[INSERT DATE]

[INSERT NAME]

[INSERT ADDRESS]

To the Health Professional

**RE: [INSERT CHILD’S FULL NAME AND DATE OF BIRTH]**

The Department of Children, Youth Justice and Multicultural Affairs (Child Safety) requires all children in the custody or guardianship of the chief executive to have an annual comprehensive health assessment. This is in line with the [National Clinical Assessment Framework for children and young people in out-of-home care](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D7D5B03B72211AD3CA257BF0001C11E2/%24File/Clinical%20Assessment%20Framework%20-%20March%202011.pdf).

I would like to request that you complete an age-appropriate comprehensive health assessment for [INSERT NAME OF CHILD], who is a child in the [CUSTODY/GUARDIANSHIP] of the chief executive.

To complete the comprehensive health assessment, please:

* refer to the attached *Child information form*, which contains health related information about the child
* consider accessing the screening tools and assessment guidelines provided by [Children’s Health Queensland](https://www.childrens.health.qld.gov.au/chq/health-professionals/out-of-home-care/)
* use one of the following templates to record the assessment
	+ Children’s Health Queensland age-appropriate health assessment template, accessed from the [Children’s Health Queensland](https://www.childrens.health.qld.gov.au/chq/health-professionals/out-of-home-care/) website
	+ RACGP Aboriginal and Torres Strait Islander health check template
* update [INSERT NAME OF CHILD]’s My Health Record
* return a copy of the comprehensive health assessment to me at your earliest convenience.

Please refer to your local Primary Health Network Health Pathways portal for guidance about MBS item numbers for billing, or invoice Child Safety for the full cost (details bottom right).

If you require further information, do not hesitate to contact me on [INSERT PHONE NUMBER].

Yours sincerely,

[INSERT NAME]

Child Safety Officer

[INSERT NAME OF CSSC]