

Form AH2 UPDATE ADULT HEALTH REPORT

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CONFIDENTIAL

Name of applicant

DoB

This form should NOT be used where the applicant has health problems which have implications for the care of the child or where the original Form AH indicated areas of concern. Otherwise, it is considered best practice for a review health assessment to be carried out every 2 years, with forms AH and AH2 used on alternate reviews.

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

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

Part C to be completed by the **GP** and entire form sent to the **agency Medical Adviser** named below.

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

Update health report on applicant for (tick as appropriate)

Fostering	<input type="checkbox"/>	tick if long term	<input type="checkbox"/>	Short break/respite 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)

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Name of agency			Social worker	
Address				
			Postcode	
Telephone			Fax	
Email				
Case reference number			Date of last report (Form AH/AH2)	

Form to be returned to agency Medical Adviser by GP

Name of Medical Adviser			
Address			
			Postcode
Telephone			Fax
Email			

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PART B To be completed by the applicant

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

1. 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 an update health report, 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.

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

Signature of applicant

Date

2. Do you consider yourself to be in good health now?

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?			
Are you taking any medication on a regular basis?			Yes/No
If yes, what are they?			
Have you had any significant health problems since your last health report?			Yes/No
If yes, please give details			
What is your weight?		What is your height?	

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3. Lifestyle

Describe your exercise	Type	How often and how long	
Describe your diet and any dietary restrictions			
Any other comments about your lifestyle			
Do you now or did you ever		Quantity – specify per day or week	Duration/Details/Quit date
Smoke tobacco	Yes / No		
Drink alcohol	Yes / No		
Use street/recreational drugs (give name)	Yes / No		
Inject drugs (give name)	Yes / No		

PART C To be completed by the GP from applicant's medical records

Date of last Form AH/AH2
(if you do not have a copy of the last report please contact the agency)

1. GP acknowledgement
I have reviewed the information provided by the applicant.

Comments/Recommendations	
Signature of GP	Date

2. Pre-existing health issues

Has there been any change in the health issues identified on previous health forms (AH/AH2)? Yes/No

Details

3. New health issues

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Has the applicant developed any of the following which may affect their ability to parent a child?

Any change in health or mobility?	Yes/No
Details	
Any long-term medications or medical treatment?	Yes/No
Details	
Any problems with emotional or mental health?	Yes/No
Details	
Any significant changes in lifestyle, family composition or social circumstances?	Yes/No
Details	
Do you wish to amend anything written in any previous AH or AH2 reports?	Yes/No
Details	

4. Comments of reviewing doctor

Using the applicant's information and your own assessment, please comment on health and lifestyle issues which 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

GMC Registration no.		Qualifications	
Date		Signature	
Name			

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Address		
	Postcode	
Telephone	Fax	
Email		

5. Summary report from agency Medical Adviser

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

Signature		Date
Name		Designation
Qualifications		
Address		
	Postcode	
Telephone	Fax	
Email		

SAMPLE