

Child's Name: _____ DOB: _____ NHS No: _____

Appendix 1: Safeguarding Children Medical Proforma

Index Case / Sibling

Patient details

NHS number			Current address
Surname			<i>Attach address label here</i>
Other surnames			
First name			
Date of birth			
Sex	Male / Female		
Tel number			
Usual address if different to current			
Country of birth		Ethnic group	
Language at home		Interpreter required	Yes / No

Healthcare professional details

GP name		Address / tel no	
Health Visitor name		Address / tel no	
Social Worker name		Address / tel no	
Police Officer name		Address / tel no	
Dentist name		Address / tel no	
Name of school or nursery		Address / tel no	

Child's Name: _____ DOB: _____ NHS No: _____

Examination details

Examination requested by (Name):	
Examination requested by (Agency):	
Reason for referral (category)	

	Yes	No	N/A N/K
Is the child or sibling subject to a Child Protection Plan?			
What category of Child Protection Plan			
Is the child or sibling subject to a Court Order?			
Specify Court Order			
Has the court granted leave for the examination?			
Who has parental responsibility?			
Has referrer obtained consent for the assessment?			
If Yes, who has referrer obtained consent from? Name Relationship to child			

Date of exam	
Start Time of assessment	(24-hour clock)
Finish Time of assessment	(24-hour clock)
Venue where examined	
Examining Doctor's name	
Examining Doctor's grade	
Consultant Paediatrician with child protection responsibility	

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	Yes	No
Nursing support		
Nurse name		
Chaperone present		
Chaperone name		
Interpreter present		
Interpreter name		
Forensic sexual assault exam		
Forensic examiner present		
Forensic Examiner Name		
Forensic Examiner contact details		
In patient Consultant Name (if admitted to hospital)		
Others present (list & designation)		

Child's Name: _____ DOB: _____ NHS No: _____

Consent to Medical Examination

Patient details

Patient name	
Date of birth	
NHS number	

Examination

Permission must be obtained from those with parental responsibility and from the child where appropriate. Written consent is good practice, but verbal consent is acceptable and must be recorded.

Consent for examination

I give permission for:	Yes	No	N/A
Medical examination			
Genital and anal examination			
Use of the colposcope			

Consent for images, tests

Photographs may be used to support clinical evidence of injury and may involve taking images of injuries to the body or genital and anal area. Specimens for laboratory/forensic tests may include blood, urine or swabs from the body.

I give permission for:	Yes	No
Photographs/video/DVD recordings of injuries to the body for medical case notes		
Photographs/video/DVD recordings of the genitalia and anus being taken for medical case notes		
The collection of specimens for laboratory tests		
The collection of specimens for forensic tests		

Child's Name: _____ DOB: _____ NHS No: _____

Consent for photography

Photographs may be used to support clinical evidence of injury and may need to be shared with other doctors to help interpretation of clinical findings and quality of service; another doctor involved in any court proceedings or may be used for teaching and training other professionals.

I give permission for photographs to be used:

	Yes	No	N/A
For peer review			
To support clinical evidence in court proceedings			
For teaching/training purposes			

Consent for Information sharing

GPs, other health professionals, social care and police will be able to co-ordinate care, support and investigations required for your child if the information they need to know about your child is shared.

I give permission for a report/letter/summary of the medical to be shared with:

	Yes	No
GP		
Health Visitor/ School nurse		
Social Services		
Police		
Other (please specify)		

I understand that at any stage of the examination, I may withdraw my consent.

Parent/carer Signature		Date	
Name		Time	
Child's Signature		Date	
		Time	
Doctor's Signature		Date	
Doctor's Name		Time	

Child's Name: _____ DOB: _____ NHS No: _____

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

First Language of Parent(s): _____

Language Used by

Interpreter: _____

Interpreter's Signature		Date	
Interpreter's Name		Time	

Child's Name: _____ DOB: _____ NHS No: _____

History

Persons present	Relation to the child/profession

Please attribute who history taken from at each stage:

Where history is from the child use his/her own words where possible.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Child's Name: _____ DOB: _____ NHS No: _____

History (cont)

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

Child's Name: _____ DOB: _____ NHS No: _____

Detailed Medical History

Perinatal history

Birthweight	KG	Gestation:	
Place of birth		Delivery:	
Pregnancy			
Neonatal health			
Feeding			
Immunisation	Up to date		None
			Delayed
If delayed, list known immunisation details			

Past history

(A&E Visits, hospital admissions, previous medical assessment for abuse, Social Services involvement with dates)

Any episodes of prolonged bleeding?

Any Relevant Family History

(Include any history of fractures/bruising/bleeding)

Symptomatology

General health	
Chest	
Gastrointestinal	
Urinary	
Genital	

Child's Name: _____ DOB: _____ NHS No: _____

CNS	
Sleep (e.g. night waking, nightmares)	
Behaviour (e.g. wetting, soiling, self-harm, sexualised behaviour)	
Medication	
Allergies	

Adolescent

	Yes	No	Comments	
Menarche			Age	
LMP			Date	
Frequency				
Tampons				
Pads				
Vaginal Discharge <ul style="list-style-type: none"> • Irritation • Bleeding • Smell 				
Dysuria				
Sexual experience				
No. of consensual partners			Date last sexual intercourse	
Contraception				
Type contraception				
Smoking				
Alcohol				
Drugs				

Child's Name: _____ DOB: _____ NHS No: _____

Forensic Sexual Assault

	Yes	No	Comments
Suspected abuser known?			
If yes, name and relation to child			
Time of last contact with abuser			
Eating/drinking since event			
Bowels opened since event			
Passed urine since event			
Washing/bathing since event			
Teeth brushed since event			
Drugs/alcohol used			

Forensic examination performed?

	Yes	No	Comments
< 24 hours contact			
< 72 hours contact			
< 7 days contact			

Any specific risk factors for HIV?

	Yes	No	Comments
Penetrative intercourse			
Gay/bisexual perpetrator			
Current or past IVDU perpetrator			
Unprotected sex with person from countries with			

Note: Higher rates HIV (e.g. Africa, SE Asia, S America, West Indies)

Child's Name: _____ DOB: _____ NHS No: _____

Prophylaxis?

	HIV prophylaxis	Hepatitis B immunisation	Contraception	Antibiotics
Assault in last 72 hours?	Use PEPSE case record form to assess risk	Offer	Offer	Consider http://www.bashh.org
Assault between 72 hours and 6 weeks?	Not required	Offer	Offer (up to 120 hours)	

Developmental history/school progress

Summary of development (for under 5 years, or as appropriate)

0 = Normal 1 = mild 2 = moderate 3 = severe delay 4 = profound delay 9 = unknown

Specify what development test applied (if used):

	Level	Comments
Gross motor/locomotor skills		
Fine motor/manipulation skills		
Visual skills		
Hearing & language skills		
Speech & language skills		
Social interactive skills		
Cognitive skills		
Social self-help skills		
Other information		

Child's Name: _____ DOB: _____ NHS No: _____

Family Social History *(including psychiatric)*

	Comments		
Mother		Occupation:	
Father		Occupation:	
Housing			
Pets			
Drug use			
Alcohol use			
Smoking			
Mother's health			
Father's health			
Domestic violence <i>See Appendix for sample questions</i>			
Siblings health			

Family Tree *(draw a family tree include date of birth, where possible)*

Child's Name: _____ DOB: _____ NHS No: _____

Examination

- It is generally recommended that a chaperone is used
- Include general physical examination, growth and development
- Look for signs of neglect
- Assess general demeanour, emotional state
- Record size, appearance of any injuries, noting swelling, tenderness
- Draw all cutaneous injuries on body charts
- Examine genitalia and anus routinely unless contra-indicated or permission refused
- For sexual assault consider STI screening and prophylaxis. Consider forensic sampling if incident < one week

Persons present	Relation to the child/profession

General condition	Satisfactory	Unsatisfactory	Comments
Clothes			
Cleanliness			
Hair and Nails			
Nappies/Rash			
Infestation			
Pallor			
Teeth			

Describe emotional state/demeanour

Describe carers emotional state & relationship with the child

Child's Name: _____ DOB: _____ NHS No: _____

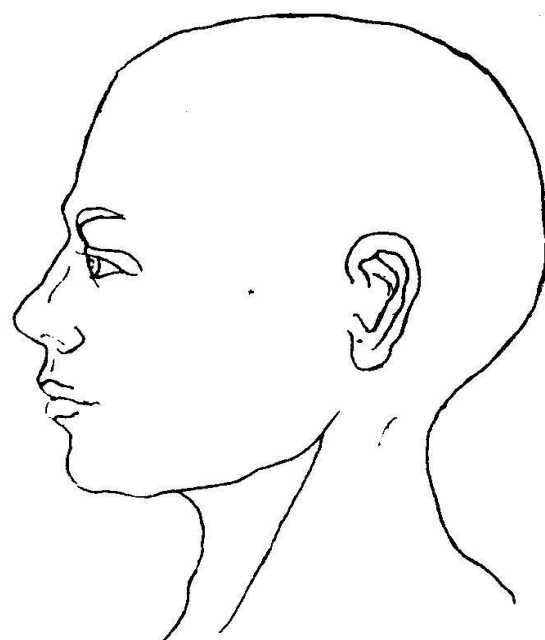
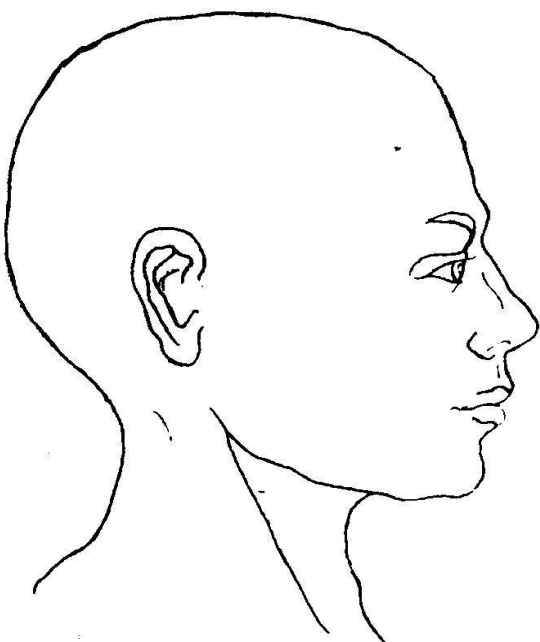
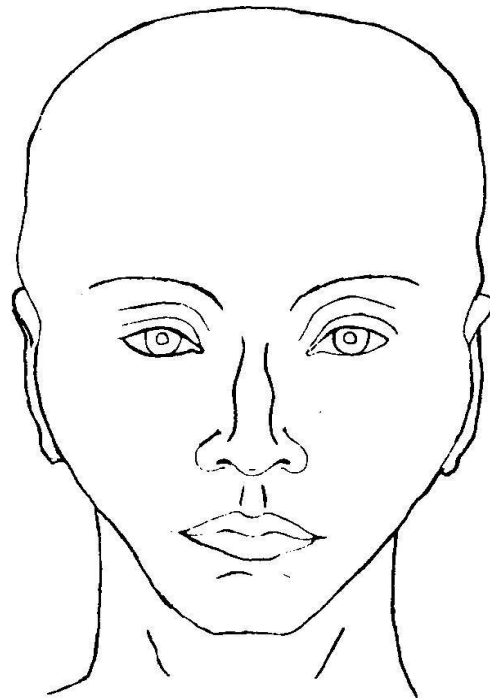
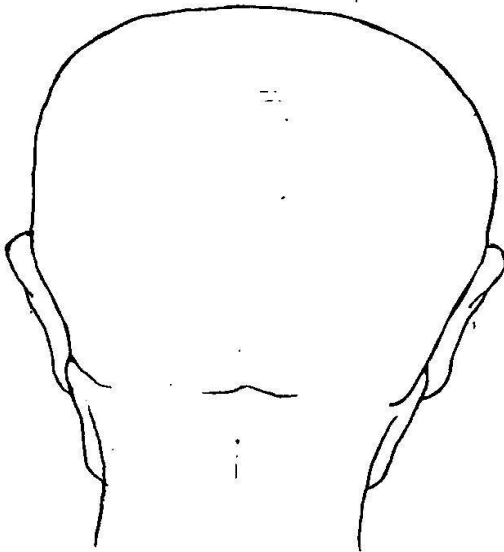
Growth

Height (cm)		Centile	
Weight (kg)		Centile	
OFC (cm)		Centile	
BMI			
Mouth			
Abdomen			
ENT			
CNS			
RESP			
CVS			
Other			

Child's Name: _____ DOB: _____ NHS No: _____

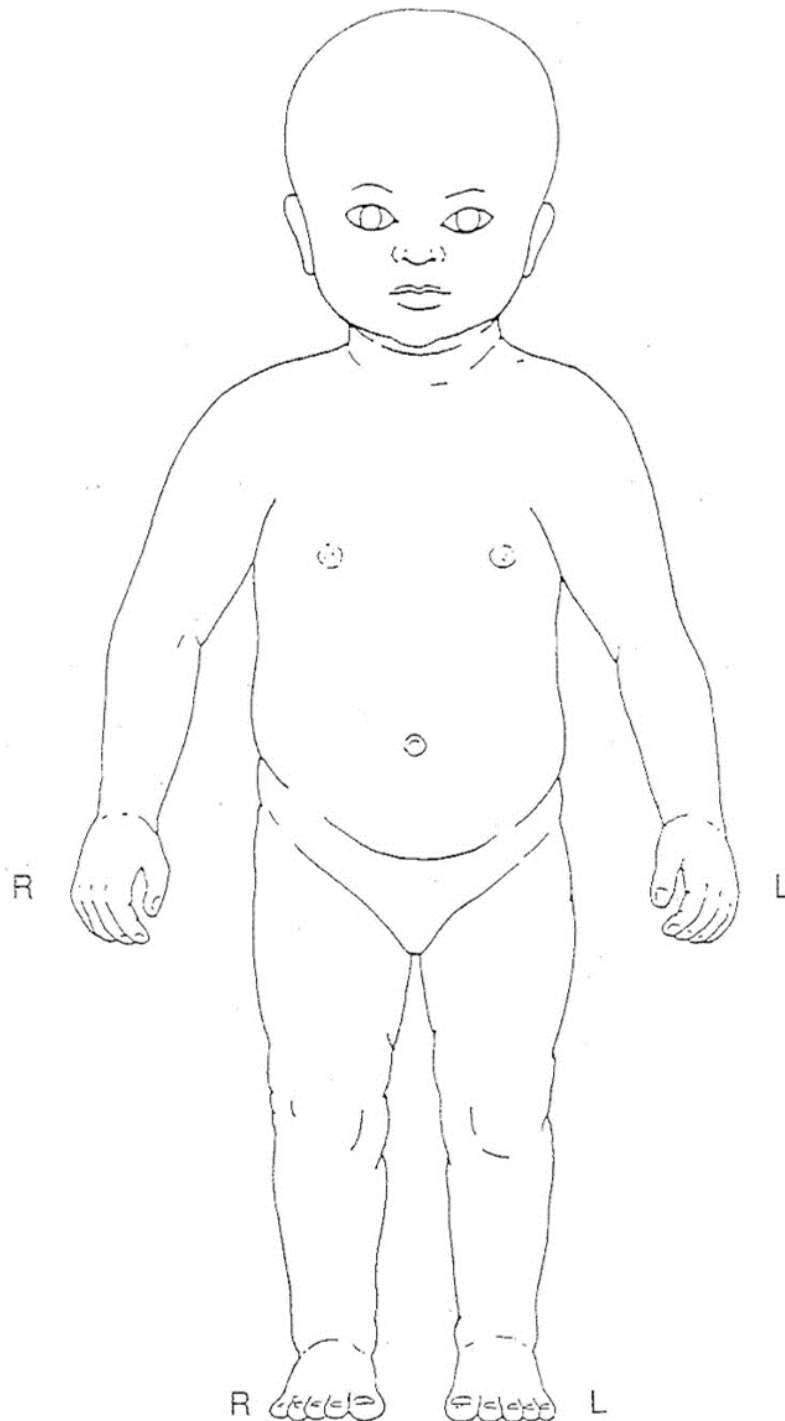
Diagrams/Body Maps

Date of exam	
Examiner name	
Signature	



Child's Name: _____ DOB: _____ NHS No: _____

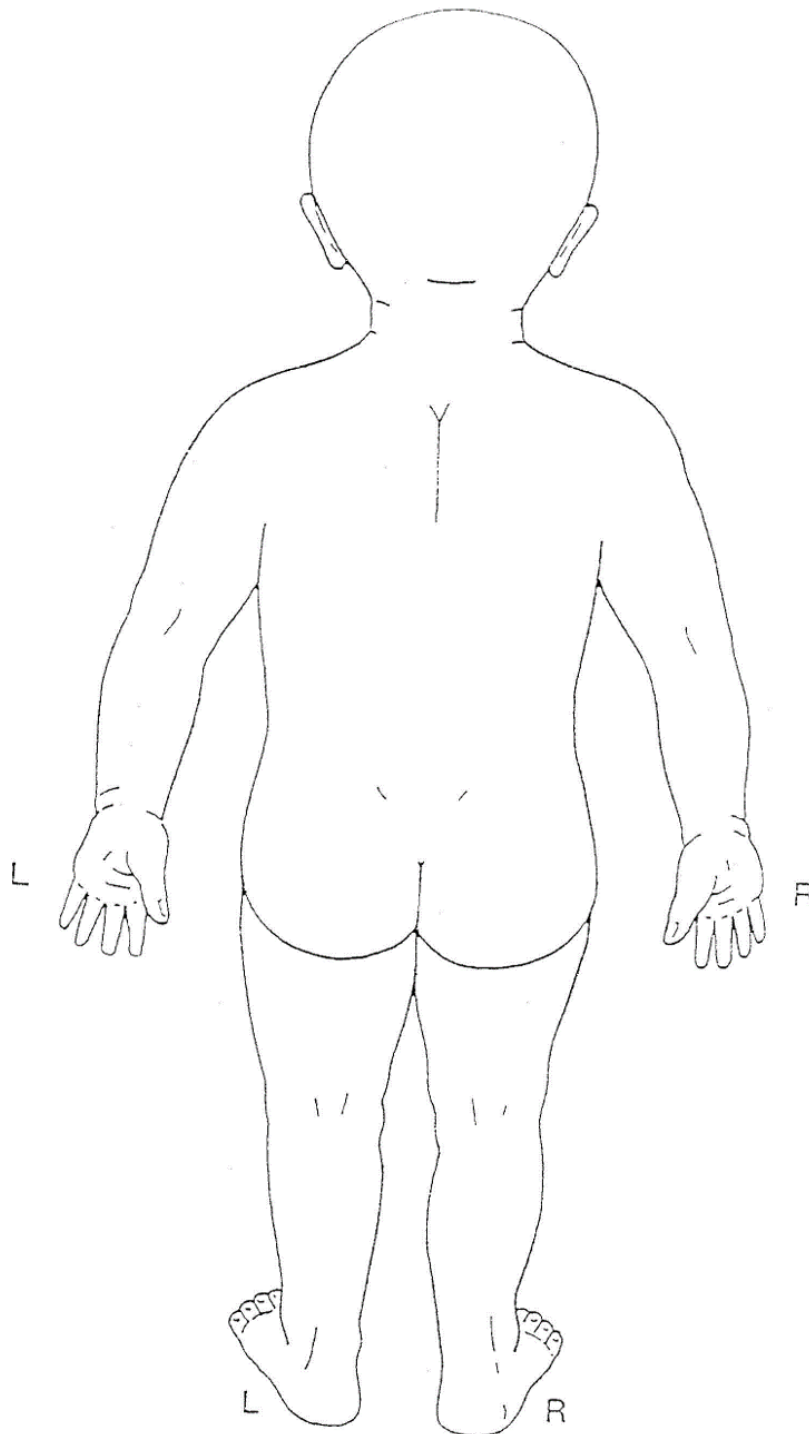
Name of patient	
Date of exam	
Examiner name	
Signature	



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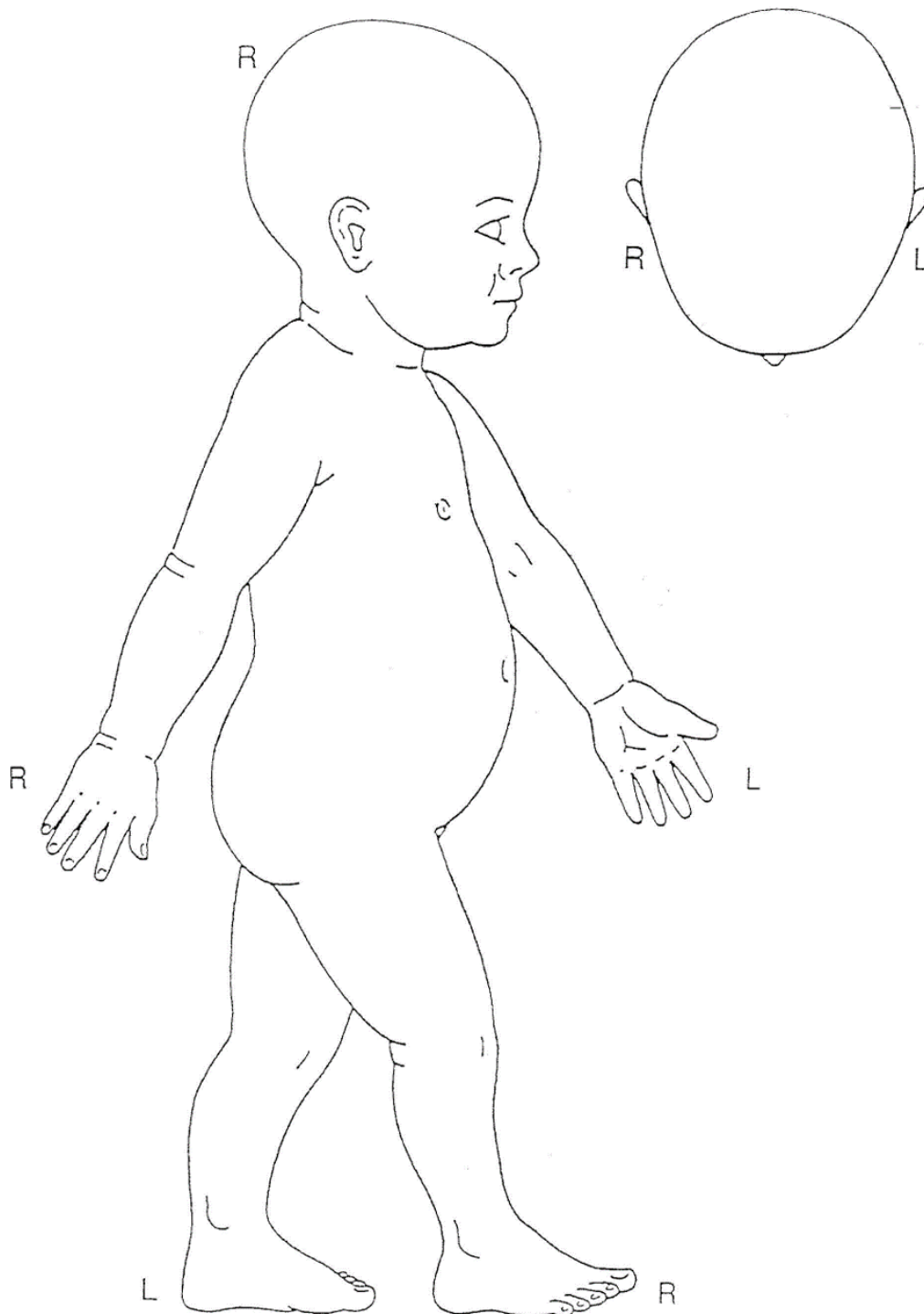
Name of patient	
Date of exam	
Examiner name	
Signature	



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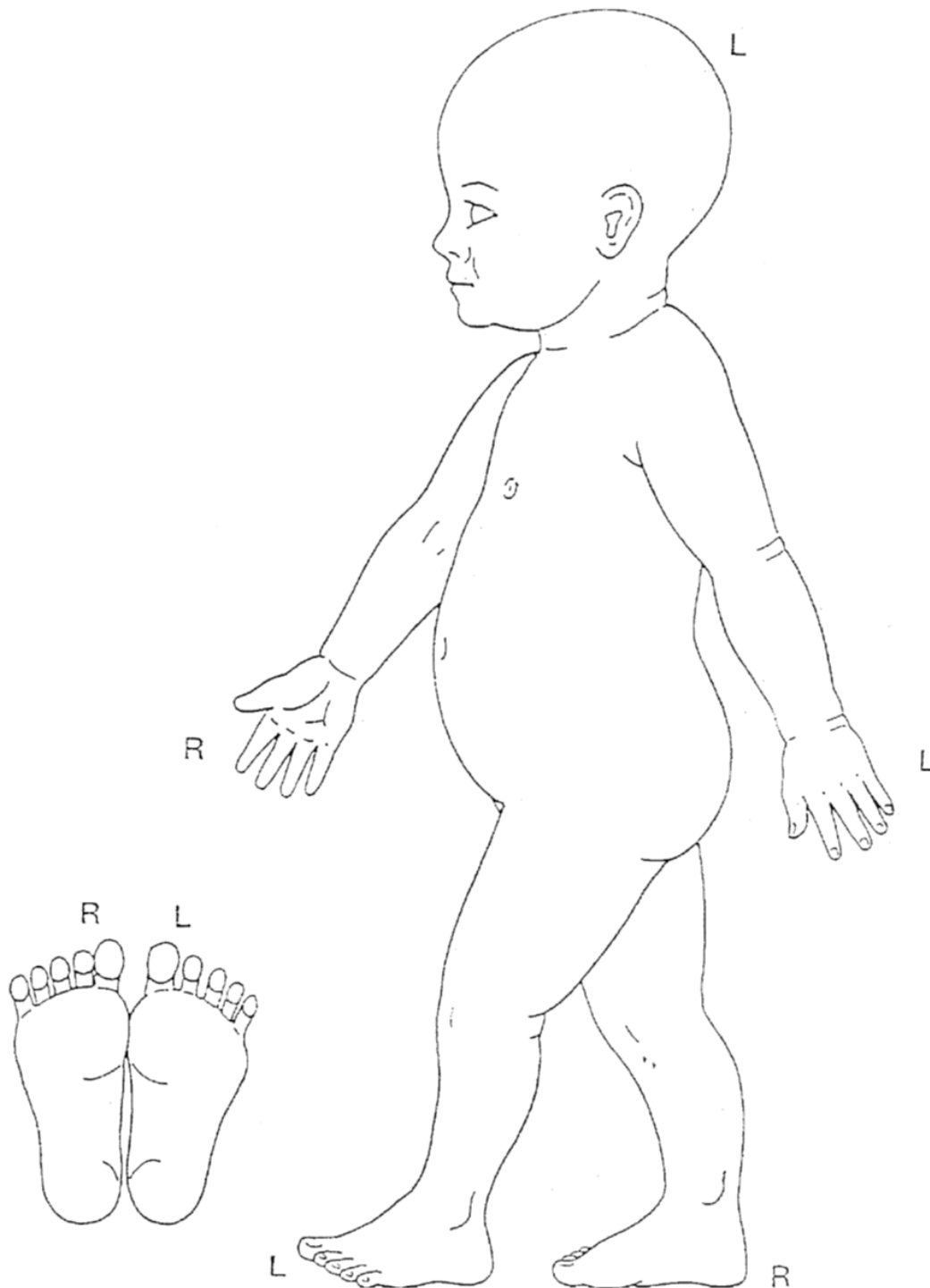
Name of patient	
Date of exam	
Examiner name	
Signature	



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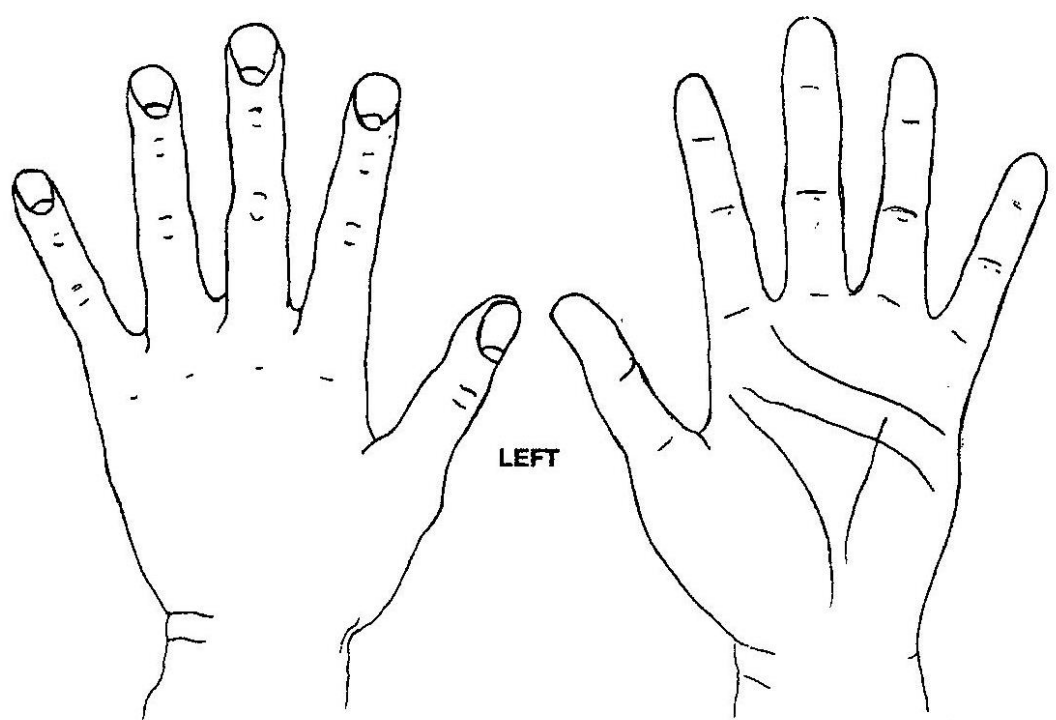
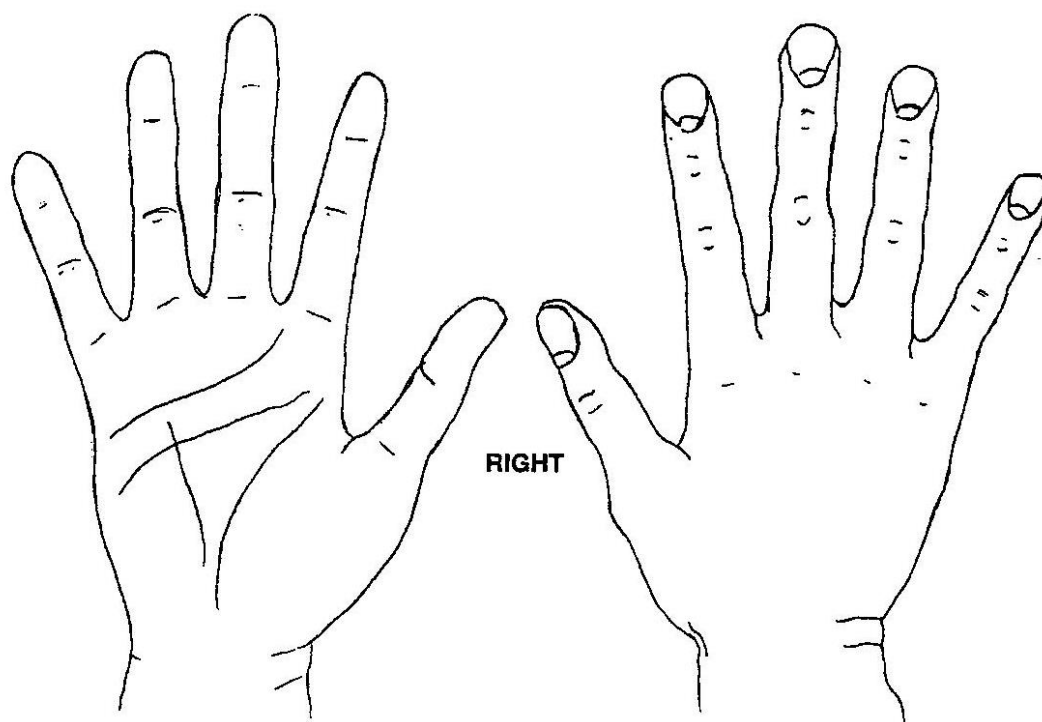
Name of patient	
Date of exam	
Examiner name	
Signature	



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Child's Name: _____ DOB: _____ NHS No: _____

Date of exam	
Examiner name	
Signature	



Child's Name: _____ DOB: _____ NHS No: _____

Physical/Genital Examination - Girls

Tanner stage

	1	2	3	4	5
Breast development					
Pubic hair					
Oestrogen change	Yes / No				

	Yes	No	Reason not used
Colposcope used			
Video/ DVD			
Photographs taken			

Exam position used	Supine		Knee chest		Left lateral	
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Method of exam of hymen	Separation		Traction		Water	
	Swab		Catheter			

Type of hymen	Annular		Crescentic		Fimbriated	
	Sleeve		Septate		Other	
Describe other						

Findings - genitalia	Normal		Non specific		Abnormal	
----------------------	--------	--	--------------	--	----------	--

External Genitalia

	Yes	No	Describe location & extent
Reddening			
Abrasion			
Oedema			
Bruising			
Laceration			
Labial fusion			

Child's Name: _____ DOB: _____ NHS No: _____

Discharge			
Bleeding			

Internal Genitalia

Vestibule

	Yes	No	Describe location & extent
Reddening			
Abrasion			
Oedema			

Hymen (use the clock face to describe sites)

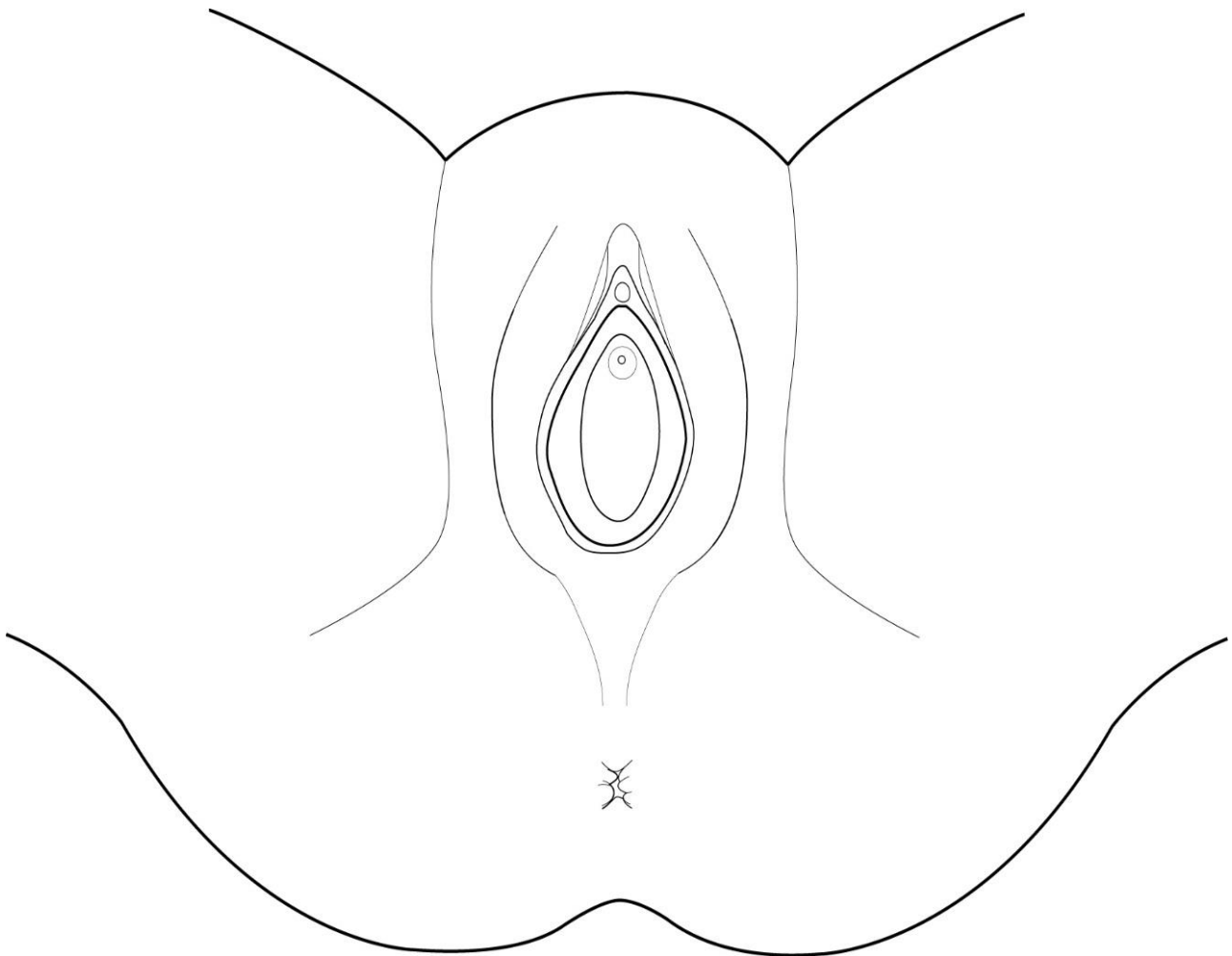
	Yes	No	Comments	
Reddening				
Abrasion				
Oedema				
Bruising				
Laceration			Partial / Complete	
Site of laceration				
Transection			Site:	
Notch			Site:	Superficial / Deep
Narrow rim				
Post fourchette	Normal / Abnormal			
Vagina	Normal / Abnormal / Not seen			
Other findings				

Child's Name: _____ DOB: _____ NHS No: _____

Female Genitalia

Draw shape of hymen and anus and any lesions on genitalia, perineum or buttocks

Date of exam	
Examiner name	
Signature	



Child's Name: _____ DOB: _____ NHS No: _____

Physical/Genital Examination - Boys

Tanner stage

	1	2	3	4	5
Genitalia					
Pubic hair					

	Yes	No	Reason not used
Colposcope used			
Video/ DVD			
Photographs taken			
Penis circumcised			
Foreskin retractable			
Frenulum intact			

Testes	Present x2		Present x1		Absent	

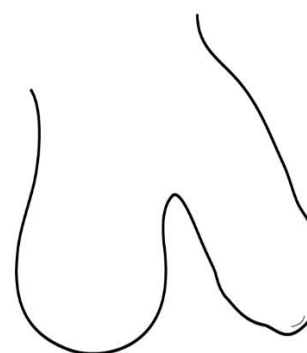
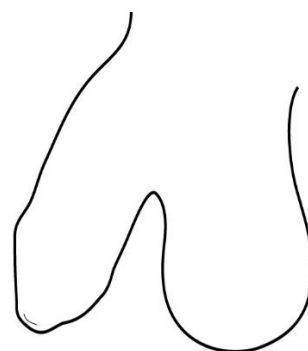
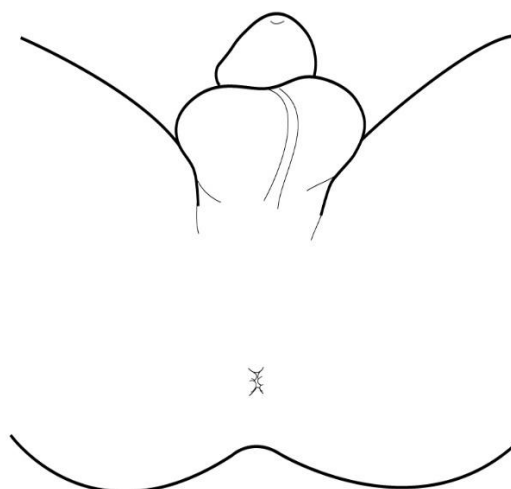
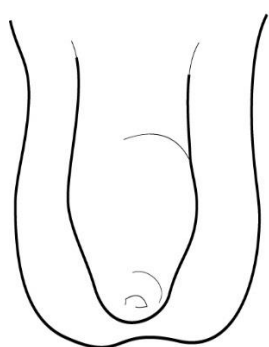
Findings - genitalia	Normal		Non specific		Abnormal	
Describe abnormalities						
Bruises/Lacerations /Burns						

