****Child Health Service referral form****

**Public health nursing (health visitors)**

Once completed please send to [medch.childrenscommunity@nhs.net](mailto:medch.childrenscommunity@nhs.net)

\*Required field

|  |  |
| --- | --- |
| **For referrals to be accepted the following is required** |  |
| All referrals must be discussed with the parent/carer/young person (as appropriate) prior to referring to the public health nursing |  |
| Young person (is over 13 and assessed as competent) gives consent to the referral |  |

**General information**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Date of referral |  | \*Childs date of birth |  |
| \*Childs first name |  | \*Childs family or last name |  |
| \*Name child likes to be known by |  | NHS Number (if known) |  |
| \*Name of parent/carer/guardian with parental responsibility | |  | |
| \*Email of parent/carer for appointments, reports and information to be sent | |  | |
| \*Address where the child lives | |  | |
| \*Contact number for parent /carer | |  | |
| Name of second parent that has legal responsibility (if different from above) | |  | |
| What is the relationship to parent listed above | |  | |
| Email of second parent/carer for appointments, reports and information to be sent | |  | |
| Address of second parent/carer if different to listed above | |  | |
| Contact number of second parent/carer | |  | |

**Who else works with the family or child?**

|  |  |
| --- | --- |
| \*GPs name and address |  |
| Hospital doctors name and address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service | | Service | |
|  | Speech and language therapy |  | Physiotherapy |
|  | Occupational therapy |  | Dieticians |
|  | Podiatry |  | Learning disability nurses |
|  | Social worker |  | Community nurses |
|  | Health Visitor |  | School nurse |
|  | Child and adolescent wellbeing service (NELFT) |  | Special needs nursery |
|  | Audiology |  | Ophthalmologist |
| Other – please state: | | | |

**For schools and nurseries**

|  |  |
| --- | --- |
| \*Name and address of nursery or school |  |
| \*Contact person name and email address |  |
| \*Contact number |  |

**Safeguarding**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| \*Does the child have a child protection plan? | |  |  |
| \*Is the child a child in need? | |  |  |
| \*Is the child a looked after child? | |  |  |
| \*Has early help been initiated? | |  |  |
| Any further information |  | | |
| Social workers name and contact details |  | | |

**Consent**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| \*Are the parents/carers in agreement to this referral? |  |  |

|  |  |
| --- | --- |
| \*Referrers name and address |  |
| \*Email address |  |

**Pathway specific questions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School year |  | | | |
| Core standards completed |  |  |  |  |
| What work has been undertaken? |  | | | |
| Reason for referral |  | | | |
| What are the expected outcomes from this request? |  | | | |
| Any Other Concerns |  | | | |