**In the Family Court No: [*Case number*]**

**sitting at [*Court name*]**

**[The Children Act 1989] /**

[The [*name of statute*] Act [*year*]]

**(delete or adapt as appropriate)**

**The [Marriage] / [Civil Partnership] / [Relationship] / [Family] of [*applicant name*] / [*further respondent name*] and [*respondent name*]**

**The child[ren]**

**[*Name of child*] [Girl] / [Boy] [*dob dd/mm/yy*]**

**[*Name of child*] [Girl] / [Boy] [*dob dd/mm/yy*]**

After hearing [*name the advocate(s) who appeared*]
After consideration of the documents lodged by the Parties

**ORDER MADE BY [*NAME OF JUDGE*] ON [*DATE*] SITTING IN [OPEN COURT] / [PRIVATE]**

**The parties**

1. The applicant is [*applicant name*] (“The Local Authority” **(if a party)**)

The respondent is [*respondent name*]

The second respondent is [*second respondent name*]

**(Specify if any party acts by a litigation friend)**

[The third respondent is [*child name*] (acting by [his] / [her] guardian [*name*])]

[The fourth respondent is [*child name*] (acting by [his] / [her] guardian [*name*])]

[The fifth respondent is [*child name*] (acting by [his] / [her] guardian [*name*])]

 **(Delete or adapt as appropriate)**

**Recitals**

1. This is an order for medical information to be provided to this court by [*specify the provider*].
2. The reason that this request for information is made is [*specify*].
3. This order was made at a hearing [without notice] / [on short informal notice] to the [*name of provider*]. The reason why the order was made [without notice] / [on short informal notice] to the [*name of provider*] was [*insert*]. The [*name of provider*] has the right to apply to the court to vary or discharge the order – see **“The right to seek variation or discharge of this order”** below.
4. No patient or parental consent is required for release of this information to this court.

**IT IS ORDERED (BY CONSENT):**

1. [*Name of provider*] shall by 4.00pm on [*date*] disclose to the [Local Authority] / [*other named party*] the following information:

**(clearly specify by reference to the check-list below)**

* 1. [*insert*]
	2. [*insert*]
	3. [*etc*]
1. The Local Authority [*or other named party*] shall serve a copy of this order on [*specify the provider*] together with (a) a letter setting out in respect of the solicitors representing each party the full name of the firm, the full postal address, and the reference at that firm dealing with the matter giving his/her email address and direct telephone number, and (b) a copy of the Protocol.
2. The Local Authority [*or other named party*] shall file with this court and serve on the other parties the supplied information by 4.00pm on [*date*].
3. The information when supplied may be used only for the purposes of these proceedings and must not be disclosed to any third party without the express permission of this court.

**The right to seek variation or discharge of this order**

1. **(where the order was made on no, or short, notice)**The [*name of provider*]may apply for discharge or variation of this order, upon giving two clear business days’ notice of the hearing to the parties, by 4.00pm on [*date*].

Dated [*date*]

**CHECK-LIST**

1. **Primary Care**
* General Practice Medical and prescribing record
* Midwifery record (ante- and post-natal)
* Health Visitor record (individual and family)
* School Nurse record
* General Dental Practice record
* Community Dental record
* NHS computer for immunisations and child health surveillance
* Parent held child health record (‘Red Book’)
* Community Paediatric record
* Pharmacy dispensing record
* Other (specify)
1. **Secondary Care (specify Hospital unit – each keeps separate records)**
* Medical case file (including any separate volumes which should be indexed – e.g. orthopaedic, ENT, ophthalmic, etc)
* Nursing Records during hospital admission
* Pharmacy records (inpatient or outpatient)
* Casualty attendances (if not be linked to medical record)
* Imaging (may be X rays, Ultrasound, video, electronic PACS images, colposcopy photographs etc)
* Medical illustration (photos, videos etc)
* Pathology and other investigation results and opinions (including ECG, CTG)
* Patient Administration System printout (all appointments offered)
* Mental health records, in patient and outpatient (usually kept separately from other case files)
* Mental health Patient Administration System printout
* Clinical Workstation printout (may contain appointments, medical notes and letters, lab and test results)
* Dental Hospital records and Patient Administration System printout
* Allied Health Professional records (Speech and Language Therapy, Physiotherapy, Orthotics, Portage, Occupational Therapy, Dietetics, Orthoptics, Audiology)
1. **Other health professionals and agencies**
* Optician
* Education or Social Services based therapists
* Private specialists (medical or non medical)
* Looked After child and Adoption medical records
* Summary of counselling and psychotherapy records