

GP's Report to Child Protection Conference

NHS County Durham and NHS Darlington

Name of Child.....DOB:.....
Date.....and Venue.....of Child Protection Conference
I will/Will not be attending Conference
I have/have not sought consent for this report (from.....)
I have/not/attempted to/share/d this report (with.....
on.....)

FAMILY STRUCTURE:			
Name:	DOB:	Relationship:	Address:

FREQUENCY OF CONTACT: Including professional opinion of whether family makes appropriate use of GP services

DATE AND NATURE OF MOST RECENT CONTACT:

NATURE OF OTHER NOTEWORTHY CONTACTS: EG. Childhood illnesses/ailments, family members significant illnesses, accidents or injuries, referrals to other services

GENERAL OBSERVATION ABOUT CHILD'S GENERAL HEALTH AND DEVELOPMENT: including milestones, immunisations etc. where possible

--

GENERAL OBSERVATION PARENTAL HEALTH: including comment on parent-child relationship, parental illness/disability, substance misuse, domestic violence etc.

--

Date form completed	Signature	Practice Stamp