Child's Name: _____ DOB: _____ NHS No: _____

Male Genitalia

Draw shape of anus and any lesions on genitalia, perineum or buttocks

Date of exam	
Examiner name	
Signature	



Child's Name: _____ DOB: _____ NHS No: _____

Anal Examination (Boys and Girls)

	Yes	No	Reason not used
Colposcope used			
Video/ DVD			
Photographs taken			

Exam position used	Supine		Knee chest		Left lateral	
--------------------	--------	--	------------	--	--------------	--

Findings - anus	Normal		Non specific		Abnormal	
-----------------	--------	--	--------------	--	----------	--

	Yes	No	Comments	
Reddening				
Bruises				
Skin change				
Oedema				
Venous congestion				
Fissures			Superficial	
			Deep or extensive	
			Number	
Scars			Site	
			Number	
Tags			Site	
			Number	
Folds			Site	
			Number	
Gaping				
Laxity				
Reflex anal dilatation				
Warts				
Burns				
Other				

Child's Name: _____ DOB: _____ NHS No: _____

Investigations

	Yes	No	Date	Results
Hb, WBC, Platelets				
Clotting screen				
Further clotting studies				
U&E/LFT				
Bone chemistry				
Toxicology <i>Blood</i> <i>Urine</i>				
Blood borne virus <i>VDRL</i> <i>HIV</i> <i>Hep B</i> <i>Hep C</i>				
X-Ray				
Skeletal survey				
Repeat skeletal survey				
Bone scan				
CT Head				
Ultrasound head				
MRI head				
MSU				
Ophthalmology				
Forensic				<i>Record on separate sheet</i>
Pregnancy test				
Others (specify)				

Child's Name: _____ DOB: _____ NHS No: _____

Swabs taken

	Site						Date	Results
	Vulval	HVS	Cervix	Anal	Oral			
Universal								
GC								
Trichomonas								
Chlamydia PCR								
Chlamydia/GC FVU								
Slide								
Other								

Brief summary of history and findings

Action plan

Referrals made

Prescriptions

Child's Name: _____ DOB: _____ NHS No: _____

Action Checklist

	Yes	No	Comments
Does child need review?			
Appointment made			Date:
Do siblings need assessment?			
Sibling appointment made?			Date:
Does child need admission to hospital?			
On call Consultant informed			Name:
Written referral to on call health team			

Child's Name: _____ DOB: _____ NHS No: _____

Forensic Medical Examination (I)

SAMPLES TAKEN	Batch* no. / Barcode	No. taken	Item/Exhibit no.
Alcohol / Drug blood			
Blood preserved (sodium fluoride/potassium oxalate) total 10ml, shaken			
Time taken:			
Alcohol / Drug urine <i>where appropriate take second urine sample</i>			
Tissue			
Urine preserved (sodium fluoride) 20ml, shaken			
Time taken:			
Mouth sample collection			
Mouth swab (x1 or 2 dry)			
Mouth rinse 10ml			
Gloves used			
Unopened control swab <i>(if available/provided)</i>			
DNA reference samples			
Elimination kit buccal scrapes (x2) for DNA profiling tests (attach barcode)			
PACE kit buccal scrapes (x2) for DNA profiling tests (attach barcode)			
Skin swabs (x2) 1 wet and 1 dry from each site			
e.g. Right breast			
Left breast			
Upper/inner thigh			
Other <i>(please specify)</i>			
Skin control swab <i>(specify site)</i>			
Unopened control swab			
Gloves used <input type="checkbox"/> No <input type="checkbox"/> Yes			
retained			

Child's Name: _____ DOB: _____ NHS No: _____

Female genital samples			
Vulva and perineum swabs (x2 either both dry or 1 wet & 1 dry, as appropriate)			
Low vagina swabs (x2)			
High vagina swabs (x2)			
Endocervical swabs (x2)			
Vaginal speculum <input type="checkbox"/> No <input type="checkbox"/> Yes Retained: <input type="checkbox"/> No <input type="checkbox"/> Yes			
used:			
Speculum swab			
Opened tube/sachet of used lubricant (type):			
Unopened control swab			
Gloves used <input type="checkbox"/> No <input type="checkbox"/> Yes			
retained			

Forensic Medical Examination (II)

SAMPLES TAKEN	Batch* no. / Barcode	No. taken	Item/Exhibit no.
Ano-rectal Samples			
Perianal swabs (x2) 1 wet and 1 dry			
Anal canal swabs (x2) 1 wet and 1 dry			
Rectal swabs (x2)			
Proctoscope used: <input type="checkbox"/> No <input type="checkbox"/> Yes Retained: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Proctoscope swab:			
Opened tube/sachet of used lubricant (type):			
Unopened control swab			
Male genital samples (x2) 1 wet and 1 dry from each site			
Swabs from shaft (+external foreskin if present)			
Swabs from Coronal sulcus (+internal foreskin if present)			
Swabs from Glans			
Gloves used (must be submitted)			
Unopened control swab			
Hand Swabs			
Right hand swabs (x2) 1 wet and 1 dry			
Left hand swabs (x2) 1 wet and 1 dry			
Unopened control swab			
Fingernail Collection			
Right fingernail cuttings			
Right fingernail swabs (x2) 1 wet and 1 dry			
Left fingernail cuttings			
Left fingernail swabs (x2) 1 wet and 1 dry			
Unopened control swab			

Child's Name: _____ DOB: _____ NHS No: _____

Hair Collection		
Head hair visible debris (collect using forceps)		
Head hair swabs (at least 2 swabs - wet/dry as necessary)		
Head hair taping (use low adhesive tape only)		
Head hair combings (retain comb)		
Head hair reference sample (minimum 25 - representative sample)		
Pubic hair visible debris (collect using forceps)		
Pubic hair swabs (at least 2 swabs - wet/dry as necessary)		
Pubic hair combings (retain comb)		
Pubic hair reference sample (minimum 25 - representative sample)		
Unopened control swab		
Hair for toxicology		
Couch cover		
Patient clothing		
Gown		
Groundsheet		
Condom Collection <i>(note where found, e.g. in vagina, kept by patient)</i>		
Condom		
Sanitary Wear Collection <i>circle/delete as appropriate</i>		
Tampon sanitary towel toilet tissue used before and/or after offence		
Other (please specify)		

Child's Name: _____ DOB: _____ NHS No: _____

Peer Review Meeting

Comments/action(s)	
---------------------------	--

	Yes	No
Do the photographs represent clinical findings?		
Can they be used for teaching purposes?		

