

## Leaving Care Health Assessment/Passport

**Name of Child:** <Forename> <Surname>      **DOB:** <Date of birth>      **NHS No:** <NHS number>

**Date of Consultation:**

**Staff member you saw:**

<Health Assessment (Over 11 years) (1 - Health Assessment for Looked After Child (Over 11 Yrs) > 1.1 - Health assessment > Assessor: - Answer)>

**Registered GP Details:**

<Registered GP address>

**Immunisations Received:**

<Childhood Immunisations Grid(table)>

**Any further Information/Vaccinations required:**

<Health Assessment (Over 11 years) (1 - Health Assessment for Looked After Child (Over 11 Yrs) > 1.2 - General Health Information > Any further information: - Answer)>

**Birth History:**

Place of birth:  
Birth weight:  
Time of birth:  
Apgars:  
Guthrie:  
Newborn hearing screen:

**Family History:**

Any mental health concerns:  
Family medical history:



**Previous Health History:**

Reason for coming into care:  
Previous health conditions:  
Childhood medical issues:

**Present Physical Health & any Concerns** *(please comment)*

Any current physical health concerns?:  
A&E or GP attendances in last year?  
Any worries or concerns about health?  
Discuss knowledge of making health appointment and accessing health services in adulthood.  
Discuss useful websites.

**Height/ Cent:**

**Weight / Cent:**

**BMI:**

**Head Circumference/Cent:**

<Latest Height>

<Latest Weight>

<Latest BMI>

**Dental:** *Date of last examination and any concerns (please comment)*

When last seen and where:  
When next due for check up:  
How to access dental surgeries when moving: NHS choices

**Vision:** *Date of last examination, & any concerns (please comment)*

When last seen:  
Any concerns:  
When next due for check up:  
How to access optician services in the future.



**Hearing: Date of last examination, & any concerns (please comment)**

Any concerns:  
Newborn hearing screen date and results:

**Any Allergies/Medications: (please comment)**

Any allergies?  
Any follow up?  
  
Current medication: Discuss use and how to access repeat prescriptions.

**Emotional / Behavioural Development: (please comment)**

Assess current mental health 0-10 for mood.  
SDQ to be completed:  
Discuss counselling services and websites available to young adults locally and nationally:  
Assess risk as appropriate.  
Any history of self harm / mental health illness?

**Strengths and Difficulties Questionnaire: (please comment)**

Complete at appointment

**Present Education & Any Concerns (please comment)**

Current education:  
Plans for the future:



**Lifestyle:**

Sexual health: Current sexual activity Contraception, STI's, contraception. Sexual health risk assessment as required.  
 CSE / Gang exploitation discussion / assessment if required.  
 Smoking advice: Smoking cessation advice – signpost – health implications.  
 Drug discussion: CASUS screening tool as required. Refer as required.  
 Alcohol assess: CASUS screen as required. Refer as required.

**Identified Health Needs / Professional Opinion (please comment)**

Summary of above list here.

Give Personnal Health Summary Booklet – Explain use and go through contents as time allows. Give iCASH card, local services list and useful websites list for mental health services in early adulthood. Disuss 999, 111 GP A&E and WIC services.

Ensure that young person is given a copy of their health passport when completed. Check address and if happy for it to be sent to that address in the post. Confidentiality discussion.

**Action Plan**

Health Action:	Person Responsible:

**Assessed by / Designation: (please print)****Address / Email / Phone No:**

Winchester Place  
 80 Thorpe Road  
 Peterborough  
 PE3 6AP



Email: [cpm-tr.peterboroughcic@nhs.net](mailto:cpm-tr.peterboroughcic@nhs.net)  
Tel: 01733 777962

**Signature Designated CIC Nurse / Doctor:**

**Copies to: Please indicate**

Childrens Social Care (To Share with Parent/Carer as appropriate)	
GP	



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