[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwieyu-5yf_YAhVDthQKHZALBWcQjRwIBw&url=https://jobs.theguardian.com/jobs/health-1/berkshire/part-time/&psig=AOvVaw3UYOexTjGzLq3gWzhYlUql&ust=1517397799804272)**Leeds Children’s Community Nursing Team Referral Form**

Please email completed forms to **community.childrensnursing@nhs.net**

Mon-Fri: 0113 276 1294 Weekends/Bank holidays: 07950755273

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharge date** | **Discharging ward** | | **Date 1st visit required** |
| **Surname** | **First Name** | | **Preferred Name** |
| **NHS no** | **DOB** | | **Gender** |
| **Allergy status** | **Weight** | | **Language** |
| **Patient Religion/Belief** | **Ethnicity** | | **Interpreter needed?** |
| **1.Parent/Carer Name** | | **2.Parent/Carer Name** | |
| **Relationship**  **Parental responsibility?** | | **Relationship**  **Parental responsibility?** | |
| **Address** | | **Address** | |
| **Postcode** | | **Postcode** | |
| **Contact Number** | | **Contact Number** | |
| **GP Name**  **GP Telephone no** | | **GP Address**  **Postcode** | |
| **Diagnosis** | | | |
| **Reason for referral** | | | |
| **Competencies met by parents/carers** | | | |

|  |  |  |
| --- | --- | --- |
| **Name** | **NHS No** | **DOB** |

**MEDICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dose** | **Route** | **Frequency** |
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|  |  |  |  |

**DRESSINGS/EQUIPMENT**: Please supply ONE FULL WEEKS worth, while these are ordered from the GP.

|  |  |  |
| --- | --- | --- |
| **Product** | **Size** | **Quantity** |
|  |  |  |
|  |  |  |
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**PROFESSIONALS INVOLVED:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Profession** | **Name** | **Base** | **Contact No** |
| Speciality Consultant |  |  |  |
| Speciality Nurse |  |  |  |
| Health Visitor/School Nurse |  |  |  |
| Dietician |  |  |  |
| SALT |  |  |  |
| Physiotherapist |  |  |  |
| Social Worker |  |  |  |
|  |  |  |  |

|  |
| --- |
| **SAFEGUARDING**  Child Protection/Safeguarding concerns identified?  Action taken:  Any family history of: [ ]Domestic violence [ ]Substance misuse  [ ]Parental ill health [ ]Social care involvement  Child protection plan? |

|  |  |  |
| --- | --- | --- |
| **Date referred** | **Name of Referrer** | **Contact details** |