Please give details about the following:

	Yes	No
Was a strategy meeting held?		
<i>If yes, did a doctor attend?</i>		
<i>If doctor did not attend was a report provided?</i>		
Was a case conference held?		
<i>If yes, did a doctor attend?</i>		
<i>If doctor did not attend was a report provided?</i>		
Was the child made subject to a child protection plan?		
<i>If yes, please specify under which category</i>		
Were there Court Proceedings?		
<i>If yes was a written statement given to the police?</i>		
<i>Was court attended by the examining doctor?</i>		

Signature of doctor	
Name of doctor	

Child's Name: _____ DOB: _____ NHS No: _____

Date	
-------------	--

Sample questions to assist

Domestic violence

Indirect questions

- Is everything all right at home?
- Is your partner supportive?
- Are you being looked after properly?
- Is your partner taking care of you?

Direct questions

- Do you ever feel frightened of your partner?
- Have you ever been in a relationship where you have been hit or hurt in some way?
- Are you currently in a relationship where this is happening to you?

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Tanner stages

Girls

Stage	Pubic hair	Breast development
1	Preadolescent	Preadolescent
2	Sparse, lightly pigmented, straight medial border of labia	Breast and papilla elevated as small mound, areolar diameter increased.
3	Darker, beginning to curl, increased amount	Breast and areola enlarged no contour separation
4	Coarse, curly abundant but amount less than in adult	Areola and papilla form secondary mound
5	Adult feminine triangle, spread to medial surface of thighs	Mature; nipple projects, areola part of general breast contour

Boys

Stage	Pubic hair	Penis	Testes
1	None	Preadolescent	Preadolescent
2	Scanty, long, slightly pigmented	Slight enlargement	Enlarged scrotum, pink texture altered
3	Darker, starts to curl, small amount	Longer	Larger
4	Resembles adult type but less in quantity curly in size	Larger, glans and breadth increase	Larger, scrotum dark coarse
5	Adult distribution spread to medial surface of thighs	Adult size	Adult size

Child's Name: _____ DOB: _____ NHS No: _____

Recording of Ophthalmological Features in Suspected Paediatric Head Trauma

HISTORY _____ <small>Continue on reverse</small>			PATIENTS DETAILS										
Visual Acuity Right eye Left eye													
OCULAR MOTILITY													
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> Right eye </div> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> Left eye </div> </div>													
SUBCONJUNCTIVAL HAEMORRHAGES			Pupil size and Pupillary reflexes										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Right eye</th> <th colspan="2" style="padding: 5px;">Left eye</th> </tr> <tr> <td style="padding: 5px;">Yes</td> <td style="padding: 5px;">No</td> <td style="padding: 5px;">Yes</td> <td style="padding: 5px;">No</td> </tr> </table>			Right eye		Left eye		Yes	No	Yes	No	PERIOCULAR BRUISING: (mark areas of bruising)		
Right eye		Left eye											
Yes	No	Yes	No										
ANTERIOR SEGMENT													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">Right Eye</th> <th colspan="2" style="padding: 5px;">Left Eye</th> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>						Right Eye		Left Eye					
Right Eye		Left Eye											
Pupils dilated with													

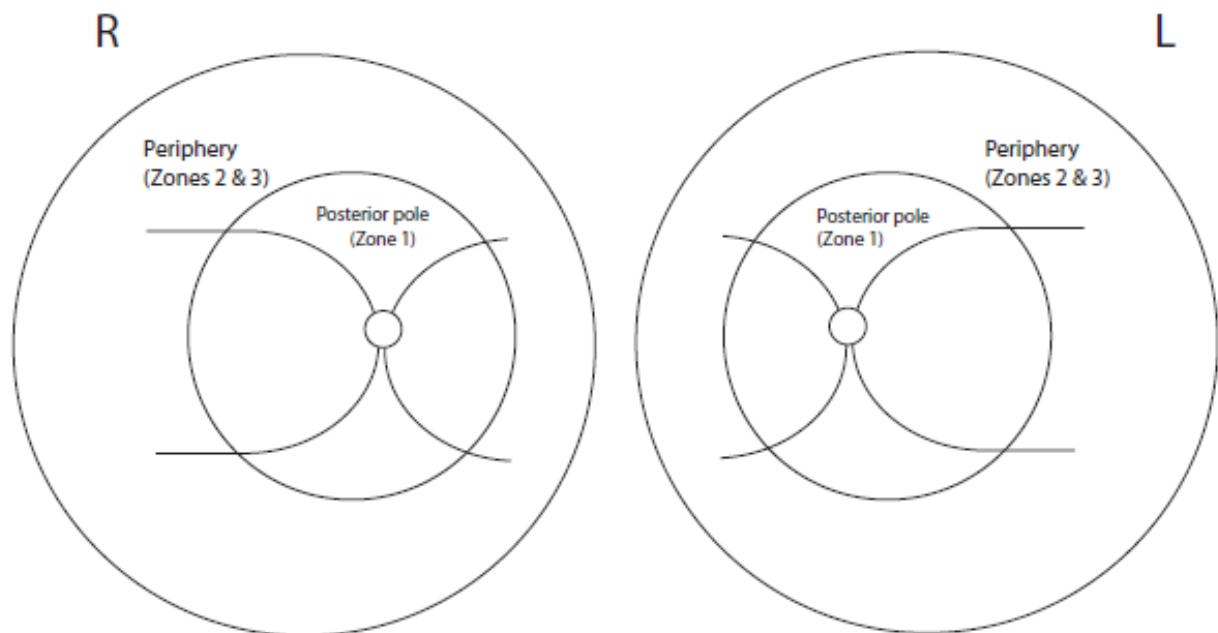
FUNDUS <small>Circle if present</small>	RIGHT EYE				LEFT EYE			
Retinal Haemorrhages	YES		NO		YES		NO	
NUMBER. of Retinal haemorrhage	Few (1-10)	Many(10-20)	Too numerous to count		Few (1-10)	Many(10-20)	Too numerous to count	
LOCATION of retinal haemorrhages	Pre retinal	Intraretinal	Subretinal	Multilayered	Pre retinal	Intraretinal	Subretinal	Multilayered
DISTRIBUTION of retinal haemorrhages	Posterior Pole <small>Few/many/ too numerous to count (Zone 1-ROP classification)</small>		Periphery <small>Few/many/ too numerous to count (outside Zone1)</small>		Posterior Pole <small>Few/many/ too numerous to count (Zone 1-ROP classification)</small>		Periphery <small>Few/many/ too numerous to count (outside Zone1)</small>	
SIZE of retinal haemorrhages	Small (< 1dd)		Medium 1-2dd	Large >2dd	Small (< 1dd)		Medium 1-2dd	Large >2dd
MORPHOLOGY of haemorrhages <small>White centered or other</small>								
Macula Retinoschisis								
Perimacular folds								
Optic disc								
OTHER findings								

Name and signature	Fundus examined with Indirect ophthalmoscope (and 20d / 28d / 30d / 2.2d)
Date and time of examination	Retcam <input type="checkbox"/> OR Photography <input type="checkbox"/> OCT <input type="checkbox"/>

Child's Name: _____ DOB: _____ NHS No: _____

History (cont)

Other findings



Comments

Date	
Name	
Signature	