

**CONFIDENTIAL REFERRAL FORM HEALTHY TOGETHER FOR SCHOOL AGED CHILDREN**

|   |                 |                     |  |
|---|-----------------|---------------------|--|
| <b>Name of School:</b>  |                 |                     |  |
| <b>Name of Child/Young Person</b>   |                 | <b>DOB:</b>         |  |
| <b>Home address:</b>  |                 |                     |  |
| <b>Name &amp; contact details of parent/carer:</b>  |                 |                     |  |
| <b>Name of person(s) with parental responsibility:</b>  |                 |                     |  |
| <b>Religion:</b>  |                 | <b>Ethnicity:</b>   |  |
| <b>Date of referral:</b>  |                 | <b>Referred by:</b> |  |
| <b>Parent information and consents to referral:</b>   | <b>Yes / No</b> |                     |  |
| <b>Child/Young person consented to referral:</b><br><b>If not, please indicate why not?</b>                                     | <b>Yes / No</b> |                     |  |
| <b>Is the child/young person currently under the care of any other professionals/services?</b><br><b>Please provide details</b> |                 |                     |  |
| <b>Has the child previously been under the care of any other professionals/services?</b><br><b>Please provide details</b>       |                 |                     |  |
| <b>Reason for referral - please provide relevant information to enable us to triage this referral appropriately</b>             |                 |                     |  |
|   |                 |                     |  |

**Completed referrals are to be saved as a PDF file and sent via Anycomms, Egress or secure email to the address below**

[lpt.healthytogethercountyadmin@nhs.net](mailto:lpt.healthytogethercountyadmin@nhs.net)

### **Guidance for Referrer**

This referral form is to request involvement from the healthy together 0-11 team (school nursing), all referrals are triaged and actioned weekly and responded to base on the outcome of that triage.

All referrals should be sent as a PDF file in a secure email using Egress or Anycomms systems; you are able to use your school email account if this is a secure system. Emailing referrals ensures the referrals are received and responded to in a timely manner.

Before referring to healthy together consider what your desired outcomes for that child/young person are and is there another service that may better meet that child/young person and family's needs for example: The Child/Young Person's GP, Early Help, Early intervention (accessed via GP) or the school counsellor.

All referrals should be completed in full with as much information as possible this enables us to make a decision about the best outcomes for the child/family. Any incomplete referrals will be returned and a further referral will need to be completed.

You are still able to discuss any referral before you complete the referral form with your allocated public health nurse school nurse.

Further sources of support are available from:  
[www.healthforkids.co.uk](http://www.healthforkids.co.uk)