

# Adult Health Forms

Adoption

Fostering

Special Guardianship

# Health Reports

## March 2015 to May 2016

Total Number 139

Adoption – 59

Foster Carer – 100

Special Guardianship - 80

# Issues

- Chronic health problems
  - Mobility, cancer, cardiac problems, COPD, obstructive sleep apnoea, multiple medications
- Mental health problems
- Obesity
- Smoking

# Difficulties for me

- Handwriting
  - Explanation
  - Analysis/long term implication/your opinion
  - Plan
- 
- Shhhhhh

Urogenital system and details of any sexual health issues (for females include details of any pregnancies or terminations)	
Ectopic pregnancy 11/1/13	
Is any family limitation due to contraception, sterilisation, failure to conceive or other cause? If "failure to conceive", give duration and reason. Please specify investigations and treatments	
LAXATIVE/STIMULANT SUPPLEMENTATION → HAD IX / TONSILLECTOMY → HAD IX	
Nervous system	Hypernatremia (brain swelling)
HAD	
Special senses	+ HAD US
Vision	+ HAD US
Hearing	
Glandular system (including diabetes, endocrine, breasts and lymph nodes)	
23/11/15 ⊖ SOC OF MILK LUMP → RESOLVED HAD	
Blood and haematopoietic system	HAD
HAD B12 → LOW 25/11/11 (INTERFERON HAD LIVER)	
Musculo-skeletal system	MENTAL PATTERNS 24/1/08
(GMI) (MILK LUMP/US)	25/1/11 → LBP → X-RAY → RESOLVED (MILK LUMP)
Skin	✓ NICE (Physio - Tubercle Bacteria)
HAD → HAD (FINGER NAIL INTERFERON 2003-2004)	
Infectious diseases e.g. Hepatitis C, Hepatitis B, HIV, TB (include test results and dates if relevant)	
HAD	
Immunisations e.g. Hepatitis B, TB (Hepatitis B immunisation is recommended for foster carers and intercountry adopters)	
HAD	

### 3. Mental health

Any history of psychiatric or psychosexual disorder? (This includes anxiety, stress, personality disorders and psychoses)	
12/1/11 → PERIOD OF LOSS OF STRESS WITH HEAD PAINS/HEADACHE ETC	
Any psychiatric or psychological treatment or counselling/psychotherapy? (Specify and give dates and duration)	
25/11/11 → PERIOD OF STRESS WITH LUMP + NEW BABY	
11/1/11 → STIMULANT SUPPLEMENTATION (CONSIDER AS LUMP PATTERNS 1)	
12/11/11 → HEADACHE → MENTALLY LOSS OF STRESS AT LUMP	

Are you the applicant's usual GP? Completion by the usual GP is highly recommended. If not, explain current role.

Yes

How long have you known and treated the applicant?

Since 13/09/1999

At what date do his/her records (please consider written and computerised records) begin? Do the records appear to be continuous? If not, please provide details of any breaks.

\* Since birth

When and for what purpose did he/she last consult your practice?

Smear - 26/08/2015      Medication review - 16/02/2015

Is he/she currently receiving/being prescribed any medication or other treatment?

If yes, please specify

Salbutamol, Lansoprazole, Rantidine, Aspirin, Flutisone.

## 2. Medical history

Is there any history (medical, surgical or traumatic) referable to the following systems? Please give details (including treatment, dates and duration) or write NONE

Cardiovascular system

None

Respiratory system (including nose and throat)

Asthma - well controlled, Never smoked

Digestive system

~~None~~ Reflux disease and hiatus hernia

Do you or did you ever		Quantity - specify per day or week	Duration/Date stopped
Smoke tobacco	<input checked="" type="radio"/> Yes / No	20 PER DAY	10-13 A DAY

If yes, provide details and dates

Are you on any benefits related to sickness, incapacity or disability?  Yes / No

If yes, please give details

ESA FORMALLY INCAPACITY

Measurements (In light clothes)	Height	1.54 m	cm
	Weight	100	kg
<b>Body Mass Index</b>			
If BMI > 30, take waist and hip measurement	Waist circumference		cm
	Hip circumference		cm

<b>Musculo-skeletal system</b>	<b>Spine</b>	
	<b>Limbs</b>	
	<b>Joints</b>	N
<b>Skin</b>		



### 9. Functional assessment (where relevant)

Comment on how the applicant copes physically and mentally with any chronic condition e.g. ability to work, limitation in daily activities, and how this may impact on parenting capacity.

Rt. should be able to cope well both physically and mentally.

### 10. Do you know anything about the applicant's lifestyle which might impair their capacity to care safely for a child or put a child's welfare at risk?

Nil known.

### 11. Comments of examining doctor

Using the applicant's information and your own assessment, please comment on health and lifestyle issues which may impact (now or in the future) on the applicant's ability to care for a child. Note that you are **not** being asked to make a decision as to the suitability of the applicant, but to provide sufficient accurate and detailed information to enable the medical adviser to advise the agency on the health of the applicant.

I support her application for special Guardianship Order.

- Applicants want to look after a child
- Good opportunity to raise health concerns and to make a health plan
- I have never seen the applicant and rely on your reports

