical examination please state)

Is any other medical opinion 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.

Name of applicant		**DoB**	

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?

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.

Name of applicant		**DoB**	

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.

Signature		**Date**	
Name		**Designation**	
Qualifications			
Address			
		Postcode	
Telephone		**Fax**	
Email			