

## Health Visitor and School Nurse Referral Form – Devon Integrated Children’s Services

The following information is required to ensure consistent and equitable access to Public Health Nursing, so that decisions around accepting requests can be made quickly, and in the presence of all the necessary information to complete clinical screening. If Early Help intervention has taken place please provide the Early Help Assessment (previously DAF1) and Request for Additional Services (previously DAF2a – My Plan) in place of sections 1 and 2 of this form. Please ensure that these evidence work that has already been undertaken to support the Child (note that this is a requirement for referral to other ICS specialist Services which we can redirect where appropriate)

### PHN support includes:

- Feeding advice
- Sleep and routines advice
- Difficulties adjusting to parenthood in 1st year
- Toileting (including children and young people in school)
- Routine parenting
- Young people’s mental health and wellbeing advice
- Conversations with young people re lifestyle choices and risky behaviours

**See area specific contact details below**

### Other ICS Services accesses via SPA include:

CAMHS, Autistic Spectrum Assessment, Speech and language therapy, Occupational Therapy, physiotherapy, Learning disability Nursing and psychology, Community Children’s Nursing, Palliative care, Rehabilitation Officers for Visually Impaired Children, and the Children with Disability Social Work Team.

[www.integratedchildrenservices.co.uk](http://www.integratedchildrenservices.co.uk)

Tel: **0330 024 5321**

Email: [vcl.devonspa@nhs.net](mailto:vcl.devonspa@nhs.net)

Requests for support that do not include the required supporting information/attached evidence will be returned to the Requestor for completion.

Items highlighted **bold** are required fields. Additional space for answering questions can be found on the last page.

Once completed please send this form and accompanying documentation to one of our PHN Hubs, preferably by email. If you do not have a secure email route or you are unsure if your email route is secure please call or email us to request access to a secure route.

<b>Southern Hub</b>	<b>Exeter Hub</b>	<b>Eastern Hub</b>	<b>North</b> <small>Until End of March 2018</small>
PHN Southern Hub Lescaze Offices Shinner’s Bridge Dartington Nr Totnes TQ9 6JE	PHN Exeter Hub Franklyn House Franklyn Drive Exeter EX2 9HS	PHN Eastern Hub Jerrard Wing Honiton Hospital Marlpits Lane Honiton EX14 2DE	Barnstaple Health Centre Vicarage Street Barnstaple EX32 7BH
<b>E:VCL.SouthernPHNhub@nhs.net</b> <b>T: 03332 341901</b>	<b>E:VCL.ExeterPHNhub@nhs.net</b> <b>T: 03332 341902</b>	<b>E:VCL.EasternPHNhub@nhs.net</b> <b>T: 03332 341903</b>	<b>E:VCL.NorthernPHNhub@nhs.net</b> <b>T: 01271 341500</b>

Services provided on behalf of

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)	
Any known alternate family names?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
<b>GP Name and Practice:</b>	
Ethnicity:	
Unique Pupil Number:	
(Intended) <b>School/educational Establishment:</b>	
<b>First Language if not English:</b>	
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief:	
Is the child/young person a carer for another family member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Anything known about Legal Status:</b>	Child in Care/Child Subject to a Child Protection Plan/ Child under an Interim Care Order/Child under a Care Order/guardianship or other status (please describe) Additional supporting information (e.g. responsible placing Local authority):
Is there a legal plan (e.g. Supervision Order) in place? If Yes, please describe	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Reading/Writing/Comprehension within normal ranges for age: (to help us when communicating with the child)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If no, please give details:

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SECTION 1B Family Information – Parents/Carers			
	PRIMARY CONTACT		2 <sup>nd</sup> CONTACT
<b>Name:</b>			
<b>Relationship to Child:</b>			
<b>Address</b> (if different to child's address as recorded above):			
<b>Post code:</b>			
<b>Phone Number:</b>			
Mobile number:			
Email:			
Known alternate 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>Member of Armed Forces:</b>	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):			
Please ensure contact details for all adults with Parental Responsibility are defined above (and if not, please add here):			
Please confirm all adults with Parental Responsibility are aware of the Request?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 1C Accessible Information			
<i>Please complete this section if you are making a request for yourself or as a parent/carer</i>			
Do you or your child have any special communication requirements?	You:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Your child:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a format other than standard print?	You:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Your child:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:	Braille	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Large print	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Easy read	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other, please specify		

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**Confirmation and Signatures**

I confirm that every effort has been made to address this Child / Young Persons Educational, Health and/or Social Care Needs from the resources available. The Child / Young Person's needs have now reached a nature, severity and/or complexity that require an application to be made for additional intervention.

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

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

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