



Confidential

UR number
Name
DOB
Address

Proforma for the medical assessment of children when inflicted injury is suspected.

<i>Examining Doctors name</i>	<i>Qualifications</i>	<i>Hospital</i>	<i>Date</i>	<i>Starting time</i>

<i>Contact with medical services initiated by</i>	<i>Referring agency</i>

<i>Agency</i>	<i>Name</i>	<i>Contact number</i>
Protective services		
Police		
Other		

Consent

I hereby consent to a complete physical examination and the recording of findings, collection of medical and medicolegal specimens as necessary, photographic documentation (including videotape), investigations as recommended by the treating doctor, release of a report to protective services and Victorian police, and to treatment. This information may be used for teaching and research purposes provided no identifying data is released.

<i>Signature of Guardian</i>	<i>Name</i>	<i>Relationship to patient.</i>	<i>Date</i>

History of presenting complaint

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History taken from:

Include details such as the duration of abuse, times and dates of alleged injuries, details of alleged abuse, and full names of alleged offender(s), and alleged witnesses. Use verbatim quotes whenever possible.

Child's past medical and developmental history

Behavioural problems

Family constellation (Include genogram, childcare arrangements, and current household members)

Examination

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Persons present during examination:

Height		%ile
Weight		%ile
Head circumference		%ile
Pubertal stage (Tanner)		

Emotional state:

Co-operation:

Measure and record any cutaneous abnormalities on diagrams. Also list injuries - notes site, accurate size, colour, ~~estimate of age~~, alleged mechanism of injury, and name of person offering explanation.

Investigations and results

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FBE

Clotting

Radiological skeletal survey

Nuclear bone scan

Diagnosis / Conclusions:

Arrangements for continuing care

Notification to DHS

<i>By whom</i>	<i>Name of protective services worker</i>	<i>Protective services region</i>	<i>Time</i>	<i>Date</i>

Medical follow-up

- Admitted (Children with suspected abuse should be admitted under General Paediatrics and a joint bedcard with another unit if appropriate eg Orthopaedics, Neurosurgery)
- Outpatient
- Other

Counselling or further assessment

Medical Report

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Prepared for

I, _____ am a legally qualified medical practitioner in the state of Victoria. I am employed
in the position of _____ at the Royal Children's Hospital.

I examined _____ in the presence of _____

Presenting history as told to me by:

Physical examination revealed

Investigations ordered were

My opinion regarding these injuries is

Signature

Print name

Date

Use plain English, not medical terminology. Be clear about your opinion as to the cause of injury. Make 2 copies (one for Hospital Record and one for yourself)