

**Patient's Details (affix sticker)**

Name: .....

Date of Birth: .....

Trust ID No:.....

NHS No:.....

**BSUH child protection provisional  
 medical opinion form.**

The purpose of this form is to give a clear paediatric opinion about the likelihood of abuse, in writing, at the time of the initial discussion between examining paediatrician and social worker

**Paediatric opinion (indicate all that apply)**

Inflicted injury suspected (serious concern about possibility of abuse)	Yes	No
Inflicted injury considered (is one possibility)	Yes	No
There is a medical diagnosis	Yes	No
Diagnosis uncertain further paediatric review required	Yes	No

Rationale for opinion

Opinion must be discussed with parent/carer by paediatrician & social worker NB take care when perplexing case or Fabricated or Induced Illness (FII) is suspected	Completed <input type="checkbox"/>
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**Other actions to be taken**

Photos taken Y  N

Have you considered need for admission and further investigations? Y  N


Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Position: \_\_\_\_\_