**Coventry Family Health & Lifestyle Service**

**Coventry School Nursing,**

**Moat House Leisure & Neighbourhood Centre,**

 **Winston Avenue, Coventry, CV2 1EA**

**Tel: 01926 495321 ext: 7494 Email: Swg-tr.contactschoolnursescoventry@nhs.net**

**R E F E R R A L T O S C H O O L N U R S I N G S E R V I C E**

**\*\*Please ensure this is read before completing referral\*\***

School Nurse **WILL** accept referrals for

* For primary school, where there are concerns with the following:
* Behaviour issues at home
* Poor sleep patterns
* Toileting
* Fussy eating
* Emotional wellbeing e.g. low mood, low self-esteem, anxiety and self-harm. **For prolonged or severe self-harm please refer to RISE. If your school has Mental Health in School team (MHST) they can support the delivery of brief, evidence-based interventions for common mental health problems such as anxiety, low mood, sleep and sometimes trauma- Please refer to them if appropriate.**
* For secondary school children, as above plus concerns about sexual health and smoking.

If your school has Mental Health in School team (MHST) they can support the delivery of brief, evidence-based interventions for common mental health problems such as anxiety, low mood, sleep and sometimes trauma- Please refer to them if appropriate.

School Nurse **WILL NOT** accept referrals for

* Children already under school counselling, CAMHS service, Compass or MHST.
* Concerns about poor school attendance only, e.g. frequent absence for coughs / colds / stomach upsets; these children need to be directed to their GP.
* Children who are overweight needing further support- Please refer to Be Active be Healthy.
* Children needing referral into CAMHS, this is most appropriate to be completed by school.
* Children needing referrals into Neurodevelopment team for ASD / ADHD / ATTACHMENT concerns.
* Concerns regarding suspected eating disorders: these children need directing to their GP or CAMHS.
* Children requiring continence products- all of which need to attend their GP.
* Request for height and weight measurements, these children need to be directed to GP.
* Safeguarding concerns as these should be directed to Social Care following Coventry safeguarding procedures.
* Health information requests for other health services. This should be requested via the GP or the specialist service.

**REFERRAL FORM**

To be completed in full, please ensure consent is signed and dated.

|  |  |  |
| --- | --- | --- |
| Child’s name: Preferred name:Young person’s phone number (if secondary): | NHS Number (if known): | Date of birth: |
| Form/Year: | Date of referral: |
| Child/Young Persons address: |
| School: |
| Gender at birth:Preferred gender:  | Preferred pronouns (circle): They/them, She/her, He/himOther (please specify):  |
| Ethnicity:  | Language spoken if not English: | Interpreter required (circle): Yes/No |
|  | Parent/carer (1) | Parent/carer (2) |
| Name of parent/carer |  |  |
| Relationship to child |  |  |
| Address (if different to child’s address) |  |  |
| Phone number: |  |  |
| Email address: |  |  |
| Preferred correspondence (please tick one) | Letter [ ]  Email [ ]  | Letter [ ]  Email [ ]  |
| GP name and address: |
| Please detail if you know if parents/carers & this family has any barriers to accessing support i.e. additional needs, health concerns, technology, internet access, location, language etc.  |
| What are the specific health issues that the School Nurse may be able to address? **(Please ensure this meets first page criteria and supply as much information as possible or we may return this to you for further clarity)** |
| Does the child have any medical conditions/ take any medication? |
| Is the child under any other professionals? (e.g CAMHS, neurodevelopmental, school counsellor) |
| Any further information that may be beneficial: (e.g. If subject to child protection plan, Child in Need, Early Help or have special educational needs) Does the family have previous or current support worker/social worker? If yes please provide their contact details: |
| Referrers name: Position: Telephone no: Signature: Email address:**\*REFERRALS WILL NOT BE ACCEPTED UNLESS SIGNED/ VERBAL CONSENT DOCUMENTED \****\*We will now require a physical signature from all secondary school children\****For primary aged children:**I (Parent/legal guardian name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent for the above referral.**For secondary aged child** I (Young person name): consent for the above referral.Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |