## 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)				
	ECIPSIAN ON WAX 11/1/3				
	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				
	inxements same liberary - was ix town win -	WAL 17.			
	Nervous system Akyon.	undy (ECRAL Fung			
	PHV	,			
		enc 45			
	Vision 100	(هرب)			
	Hearing				
	Glandular system (including diabetes, endocrine, breasts and lymph nodes)				
	23 W/S @ SEC ST MICH LAND NAD				
	Blood and haematopoietic system				
	MD BIL TLE ISTILLI UNKL	HUEN)			
	Musculo-skeletal system MEARLICE (Nearlight 24/1/08	, ,			
(gmil (AN 217 216) 25 11 -7 LBG -> XXX ENGTED - REFORM (MA)					
•	Skin Vicked (Ingre - Trubohic BOST)				
MO -> Me (Feelow Marc 1 MENTER 2007-2014)					
	Infectious diseases e.g. Hepatitis C, Hepatitis B, HIV, TB (include test results and dates if relevant)				
	NAM				
	Immunisations e.g. Hepatitis B, TB (Hepatitis B immunisation is recommended for foster carers and intercountry adopters)				
	VAN.				
		1			
	3. Mental health				
	Any history of psychiatric or psychosexual disorder? (This includes anxiety, stress, personality disorders and psychoses)				
	12/1/-1 -> review of Liss of somes with Me TUB/LODGINGER	7			
	A second of the second of the second	1			

Any history of psychiatric or psychosexual disorder? (This includes anxiety, stress, personality disorders and psychoses)

12 12 - 7 return of Liss of Stress using Leader etc.

Any psychiatric or psychological treatment or counselling/psychotherapy? (Specify and give dates and duration)

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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?
Smice 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 birith
When and for what purpose did he/she last consult your practice?
Smen - 26/08/2015 Medicitin review - 16/02/2015
Is he/she currently receiving/being prescribed any medication or other treatment?
if yes, please specify
Salutand, Lancoprarde, Rantidire, Austrighthe
Flutigion.
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)
Asthur - well controlled, New snoked
Digestive system
Home Regless observe and huma hernia

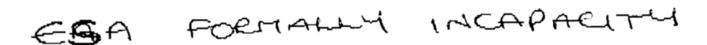
Do you or did you ever		Quantity – specify per day or week	Duration/Date stopped	
Smoke tobacco	Yes / No	20 per DAY	10-13 A BAN	

lf yes, provide deta	yes, provide details and dates					
			VIA			

Are you on any benefits related to sickness, incapacity or disability?



If yes, please give detalls



Measurements (In light clothes)		Height	1.54m	cm	
		Weight	100	kg	
Body Mass Index  If BMI > 30, take waist and hip measurement					
		Waist circumference		cm	
		Hip circumference		cm	
Musculo- skeletal	Spine				
system	Limbs				
	Joints	(N)			
Skin					

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. Chould 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?

Nie 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 sultability 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 Crucudicustrup 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

