

REPORT WRITING TEMPLATE
For
JPFE (Soul and Conscience) and Specialist Medical Reports

1. Introduction for JPFE Report
HEADER to be added by FP service

We, *Name of Forensic Physician* (GMC No. X), Forensic Physician with NHS Lothian and *Name of Paediatrician* (GMC No. X), Consultant Paediatrician with NHS Borders hereby certify on **Soul and Conscience** as follows:

Acting on the instructions of *Name of Police Officer (collar number)* we attended the *place* on *date*. There, in connection with *brief nature of concern*, we examined:

Name of Child / YP

DOB:

CHI:

Address:

Other professionals in attendance were: X

Family members in attendance were: X

OR

1. Introduction for Specialist Medical Examination

Patient's name:

CHI:

Chronological age:

Prepared by:

Post:

Qualifications:

Nature of concern/Allegation:

Date of examination:

Place of examination:

Type of examination: Specialist Medical Examination

Source of request:

Professionals in attendance:

Family members in attendance:

2. Consent

Either: (delete and alter as necessary)

1 CSA.....gave fully informed, written consent for the medical examination, DVD colposcopy recording of clinical findings, forensic samples to be taken and for use of the DVD in support of clinical evidence in court. He/she also consented for information from the medical examination to be shared with social services, police, GP

and (HV if appropriate) and for the anonymised DVD to be used for medical teaching.

or

2 Physical.....gave fully informed, written consent for the medical examination, photography of clinical findings, forensic samples to be taken and for use of the any photographs to be used in support of clinical evidence in court. He / she also consented for information from the medical examination to be shared with social services, police, GP and (HV if appropriate) and for anonymised photography to be used for medical teaching.

3. History of presenting concern:

4. Systemic enquiry

5. Past medical history

6. Developmental History

7. Family/Social history:

8. General examination:

9. Specific examination:

10. Genital/anal examination:

11. Investigations:

12. Summary:

13: Analysis / Interpretation

(include relevant references from Child Protection Companion etc.)

14. Opinion:

15. Follow-up

Electronic signature

Electronic signature

Name of Paediatrician

Name of Forensic Physician

Date Signed:

c.c.

Forensic Physician
Orchard Clinic
Royal Edinburgh Hospital
Morningside Terrace
Edinburgh
EH10 5HF

Police Scotland

Social Work Department

Hospital/ CCH Notes

**A Redacted Summary (sections:
Introduction/Summary/Opinion/Follow-up)**

should be sent to:

GP

HV/ School Nurse (if appropriate)

Hospital Electronic System