 

Multi-agency Child Protection Medical Booking Information Checklist

|  |  |
| --- | --- |
| Number of children needing child protection medical |  |
| Demographics of child/ren and parents |  |
| Current case details: Referral concern and current plan |  |
| Video Recorded Interview (VRI) completed | Yes/No |
| Level of Risk – Security needs to be informed? | Yes/No |
| Is the child/ren under a Police Protection Order – Report needed within 72 hours for court |  |
| Child protection medical agreed Booking details: | Date:  Time:  Location:  Name of Doctor:  Estimated Waiting time: |
| Have parents had a copy of child protection medical information leaflet? | Yes/No |

**Date booking was requested:**

**Time Booking was requested:**

**Name and Designation of professional making the booking:**