

Child Surveillance Contact @ 30 months

Child's name CHI number

Postcode

Date of contact Length of contact hrs mins

HV number CHCP

Have you received Solihull training? Yes No

If yes, date trained

HPI before contact: Core
Additional
Intensive

HPI after contact: Core
(please record even if there is no change) Additional
Intensive

Was this contact: Face-to-face By phone By post Combination

For face-to-face, were questionnaires sent in advance? Yes No

Where sent, did parent complete questionnaires in advance? Yes No

Did you experience any problems in setting up this contact or getting questionnaires back? Yes No

If yes, please give details

Are there any significant diagnoses with long term implications for child's development?

No Yes

Please describe:

Is the child/family involved with any of the following services?

Social work services PACT team

Community paediatrics Other

Please state:

Is the child attending nursery?

No Yes

How many hours per week (on average)?

Who lives in the home with the child?

Please list all:

Are there any first degree relatives not living within the household? (e.g., father, mother or siblings)?

No

Yes

Please list all:

Is there any relevant family medical history likely to have an impact on the child's development?

No

Yes

Please describe:

Is there any known problem with drug or alcohol use in the family?

No

Yes

Please describe:

Is there anything else you would like to comment on?

(Is there anything in this person's social environment or past experiences that you feel may compromise their parenting role? E.g., experience of violence in the household, substance misuse, financial or housing worries, mental health issues, experience of discrimination, language or communication support needs.)

Action Plan

No action required

Revisit (state when):

Referral (state where):

Practitioner signature: _____