**Leeds Children’s Community Nursing Service Referral Form**

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

Mon-Fri: 0113 276 1294

 Weekends/Bank holidays: 07950755273

Service Hours: 8.30am-5pm **Monday to Friday**

8.30am – 4.30pm **Weekends and Bank Holidays**

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| **Referrer Details** |  |  |
| **Date of Referral:** | **Name of Referring Service:** | **Referrer Name and Profession:** |
| **Date 1st visit required:****Time First Visit Required (CIVAS/ANTIBIOTIC PATIENTS ONLY):** | **Hospital Discharging ward:****Hospital Discharge date:** | **Address:****Contact Number:** |
| **Consent** [ ]  | I have gained the appropriate informed consent of either the parent/carer or the child/young person (required for referral acceptance) |
| **Patient Details** |  |  |
| **Surname** | **First Name** | **Preferred Name** |
| **NHS no** | **DOB** | **Sex** |
| **GP Name****GP Telephone no**  | **GP Address****Postcode** | **Language** |
| **Patient Religion/Belief** | **Ethnicity** | **Interpreter needed?** |

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| **Safeguarding** |  |  |
| **Are there any safeguarding or significant social concerns *(Please note, staff work alone, this information therefore maybe essential for staff safety)*****Yes** [ ]  **No** [ ] **If yes, please give detail:** | **Is there any social care involvement?****Yes** [ ] **No** [ ]  |
| **Parent/Carer Details** |  |
| **1.Parent/Carer Name** | **2.Parent/Carer Name** |
| **Relationship****Parental responsibility?** | **Relationship****Parental responsibility?** |
| **Address** | **Address** |
| **Postcode** | **Postcode** |
| **Contact Number** | **Contact Number** |
| **Referral Details** |
| **Diagnosis:** |
| **Reason for referral:** |
| **Training/teaching needs for parents/carers:** |

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| **MEDICATION** |

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| **Allergy status:** | **Weight:** |

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| **Medication**  | **Dose** | **Route** | **Frequency** |
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| **DRESSINGS/EQUIPMENT**: Please supply ONE FULL WEEKS worth, while these are ordered from the GP.**CIVAS Patients:** Please provide dressings packs, syringes, needles, sharps bins and antibiotics for the course duration  |

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| **Product** | **Size** | **Quantity** |
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