

SAFEGUARDING HELICOPTER VIEW©

REF: XX/XXX/XXXXX
CLIENT REF: XX-XX/XXXXXX

CHILD T DOB: XX/XX/XXXX CHILD H DOB: XX/XX/XXXX

		2011											
KEY	Date	January	February	March	April	May	June	July	August	September	October	November	December
	1												
SP MOTHER = ■	2						G		HA/E	Ho			
	3	★ G							Hi				
DP FATHER = ■	4			★ G					Hi				HA/E
	5								Hi		★ G		Hi
CHILD H = ■	6					★ G	★ G						Hi
	7			G						HA/E			
CHILD T = ■	8												★ G
	9		★ G					HA/E					
GP Appointment = G	10	G				★ G				HA/E	★ G		
Practice Nurse = P	11												
HOSP Outpatient = Ho	12		HA/E		Ho	HA/E				★ G			
HOSP Inpatient = Hi	13		Hi			Hi					G		
HOSP A&E = HA/E	14			G			★ G						★ G
Health Visitor = V	15									G			Hi
	16		G										
	17	★ G											
New Ailment = ★	18	Ho		★ G				★ G			★ G		
	19										HA/E		
	20	HA/E						G			Hi		
	21	Hi											V
	22			G				V					
	23			Hi									
	24						★ G				V		
	25											Ho	
	26					★ G		Ho					
	27												
	28		V										
	29												
	30							V					
	31												

