

Victorian Forensic Paediatric Medical Service

child assessment



| Surname | | | |
|-----------------------------------|----------------|------------|------------------|
| | | | |
| Given name(s) | | | Gender Male Fema |
| Date of birth / / | | | Age in years |
| Address | | | Postcode |
| Mother's name | | | |
| Mother resides with child Yes | No | | Telephone |
| Father's name | | | |
| Father resides with child Yes | No | | Telephone |
| Address (if different to above) | | | Postcode |
| Guardian (if not parent) | | | Telephone |
| Examination | | | |
| Date / / | Time commenced | : | Time concluded : |
| Place | | | |
| Persons present in interview | | | |
| Persons present in examination | | | |
| | | | |
| Name of doctor performing assessn | nent | | |
| Medico-legal report | t | | |
| Date dictated / / | | Date typed | / / |
| Sent to | | | |

VFPMS assessment consent form

Consent to forensic evaluation is voluntary. ١, hereby consent to a complete medical evaluation including physical examination of by a medical practitioner. I am aware that the findings of the medical examination will be documented and a report prepared. Following such examination or in association with the examination (please tick if consent is given): I consent to collection of medical and medico-legal specimens, I consent to photographic documentation, I consent to investigations as recommended by the examining doctor, I consent to treatment, I consent to release of a medical report to Child Protection and Victoria Police, I consent to the medical practitioner contacting, in order to obtain additional information about I consent to information associated with the examination being used for quality assurance activities, teaching and audit purposes but only if all identifying data is removed. Signature of parent/guardian Name (print) Relationship to child Date Time OR Signature of Child Protection practitioner Name (print) Under Children Youth and Families Act 2005 section

Consent may be withdrawn at any time during the assessment.

Date

Specific consent will be required for additional medical procedures.

Time

Medical history

| Antenatal and perinatal history |
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| Consider drugs, alcohol and prescription medications during pregnancy |
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Medical/surgical/mental health history

e.g. clotting or bleeding disorders, past illnesses, injuries, surgery

Allergies

Medications

Immunisation

e.g. hepatitis B vaccination Up to date

Genogram and family history of illness/abuse/vulnerability

| Developmental history | |
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| History of behavioural problems | |
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| Include details of Children's Court and Family Court orders and status of Child Protection investigation | | | | |
|--|-------------------|--|--|--|
| Name | Region | | | |
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| Details from child or parent/guar | ^r dian | | | |
| Name | | | | |
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Details from police or protective worker

| Details from child or parent/ | guardian continued | | |
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| | rently involved with the ch | ild/care-givers | |
| Services and agencies cur nclude names of responsi | | ild/care-givers | |
| | | ild/care-givers | |

Information from other sources

This might include information from child carers, relatives, kindergarten or school teachers. Note that SPECIFIC consent must be provided prior to contact. (*Privacy Act*)

Examination findings

| Child's app | earance, | interaction | and | behaviour |
|-------------|----------|-------------|-----|-----------|
| | | | | |

Emotional state, intellect, interactions, clothing, nutrition, effects of alcohol/drugs, cooperation, limitations

Examination findings

Use body charts for diagrams

Ht (%ile) Wt (%ile) HC (%ile)

| Note tools used | |
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| Observational assessment of child-care-giver interaction | |

Developmental assessment

| Photography |
|---|
| Photography of body Yes No List sites |
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| By whom? |
| Date / / Time : |
| Genital photography Yes No |
| Medication provided |
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| Hospital microbiology/pathology/radiology Yes No List |
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| Fallow and an extraction of the family |
| Follow-up arrangements and referrals |
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| Letter to GP |
| ○ Yes ○ No |

Name and address of GP

Conclusions

| | Aim: To identify remediable and modifiable factors that reduce child's risk of harm and promote resilience. |
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| | Child-related factors that increase child's vulnerability to harm |
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| | Care-giver-related factors that increase child's vulnerability to harm |
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| | Community/social factors that increase child's vulnerability to harm |
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| Child-related factors that promote resilience and decrease child's vulnerability to harm | |
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| Care-giver-related factors that promote resilience and reduce child's vulnerability to harm | ′, |
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| Community/social factors that promote child's resilience and reduce child's vulnerability to harm | (|
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Recommendations

Include recommendations for intervention and access to services to ensure the child's future health, developmental progress (all aspects of development) and psychological wellbeing, the care-giver's provision of high quality care and desired responses from other agencies and services.