

APPENDIX 3



National Public Health
Service for Wales
Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru

LOCAL HEALTH BOARD

GP Report for Child Protection Case Conference

(N.B. please complete and return a separate form for each child)

To be shared at Child Protection Case Conference at:

Date of conference: Time:

Name of Child: DOB:

Address:

1. Are you the regular attending GP? Yes / No

If not – who is?

2. (a) When was the last time you or one of your colleagues saw the child?

- Date:
- Presenting problem:

(b) How many times has the child been seen in the past 12 months?

3. Does the child have any health problems/ hospital admissions?

Please give details:

4. Is the child's physical and mental health satisfactory?

5. Have you or a colleague seen the child for any child protection issue or had any child protection concerns?

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6. Have you received any information from any other source regarding any child protection concerns?

7. Have you any other concerns relating to the child? Yes / No
If yes - What are the concerns

8. (a) Are you aware of any issues affecting the parents/carers of the child, which may have an impact on their parenting capacity e.g. domestic abuse/ substance and/or alcohol abuse/mental health concerns/learning difficulties?

(b) Do you have any other relevant concerns/knowledge about the parents/carers?

9. Do you have any knowledge of or concerns about any other adults and/or children connected to the index child?

Please detail:

10. Do you have any further information you want the Community Paediatrician or the Chair of the conference to be aware of?

Name of GP:

Address:

Signature of GP: Date of report: