

**Appendix 3: Chronology of Significant Events Template**

**Individual Agency Chronology**

**Child’s Name: Date of Birth: NHS No:**

**Name of Professional Agency: Date Completed:**

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| --- | --- | --- | --- | --- | --- | --- |
| Date  MUST USE  FORMAT:  Day/mth/yr.:  e.g.  01/01/2023 | *Time of*  *action* | Organisation  + job title of  professional | Contact type e.g.  letter, phone, email and source  of information | Description. i.e. a summary (unless words used are  significant when exact wording should be reproduced). Include who reported concerns, parent’s explanations, whether symptoms were independently observed, , any potential harms, actions taken and any changes of health care professional with reason for the change. | Was child seen or  spoken to? What  was  observed or  communicated  by the child? | Comments by  chronology  author re  significance |
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N.B - It is vital that the chronology is completed to this format and that whenever abbreviations are used a glossary is provided.