



**Request for special school nurse intervention**

Date of request:

Child's Name:	<input type="text"/>		
D.O.B.	<input type="text"/>	GP:	<input type="text"/>
Address:	<input type="text"/>		
Home/Mobile Tel:	<input type="text"/>		
School:	<input type="text"/>	Diagnosis:	<input type="text"/>

<b>Reason for request:</b>	
Weight concerns – over/underweight <input type="checkbox"/> Attendance concerns due to health <input type="checkbox"/> Concern about behaviour at home/school <input type="checkbox"/> Toileting concerns <input type="checkbox"/> Emotional/mental health concerns <input type="checkbox"/> New medical needs <input type="checkbox"/> Health needs being unmet by carers <input type="checkbox"/> Other <input type="checkbox"/>	Young person's request <input type="checkbox"/> Sexual health concerns <input type="checkbox"/> Smoking, drugs, alcohol or addictive behaviours <input type="checkbox"/> Bereavement <input type="checkbox"/> New to school <input type="checkbox"/> Referred to safeguarding <input type="checkbox"/>

**Details of above request:**

**What has been done to support pupil/ family? please include information about support & referrals to other services/agencies:**





Services involved with pupil/ family and contact details (if known):

<b>SERVICE</b>	<b>NAME</b>	<b>CONTACT DETAILS</b>
Speech and language		
Occupational therapy		
Physiotherapy		
CAMHS/ Forward Thinking Birmingham		
Community Paediatrician		
Hospital Consultant		
Dietician		
GP		
Nurse Specialist		
Ed Psychologist		
Advocacy		
Social worker		
Other e.g. Voluntary		

We need to ensure that consent has been obtained by the person making this referral. This can be from the parent of children being referred, or from the young person, if they are competent to consent for themselves.

Consent:

Is the parent/guardian aware of the request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no please state reason why not:		
Is the Young person aware of the request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no please state reason why not:		

Details of person making request:

Name:	
Address:	
Contact number:	
Email address:	
Designation:	

Please return Completed Form directly to your School Nurse or by secure email.  
Secure email address for your allocated school nurse team can be found on:  
<http://www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/services-parent-portal/special-schools/>





**Special School Nurse Service use only:**

<u>Date Request received:</u>			
<b><u>Action Taken:</u></b>		<b><u>Outcome of action taken:</u></b>	
Assessment:			
Reassessment			
Telephone advice to referrer			
Telephone advice to carer:			
Face to face contact:			
Other:			
<b><u>Feedback to referrer:</u></b>			
<u>Date:</u>		<u>Acknowledgement to parent/ carer:</u>	
<u>Method:</u> Phone <input type="checkbox"/> E-mail <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Face to face <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/>		<u>Date:</u>	
<b>Date intervention commenced:</b>		<b>Date Intervention completed:</b>	
On-going work required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If on-going provide details:	

