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**HAMPSHIRE, ISLE OF WIGHT, PORTSMOUTH AND SOUTHAMPTON (HIPS)**

**PRELIMINARY PAEDIATRIC OPINION FORM (PPOF)**

1. **The purpose of this form is to give a clear paediatric opinion about the likelihood of abuse, in writing, at the time of initial discussion between examining paediatrician and social worker. A separate form should be completed for each child examined.**
2. **It can be used by paediatricians working in hospital or community settings, either when a child protection examination is requested by Children’s Services, or in addition to a referral to Children’s Services.**
3. **It must be completed by the examining paediatrician at the time of the initial discussion between paediatrician and social worker in order to inform the strategy discussion and record the plan to protect the child and make further enquiries when appropriate.**
4. **It can be completed electronically and sent by email to all those who should have a copy. A printed copy can be given to the family and professionals in attendance.**

**HIPS PRELIMINARY PAEDIATRIC OPINION FORM (PPOF) Completed at initial discussion between examining paediatrician and social worker**

**OPINION PROVIDED BY**

**Name**

**Designation**

**Address**

**Phone / Email**

**DATE** **TIME**

**CHILD DETAILS**

**First name**

**Surname**

**Date of birth**

**Address**

**Parent / carer**

**KNOWN FAMILY RISK FACTORS (including information when available from MASH e.g. Health, CSC & Police checks on parents/carers):**

**PRELIMINARY PAEDIATRIC OPINION (indicate the ONE that applies)**

1. Child maltreatment **suspected** [serious concern about possibility of abuse] [ ]

2. There is a medical diagnosis which **excludes** child maltreatment [ ]

3. Child maltreatment **uncertain** [ ]

**Rationale for opinion:** ……………………………………………………………………………………………………………………………………………………..…... ……………………………………………………………………………………………………………………………………………………..…... ……………………………………………………………………………………………………………………………………………………….....

**Opinion must be discussed with parent / carer by paediatrician** [ ]

**Outcome of discussion following examination (indicate all that apply)**

1. Further paediatric opinion / further investigations required [ ]

2. Plan for immediate protection of the child [ ]

3. Further strategy discussion / meeting required. Paediatrician to be invited [ ]

Paediatrician availability:

Paediatrician availability:

**COPIES** for: Parents [ ] CSC [ ] Police [ ] GP [ ] HV [ ] Other [ ] ……………………………….

**Full report to be sent by paediatrician to Children’s Services by (agreed date):** ………………......