|  |  |  |
| --- | --- | --- |
| North Durham CCG col LOGO | cid:image003.jpg@01CE56E0.DE9A72D0 |  |

**GP Report to Child Protection Conference**

|  |
| --- |
| Name of Child …………………………………………………………………………………..  NHS No.………………………………………..  DOB ………………..…………………Date registered with the Practice ……………………….  Start date – child records …………………………….. Any gaps ……………………………….  Date of Child Protection Conference (CPC) ………………………………………………………  Venue for CPC ………………………………………………………………………………………  I will/will not be attending the conference. I have/not/attempted to/share/d this report with  On ……………………………………………  **This report should be shared with family prior to the conference.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Family Structure** | | | | | |
| **Name** | | **DOB** | **Relationship** | **Address** | **Notes reviewed**  **Yes/No** | **Reg. with Practice Y/N** |
|  | |  |  |  |  |  |

|  |
| --- |
| **1. Significant contacts with health services: GP practice, consultants and other health professionals. Details of physical and/or psychological illnesses, details of any outstanding medical interventions for child (including professional opinion of whether family makes appropriate use of GP services).** |
|  |

|  |
| --- |
| **2. DATE AND NATURE OF MOST RECENT CONTACT:** |
|  |
|  |
| **3. General observations or concerns about child’s general health and development: including milestones, immunisations, DNAS, behavioural or psychological issues, compliance with medical advice and/or medication**  . |
|  |

|  |
| --- |
| **General observation or concerns or household issues relevant to child’s welfare including: comment on parent child relationship, parental illness/disability, substance misuse, domestic violence and learning disability. Concerns or opinions about parenting capacity.** |
| **If the outcome of the case conference was to create a child protection plan what actions would you want to include. What do you see as the priority for this child?**    **On a scale of 1-5 how concerned are you about this child?**   |  | | --- | | 1 2 3 4 5 |   **1. None**  **2. Low risk**  **3. Some risk**  **4. Significant risk**  **5. Very Significant risk** |

**If you have any concerns about sharing this information, including sensitive information about adults, please contact the Independent Reviewing Officer responsible for the case which can be found on the invitation letter.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date form**  **completed** | **Name** | **Signature** | **Practice Stamp** |
|  |  |  |  |
|  |  |  |  |