

Health Visitor and School Nurse Referral Form – Devon (*excluding* Plymouth & Torbay)

The following information is required to ensure consistent and equitable access to Health Visitors & School Nurses, and so that decisions around accepting requests can be made quickly, with **all of the necessary information** to complete clinical screening.

Health Visitor & School Nurse support includes:

- Child & family health services delivered through the Healthy Child Programme
- Feeding advice and support
- Sleep and routines advice
- Child behaviour and development
- Toileting (Including children & young people in school)
- Adopting healthy lifestyle choices
- Young people's sexual health & relationships
- Emotional health and mental health and well-being advice
- Reducing risky behaviours (young people)
- Targeted hearing screening & managing medical conditions or health concerns in schools

Requests for support that do not include the required supporting information will be returned to the requestor for completion. Items highlighted **bold** are required fields.

SECTION 1A Child Information

Name of Child or Young Person:	
Gender:	
Date of Birth:	
NHS Number:	
Child's Address:	
Postcode:	
Phone Number: (Childs contact if appropriate)	
GP Name and Practice:	
Religion	
Ethnicity:	
(Intended) School/educational Establishment:	
First Language if not English:	
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child subject to a legal or protective plan? e.g. Child in Care/Supervision Order/Child Protection	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> (If yes please describe)

Plan/Care Order/guardianship or other status		
SECTION 1B Family Information – Parents/Carers		
	PRIMARY CONTACT	2nd CONTACT
Name:		
Relationship to Child:		
Address (<i>if different to child's</i>)		
Post code:		
Phone Number:		
Mobile number:		
Known <u>alternative</u> Family Names:		
First Language if not English:		
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parental responsibility:	Yes No <input type="checkbox"/>	Yes No <input type="checkbox"/>
Additional Supporting Information (parents/carers:		
If adults with Parental Responsibility are not detailed above please add here:		

SECTION 1C Additional accessible Information

Does either the child/young person or parent have any special communication requirements?

Child/Young person: Yes No
 Parent Yes No

If yes, please specify:

Braille	Child/Young person	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Large print	Child/Young person	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Easy read	Child/Young person	<input type="checkbox"/>	Parent	<input type="checkbox"/>
British sign language	Child/Young person	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Lip reader	Child/Young person	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Other communication tool, please specify				

SECTION 2 Referral details

Reason for referral to the PHN Team?
(Health Visitor/School Nurse)

What has been done to date?

Other people/professionals involved?

Name of Requestor (please print):

Signature:

Role/	
Relationship to child/young person	
Date of Request:	
Contact email:	
Contact phone number:	
Contact address:	

Has the child/young person/family given consent to the request for Support?
NB: If consent is not documented PHN will process this referral and will confirm consent for treatment at first contact with family/child
 Yes No Please Specify

Where a young person has given own consent, please advise whether parental agreement has also been recorded?
 Yes No

Once completed please send this form and any accompanying documentation securely to the relevant PHN HUBs below:

Exeter and Crediton area	rde-tr.exeterphnhub@nhs.net	(T: 0333 234 1902)
South Devon <i>excluding</i> Plymouth & Torbay	rde-tr.southernphnhub@nhs.net	(T: 0333 234 1901)
North Devon and Okehampton	rde-tr.northernphnhub@nhs.net	(T: 0333 234 1904)
Eastern area + Tiverton and Cullompton areas	rde-tr.easternphnhub@nhs.net	(T: 0333 234 1903)

Date received by PHN Team:	
Date allocated/ actioned and allocated to named professional:	
Feedback to referrer following action taken by PHN team	