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

**Public health nursing (health visitors)**

Once completed please send to 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 |  |