

**Form IHA – Initial Health Assessment Record****CONFIDENTIAL****Guidelines for social worker, medical practitioner or other health professional****Purpose of the Health Assessment**

An initial health assessment should provide an opportunity to engage children and young people in positive discussion about their current health and other health-related issues and concerns. It should provide a positive experience which will encourage children and young people to take their health seriously and reduce fears and anxieties about contact with health professionals. Consideration will need to be given to what is age appropriate in terms of consent issues and the content of the health check. Younger children are expected to follow the advice on health matters of their parents, who have a responsibility to ensure that they receive the health care which they require. Older children, particularly those over the age of 14, are regarded by health agencies as competent to make some choices about their health. It is important that information and advice is available for both groups of children to emphasise the importance of appropriate health care.

Before the health assessment the social worker should discuss with the child/young person what they want to get from the health assessment, any particular issues which they want the opportunity to discuss and how that might affect who they want to be present. There may be a professional other than a doctor that they would prefer to see. The social worker will also need to discuss with carers and birth parents any concerns which they may need to inform the health assessment.

If the child has reservations about any aspect of the assessment including a physical examination they should still be encouraged to meet with the doctor to discuss their health and well being.

**Process of the Health Assessments**

- If a child is already well known to a paediatrician, e.g. because of disability or serious medical illness, it is likely to be more helpful to ask the health professional who is already involved to undertake the assessment.
- If the assessment is to be undertaken by a doctor, it should ideally be completed by the General Practitioner who knows the child and therefore has access to the child's medical records and history. If immunisation records are not available these can be obtained from the community health department's Child Health Computer System.
- When a child is looked after, the social worker will ask the parent for the essential background information to complete the Essential Information Record part 1 (LAC forms). This information should be obtained for all admissions including emergencies. The social worker can use this information to complete the relevant sections of this form. At the initial health assessment, any missing information should be obtained from either the child, parent, carer, or social worker or from medical records. In authorities where the child has a Personal Child Health Record (PCHR) this should accompany the child, or if this is not available the Carer Held Health Record\* (CHHR)\* should be used. The PCHR and CHHR include centile charts for the child's details to be recorded. A core assessment undertaken within the Framework for the Assessment of Children in Need and their Families will contain details of the child's current health and health history.
- Children who are going to be looked after for longer than four months, have repeated admissions to care or in whom a potentially significant unmet health need is identified may need a more comprehensive health assessment.

*\*Carer Held Health Record, BAAF, 1998. This booklet enables the recording of significant health information of looked after children who do not have access to a parent held health record. It should accompany the child/young person throughout any moves.*

## **Form IHA – Initial Health Assessment Record**

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- The initial health assessment will inform the health care plan which will be drawn up for each looked after child and form part of the overall care plan.
- During the assessment, the doctor or other health professional will need to discuss with the child/young person the particular areas which s/he feels it is necessary to include. Where any physical examination is thought necessary, the doctor will need to ensure that the young person has given informed consent if able to do so, or if not, that consent has been obtained from a person with parental responsibility.
- Throughout, the doctor must remain sensitive to the wishes of the child and be prepared to modify the assessment accordingly. An agreement should be reached as to any information shared in the discussion being recorded on this form. If there are specific details that the child or young person wishes to remain confidential, this should be discussed. If information is disclosed which raises a child protection concern, the doctor has a responsibility to disclose this to the appropriate authorities. However, this must be discussed with the child or young person. In no circumstances should an unconditional guarantee of confidentiality be offered to the child or young person.

### **The next steps**

The doctor or other health professional should identify the child's health needs and take any immediate appropriate action and recommend further action to be taken if necessary.

After completion the form should be returned to the social worker who will send it on to the appropriate personnel according to local arrangements.

- Carers should either be given a copy of this record when it is completed or details completed in the CHHR. A copy should also be given to the birth parent(s) unless there are identified reasons not to.

