

Form: WSCB 2  
Initial Medical Report



Section A: To be completed by accompanying Social Worker / Police Officer		
Name of accompanying Social Worker / Police Officer:		
Social Work Area Team:		
Name of Child:	DOB:	M/F
Address (inc. postcode)		
Ethnicity:		School:
Referral date:		Place of examination:
Alleged abuse:		Name of alleged abuser: (if appropriate)
<input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Other		Recognised by:
Section B: To be completed by examining doctor:		
Brief History:		
Signature of Doctor:		

Name of Child:  
Serial No.

Date of exam:

Clinical findings: (Attach appropriate body maps)	Height:	Weight:	Head Circ.

Conclusion / Opinion (Date)

Time of assessment (24hr):

Signed:

Print Name:

Designation / Address:

A complete medical report will be forwarded as soon as possible.