

UCLH Safeguarding Referral Form

Dr Hodes runs a clinic every Friday at University College Hospital London especially for children with child safeguarding concerns around sexual abuse. The Children's FGM clinic is run jointly with consultant gynaecologist Professor Sarah Creighton and is monthly; however urgent appointments may be possible.

Please complete the form ensuring you have answered the questions with an asterisk (*) and email back to UCLH.PaediatricSafeguarding@nhs.net. If you have any problems u can contact 0203 447 5241.

Safeguarding consultation at UCLH in Dr Hodes clinic

FGM - physical examination required consultation at UCLH requested

FGM- second opinion on a recorded examination on a DVD (DVD will be sent to UCLH)

Name of Referrer		Date of Referral	
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Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Forename		Surname	
Date of Birth	_____	NHS No	_____
Address*	_____	Temporary or Permanent	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Post Code*	_____		

Name of parent(s) with Parental Responsibility	<i>Please circle</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father
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Name of parent(s) accompanying child	<i>Please circle</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father
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If with foster carer, please add name	
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GP Name and Address*		School and address	
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Allocated Social Worker Name & Address and phone number		Name of social worker attending the appointment	

Are CAIT (Police) Involved	Yes <input type="checkbox"/> No <input type="checkbox"/>	CAIT (Police) Team Details (Name & Address)	
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Has child had ABE interview (Police)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Family Previously Known to Social Care?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, under what category? CPP <input type="checkbox"/> CIN <input type="checkbox"/>
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Reason for referral - summary of allegation, *please summarise and include reason for this appointment and attach key documents see below*

Please attach the following, if available and check (☒) to let us know which you have enclosed *

- Strategy meeting minutes/actions following this referral
- Chronology of Social Care Involvement
- If previously known to social care – last conference report or child in need report
- ABE Interview Report/ notes/summary