**Form IHA – LOOKED AFTER CHILDREN****Initial Health Assessment Record**

<b>Child/Young person</b>	
Name	
Gender	DoB
Home Address	
Postcode	
Telephone	
Name of principal carers	
Present address	
Postcode	
Previous address	
Postcode	

<b>Ethnicity, religion and language</b>			
Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>
Other Black background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other White background <input type="checkbox"/>	White and Asian <input type="checkbox"/>
Not given <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other mixed background <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other Asian background <input type="checkbox"/>		If other please specify _____	
Child's first language		Parent's first language	
Is an interpreter or signer required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has this been arranged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion			

<b>Agency details</b>	
Social worker	
Local authority	
Address	
Postcode	
Telephone	Fax

<b>Form to be returned to:</b>	
Name	
Designation	
Address	
Postcode	
Telephone	Fax

**Form IHA – LOOKED AFTER CHILDREN****Initial Health Assessment Record**

<b>Consent</b>	
<b><i>To be completed by the young person</i></b>	
Dr/other health professional _____ has explained the purpose of this health assessment to me and we have agreed the content.	
Signature	
Name	Date
I agree to information from the assessment being sent to birth parents/carers/social workers/other (please specify)	
Signature	
Name	Date
<b><i>From adult with parental responsibility</i></b>	
Dr/other health professional _____ has discussed the purpose of this health assessment and examination with me and I agree to it being carried out and for the information to be sent to the local authority.	
Signature	
Name	Date
Designation	

## Form IHA – Initial Health Assessment Record

## Health information

Name the child/young person is known by

Child's position in the family (use a sequence of letters to denote the order of boys and girls and underline the child to whom this report applies eg M M F M)

Name and address of GP

Postcode

Is PCHR/CHHR available? Yes ☐ No ☐  
(if not please explain)

Significant family health history where appropriate, where agreement has been given to share the information. For example, medical conditions including genetic conditions and risk factors.

Health professionals involved with the child/young person, including school nurse, practice nurse, etc.

## Names

## Designations

## Locations

Notes:

## Birth

Place of birth

Type of delivery e.g. caesarean

Time of birth

Gestation weeks

Birth weight                      kgs

Any issues in new born period?

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Immunisation record, including dates						
	1	2	3	Booster		Illnesses
Diphtheria					MMR1	Chicken pox
Tetanus					MMR2	Measles
Polio						Mumps
Whooping cough					BCG	German measles
HiB						
Mening. C						Other: please specify
Hep B						
Are immunisations up to date						
Comments						

Allergies and adverse reactions e.g. to drugs, foods or animals
Past significant medical/mental health history (hospital attendances/specialist medical services since birth)
Current medication and/or equipment
Date of last dental examination
Outstanding treatment
Name of dentist
Are there any concerns about vision?
Are there any concerns about hearing?

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**Health discussion**

*(The headings are intended as guidance and to help to initiate a discussion with the child/young person about their general health. Strengths should be included as well as concerns.)*

What would the child/young person like this health assessment to achieve?
Does the child/young person have any worries about their health at the moment?
Does the child/young person have any worries about other issues, for example, school, family relationships, friendships, etc. which are affecting their well-being?
Does the carer have any concerns about the child/young person's physical health or developmental milestones?
How is the child/young person contributing to their physical and emotional well-being e.g. sport, diet, etc?
What help would the child/young person like with improving their physical and emotional well-being e.g. information about nutrition, access to exercise classes?
Are there any other concerns that the child/young person has about any health related matters which have not been raised already e.g. smoking, alcohol use, sexual health?

# Form IHA – Initial Health Assessment Record

## Medical examination TO BE COMPLETED BY THE DOCTOR

### Growth

General impression

Weight

Kg.

Centile

Height/length

cms..

Centile

Head circumference

cms..

Centile

### General physical appearance and physical examination *(Note especially any evidence of infection, neglect or injury)*

S = Satisfactory   P = Problem   O = Observation   T = Treatment   R = Referral   N = Not examined

	Please tick								Comments				
Skin	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
Dental health	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
Chest	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
CVS	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
Abdomen	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
Testes	S	<input type="checkbox"/>	P	<input type="checkbox"/>	O	<input type="checkbox"/>	T	<input type="checkbox"/>	R	<input type="checkbox"/>	N	<input type="checkbox"/>	
Blood pressure – if appropriate													
Any other relevant information e.g. injuries													

### Summary of significant concerns and findings TO BE COMPLETED BY THE DOCTOR

(These headings are included for guidance. The summary should include reference to a child/young person's strengths as well as concerns.)

Growth and development, including developmental milestones
Physical health
Emotional and behavioural well-being
Other findings



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**Action taken** (referral and treatment)

Action required by others e.g. health visitor, nurse, social worker

**Signature of doctor/other health professional**

Name

Designation

Address

Telephone

Date

**To be completed when applicable by the Medical Adviser***(Completion of this section will be determined by local arrangements for the monitoring and administration of health assessments)*

Comments

**Signature of medical adviser**

Name

Designation

Address

Telephone

Date