**Specialist Public Health Nurse (School Nurse) Referral form**

Please note, all sections marked with ⃰ are mandatory – referrals will be returned for further completion if this information is not provided

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| **⃰ Child/Young Person’s Details:**  Name:  Date of Birth:  NHS No (if known):  Address: | | | |
| Ethnicity: | Communication needs: | Allergies: | Additional Needs: |

⃰ Consent for Referral given by…………………………………Parent/Carer/Young Person

**(Delete as appropriate)**

\***Consent** for referral **must** be obtained.

Young People aged **13 years or above** may be deemed competent to **consent for themselves.**

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| **Parent/Carer**  Contact Number: | | **Young Person**  Contact Number: | |
| Name of Parent/Carer:  Do they have Parental Responsibility? (if not, who does?) | | | |
| GP Surgery: | | | |
| ⃰ School, college or educational setting: | | | |
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| ***⃰ Reason for referral:*** *(Please check exclusion criteria – details at the end of referral form)* | | | |
| GENERAL HEALTH  EMOTIONAL DISTRESS  ANXIETY/LOW MOOD  SELF-HARM  ☐ RISKY BEHAVIOURS | SEXUAL HEALTH  RELATIONSHIPS  STRESS  SUBSTANCE MISUSE  ☐ YOUNG CARER | | ☐ SEXUALITY/GENDER  ☐ CONTINENCE/TOILETING  ☐ SLEEP  ☐ DIET/WEIGHT  ☐ ATTENDANCE |
| ***\*Additional details:*** *(please include relevant background information to support the referral e.g. family breakdown, domestic violence, signposted by other service, attendance percentage, brief overview/context)* | | | |
| *⃰****Interventions already provided:*** | | | |
| ***⃰ Expected Outcome of Referral:*** *(what would you like to happen?)* | | | |
| ***⃰ Other professionals/services involved*** *(who is involved? What has been offered so far? Are there any previous or current Safeguarding concerns?)* | | | |
| EDUCATION STAFF  PARENT  G.P  PAEDIATRICIAN  ☐ COMMUNITY GROUP | CAMHS  HEALTH VISITOR  ☐ SELF-REFERRAL  ☐ SPECIALIST NURSE  ☐ LAC NURSE / NNSC | | ☐ COUNSELLING SERVICE  ☐ PAEDIATRICIAN  ☐ SOCIAL CARE/ STARTING POINT  ☐ YOUTH ORGANISATION  ☐ OTHER …………………………… |
| ⃰ Signature: | Print: | | Date: |
| Job Title: | | | |
| Email: | | | |
| ⃰ Contact Number: | | | |

**How to contact your Specialist Community Public Health (School Nursing) team** *(please post or email referrals to the following location):*

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| 0-19 Children’s Community Services Single Point of Access - SPA  Tel: 01246 515100  Email: [DCHST.derbyshireschoolnurses@nhs.net](mailto:DCHST.derbyshireschoolnurses@nhs.net)  This is a secure email address. | POSTAL ADDRESS:  0-19 Children’s Community Services  Stubley Medical Centre  Stubley Drive  Dronfield  S18 8QY |

**Referral Exclusion criteria**

* **Attendance referrals**

Attendance referrals cannot be considered if not health related or above 85%.

* **Growth & Nutrition exclusions:**

Monitoring height and weight for other professional already planning care.

* **Emotional health and wellbeing exclusions:**

If a child or young person is already under the care of another service provider (e.g. CAMHS, Specialist Counselling)

If there are immediate concerns around serious self-harm, psychosis or suicidal ideation. In these incidents, please seek emergency advice by dialling **999, 111 or present at A&E or MIU** in your local area. Information and advice also available via Urgent Care Team CAMHS for North Derbyshire and High Peak Tel: 07901330724 and CAHMS RISE for South Derbyshire Tel: **0300 123 3124**. For schools – contact your specialist mental health adviser prior to referral.

* **Bereavement exclusions:**

If a child or young person has already been referred to or is under the care of a specialist service.

* **“Behaviour” exclusions:**

ADHD and ASD concerns (School to refer to SPoA, NDAP or School Doctor Service as per local area pathway).

* **Private Education**

Children attending private schools are excluded from the Derbyshire School Nurse offer.

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| **NB** if you have **any safeguarding concerns**, please do not refer to this service to investigate - follow your organisation’s individual safeguarding policies, and/or make a direct referral to Starting Point:  **Tel:**01629 533 190 **Fax:** 01629 533 295 **Minicom:** 01629 533 240  **All requests for support should be made to Starting Point online at:** [**www.derbyshire.gov.uk/startingpoint**](http://www.derbyshire.gov.uk/social_health/children_and_families/support_for_families/Starting_point_referral_form/default.asp?VD=startingpoint) |