**School Nursing Referral Form**

**Please return form by email to the secure email address :** [**dmh-tr.childfamily-derby@nhs.net**](mailto:dmh-tr.childfamily-derby@nhs.net)

**Please be aware if after triage we believe a different service would be most appropriate for this young person we will share the referral with them unless otherwise stated**

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| **Young Person’s Name:** | | |
| **Pronoun:** | **DOB:** | **Gender:** |
| **Address:**  **Postcode:** | | **Contact Numbers:** |
| **Language spoken:** | **Interpreter required:**  **Yes / No** | **Ethnicity:** |
| **School/Educational Provider:** | | |
| **Young person aware of referral?**  **Yes / No** | **Are they willing to engage?**  **Yes / No** | **Can the young person be contacted at home?**  **Yes / No** |
| **Young person’s views on referral and the outcome they would like?** | | |
| **Parent / Carers Name:** | | **Contact Number:** |
| **Parent / Carer consent to referral?**  **Yes / No**  **If No – Please state reason why?** | | |

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| **Other Household members** | | | |
| **Name** | **DOB**  **(if child under 19)** | **Relationship to child** | **School / Nursery** |
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| **What other significant professionals have or are currently involved with the young person** (e.g., CAMHS, Paediatrician, School Services, Social care etc.) | | |
| **Organisation** | **Input** | **Date received** |
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| **Name of referrer:**  **Role:** | **Contact number:** | **Date of referral:** |
| **Reason for referral including as much detail as possible for a full assessment to be made**  (If insufficient information provided the referral may be returned for additional information) | | |

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| **Reason for referral – Please specify by checking the box** | |
| **Emotional health and wellbeing** | **Please specify**  **Low mood / depression**  **Anger management**  **Anxiety**  **Self-harm**  **Body image**  **Other ……………………………………** |
| **Physical health** | **Please specify**  **Healthy eating / Weight management**  **Speech / Language**  **Toileting**  **Constipation**  **Daytime wetting**  **Night time wetting**  **Soiling**  **Development concerns**  **Sleep**  **Audiology / Hearing**  **Other ……………………………………** |
| **Sexual health** | **Please specify**  **Puberty advice**  **Relationships**  **Contraception advice**  **Sexual health advice**  **Other ……………………………………** |
| **Low level substance misuse including**  (Drugs, alcohol & smoking) | **PLEASE complete drug and alcohol section below** |

**Drugs and Alcohol information**

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| **Drugs/Alcohol used** | **Route (please circle)** | **Frequency (please circle)** | **Age of 1st use** | **YP’s perception of their substance misuse (please circle)** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  | **Not a problem**  **Problem**  **Major problem** |

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| **Exclusions** | |
| Speech and language concerns | If child attends school then please speak to child’s teacher who can refer direct to a speech and language therapist |
| Behaviour | If you are concerned about Autism or ADHD please refer to this website and follow the Neurodevelopmental pathway <https://derbyandderbyshireemotionalhealthandwellbeing.uk/>  If concerned about behaviour consider an early help assessment which can be commenced by child’s school |
| Mental health | Please consider referral to [Build sound minds](https://services.actionforchildren.org.uk/derbyshire/build-sound-minds/), [Changing lives Compass](https://www.compass-uk.org/services/compass-changing-lives/), [Kooth](https://www.kooth.com/) (online service) or [CAMHs](https://www.derbyshirehealthcareft.nhs.uk/services/childrens-mental-health-services-camhs-derby-and-southern-derbyshire). |
| Bereavement | Please consider if Child or Young person needs referral to specialist service like[**treetops**](https://www.treetopshospice.org.uk/our-services/therapeutic-services/counselling-emotional-support-service/counselling-emotional-support-for-children-families/)or[**The Laura’s centre**](https://thelauracentre.org.uk/) |
| Eating and body image concerns | Please consider referral to [first steps](https://firststepsed.co.uk/make-a-referral/)  Or [CAMHs](https://www.derbyshirehealthcareft.nhs.uk/services/childrens-mental-health-services-camhs-derby-and-southern-derbyshire/eating-disorders) |
| Substance misuse | Please be aware that School Nursing will triage the referral for substance misuse and if we feel that input is best given through The young person’s substance misuse service ‘Breakout’ we will forward the referral to them directly. |
| Medical health need | Consider GP however if child is under the care of another professional for their medical need, please discuss concerns with them first |
| **We will not accept a referral if the young person/child is on a waiting list for another service** | |

**If you experience any issues or would like to discuss your referral with a clinician, please call: 0300 123 4586 option 3(Central point of access)**