

Name of parent

Name of child

Form PH

LOOKED AFTER CHILDREN

Report on health of birth parent

Parent's consent to the sharing of health information

The signed Consent Form (or photocopy) **must** be attached to this form

Guidelines for completing Form PH

Who should complete the form?

Part A should be completed by the agency/local authority

Part B should be completed by the birth parent together with the social worker. **Note:** each birth parent should complete a separate form.

Purpose of the form:

- To provide information that will contribute to the care of the child's health, both currently and in the future.
- To provide a family health history that will assist in planning for the child's placement.
- To provide an opportunity to discuss with birth parents the health history of their extended families that, in view of increasing genetic knowledge, could prove to be of importance throughout their child's life and possibly for their children as well.
- To demonstrate to the child later on that their birth parents gave thought and consideration to their child's future welfare.

Why this information is important

Form PH should be completed for all children and young people becoming looked after, preferably shortly after they come into care, to prevent valuable information being lost to them and their carers. The information on Form PH is essential to the completion of a comprehensive initial health assessment (IHA) and health care plan; however, attendance of the birth parent/s at the IHA is still highly valued. It also enables a carer, or the child or young person when they reach adulthood, to provide a health professional with information about the child's family history that may be essential to the making of an accurate diagnosis.

In some cases, the agency medical adviser may wish, provided informed consent has been given (for example, on the CoramBAAF Consent Form), to obtain further information from the parent's GP or specialist. The IHA provides an opportunity to obtain additional information from birth parents, and they should be encouraged to attend the IHA.

In Scotland, the Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268, may be helpful in obtaining certain medical information about the child's family, if adoption is the plan for the child. Regulation 11 states that where the agency has not been able to obtain information about whether there is 'any history of genetically transmissible or other significant disease' in the birth mother's or father's families, a medical practitioner, such as a birth parent's GP, must disclose such information to the adoption agency on request.

Procedure for the social worker and birth parent

- Part A contains important demographic information and should be completed in full by the agency social worker. It is essential to indicate correctly the name and contact details of the agency health adviser to whom the form should be returned.
- The social worker must ensure that parents understand the purpose of the form and appreciate that the information they give about their own and their families' health history is of great value to the current and future welfare of their child. This should be made clear to them before they are asked to sign the Consent Form, which may be needed to access additional information from their GP or consultant and subsequently to share relevant information with others involved

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in the care of their child.

- The social worker should indicate whether or not a parent has a learning difficulty. This information is essential for the child, and may affect the parent's ability to understand and complete the form. If a parent is unable to read or write, the social worker should complete the form in the parent's presence. People who speak English fluently may have difficulty in writing it and will need help.
- Where there are difficulties in obtaining information from a birth father, the social worker may be able to obtain information from other sources, such as the other birth parent or a family member, e.g. grandparent. Although even limited information is of value to a child, the form should make clear that the information recorded is second-hand; the name of the source and their relationship to the birth parent should be included on the form.
- On completion, the form should be passed to the agency medical adviser and given to the health professional examining the child, to assist with completion of the health assessment.
- Occasionally another professional, for example, a lawyer, may assist the birth parent with completion of this form.

Secure email **must** be used when sharing relevant information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

SAMPLE

Name of parent

Name of child

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

Report on	Mother/Father (delete as applicable)
Given name	
Family name	
Date of birth	
Address	
Postcode	
Ethnicity	

GP of parent	
Name	
Address	
Postcode	
Telephone	Fax

Child		
Name of child	Date of birth	
Place of birth	Time of birth	

Name of agency	Social worker
Address	
Postcode	Telephone
Email	Fax

Form to be returned to the agency health adviser

Health adviser's name	
Address	
Postcode	Telephone
Email	Fax

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Part B To be completed by the birth parent, with the social worker

1. In the following questions please circle yes or no.

Are you in good health now? Yes/No

If no please give details

Are you seeing any specialist or hospital consultant? Yes/No

If yes:

i) Who is it?	
ii) Which hospital/unit?	
iii) What do you see him/her for?	

Are you taking any medicines or tablets regularly? Yes/No

If yes what are they?

Did you take any medicines or tablets during pregnancy? Yes/No

If yes what did you take and when?

Have you had any significant physical or mental health problems in the past? Yes/

No

If yes please give details

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2. Personal health history

Have you ever suffered from or been treated for any of the following? (Please indicate yes/no and give details)

	Yes	No	Details
Epilepsy or fits			
High blood pressure/heart problems, e.g. age under 60 at first heart attack			
Stroke			
High cholesterol or lipids/fats			
Blood clots in leg or lung (thrombosis)			
Asthma/bronchitis or chest problems			
Jaundice or hepatitis			
Digestive or bowel problems			
Kidney or bladder problems			
Diabetes			
Thyroid problems			
Skin conditions			
Arthritis or joint problems			
Sight problems, e.g. lazy eye, glaucoma, wear glasses			
Hearing problems, e.g. grommets			
Allergies			
Serious reaction to general anaesthetic			
Investigated or treated for cancer			
TB			
Any other serious physical illness			
Depression			
Anxiety			
Emotional problems			
Other mental health diagnosis			
Other			

3. Have you been tested for any of the following:

	Yes	No	Result	Date

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Blood fats or cholesterol				
Thalassaemia				
Sickle cell disease				
Sexually acquired infections, including syphilis				
Hepatitis B				
Hepatitis C				
HIV				

4. Please tell me about your lifestyle

Do you or did you ever?	No	Yes – current use and quantity per day	Yes – past use and quantity per day	Used in pregnancy? At what stage?
Smoke tobacco				
Use alcohol				
Use drugs: cannabis/skunk				
Heroin				
Methadone				
Subutex				
Cocaine/crack				
Amphetamines				
Tranquillisers/benzodiazepines				
Other (give names)				
Inject drugs				

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5. What is your height?**What is your weight?****6. Do you have you ever had problems with:**

Reading

Writing or filling in forms

Spelling

Using numbers

Speech and language, including autism or Asperger's

Concentration and attention/
ADHD/hyperactivity

Did you receive extra support in school?

Did you attend a special school/unit?

Give reason, e.g. behaviour, learning difficulties, other

7. Family history

Please tell me about the health of your family. Does anyone have any serious health problems, such as those listed in section 2? Does anyone have any genetic conditions that may run in the family?

	Age now	State of health if living	Cause of, and age at death
Father			
Mother			
Your brothers and sisters			
Your children			
Other			

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Has anyone in your family, either now, or in the past, had:	State their relationship to you and give details of their difficulty
Learning difficulties	
Reading/writing difficulties	
Special schooling	
Mental health problems; please specify, e.g. drug or alcohol dependency, suicide, depression	

8. Is there anything else about the health of yourself or any other family member that you would like to include?

SAMPLE

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Parent's signature		Date	
Social worker's/ witness's signature		Date	
Source of information if parent is unavailable to provide it			

Medical adviser's comments

Summary of family health issues with comments on the significance for adoption/fostering

Name			
Designation		Qualifications	
Registration	GMC : Y/N NMC : Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	
Signature		Date	