

**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**

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

**SECTION 1B Family Information – Parents/Carers**

	PRIMARY CONTACT	2 <sup>nd</sup> CONTACT
<b>Name:</b>		
<b>Relationship to Child:</b>		
<b>Address</b> ( <i>if different to child's</i> )		
<b>Post code:</b>		
<b>Phone Number:</b>		
Mobile number:		
Known <u>alternative</u> Family Names:		
<b>First Language if not English:</b>		
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Parental responsibility:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Supporting Information (parents/carers):		
<p>If adults with Parental Responsibility are not detailed above please add here:</p>		



<b>Name of Requestor (please print):</b>	
<b>Signature:</b>	
<b>Role/ Relationship to child/young person</b>	
<b>Date of Request:</b>	
<b>Contact email:</b>	
<b>Contact phone number:</b>	
<b>Contact address:</b>	

<p><b>Has the child/young person/family given consent to the request for Support?</b>  <i>NB: If consent is not documented PHN will process this referral and will confirm <u>consent for treatment</u> at first contact with family/child</i>          Yes <input type="checkbox"/> No <input type="checkbox"/> Please Specify .....</p>		
<p><b>Where a young person has given own consent, please advise whether parental agreement has also been recorded?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>Once completed please send this form and any accompanying documentation securely to the relevant PHN HUBs below:</b></p>		
<b>Exeter and Crediton area</b>	<a href="mailto:dcc.exeterphnhub@nhs.net">dcc.exeterphnhub@nhs.net</a>	(T: 0333 234 1901)
<b>South Devon <i>excluding</i> Plymouth &amp; Torbay</b>	<a href="mailto:dcc.southernphnhub@nhs.net">dcc.southernphnhub@nhs.net</a>	(T: 0333 234 1902)
<b>North Devon and Okehampton</b>	<a href="mailto:dcc.northernphntl@nhs.net">dcc.northernphntl@nhs.net</a>	(T: 0333 234 1903)
<b>Eastern area + Tiverton and Cullompton areas</b>	<a href="mailto:dcc.easternphntl@nhs.net">dcc.easternphntl@nhs.net</a>	(T: 0333 234 1904)

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