**Evelina School Nursing Referral Form**

We provide a health service to children and young people aged 5 to 19 years old across mainstream schools in Lambeth and Southwark, as well as children and young people educated other than at school (EOTAS).

**This referral form is for:**

School nursing referrals

Healthy Weight Nurse referrals - **Lambeth 5-12yrs only**

**Children referred to our service must meet one of the following criteria:**

|  |  |
| --- | --- |
| **LAMBETH** | **SOUTHWARK** |
| Attends school in Lambeth | Attends school in Southwark |
| Is a Lambeth resident and attends the following alternative provisions: *Jus’T’Learn, Evolve Academy West Norwood, Evolve Academy Kennington, Lambeth College KS4 Gateway Provision* | Southwark resident and subject to a CP/CIN plan and is **NEET** |
| Subject to a CP/YPSP/CIN plan, who attend an out of borough college but are a Lambeth resident | Subject to a CP/YPSP/CIN plan attending college in a neighbouring borough but residing in Southwark |
| Lambeth resident and are electively home educated | Southwark resident and are electively home educated |
| Lambeth resident Child Missing Education (5-16yrs) | Southwark resident Child Missing Education (5-16yrs) |
| Lambeth resident aged 5-19yrs, subject to a CP/YPSP/CIN plan, attending an alternative provision and not on a school roll | Southwark resident aged 5-19yrs, subject to a CP/YPSP/CIN plan, attending an alternative provision and not on a school roll |
| Lambeth resident and is Not in Education, Employment or Training (**NEET 16 yrs plus**) with identified health needs |
| For the healthy weight nurse: Children age 5-12yrs and must be a Lambeth resident / or have a Lambeth GP / attend a Lambeth school |

**Children who do not meet our criteria:**

* Children who are under 5yrs and not in reception (please refer to local health visitor)
* Attends a complex needs school including Tuke, Cherry Gardens, Livity and Heron Academy (formerly Michael Tippett)
* Young people in Southwark who are NEET (16yrs plus) and not on a CP/YPSP/CIN plan
* Independent schools

**Please note:**

**Self-Harm/Suicidal ideation**

**For emotional wellbeing referrals where there are concerns about self-harm or suicidal ideation, we are not a crisis service and the child/young person should be supported to seek urgent medical support e.g. attend the Emergency Department, or contact their mental health team crisis service.**

**Sickle Cell**

Sickle cell care plan requests email the Sickle Cell team:

[gstt.referralstosickle@nhs.net](mailto:gstt.referralstosickle@nhs.net)

**Specialist care plans**

For specialist health care plans (e.g. diabetes) please contact the child’s specialist health care team.

**Asthma**

For completions of asthma cards/action plans – these are completed by the health professional treating the child’s asthma. Parents should provide these to school. For children with asthma, we will accept referrals if:

* There are issues with joining in with PE
* School attendance is impacted by the child’s asthma
* Issues with sleep / waking at night due to asthma e.g. coughing keeping them
* awake
* Using reliever inhaler frequently (>3 times per week)
* The child is smoking or vaping
* Additional health needs
* The child is not in education

**For children under 5yrs contact the health visitors:**

Southwark [gstt.spahealthvisitingservicesouthwark@nhs.net](mailto:gstt.spahealthvisitingservicesouthwark@nhs.net)

Lambeth [gstt.spahealthvisitingservicelambeth@nhs.net](mailto:gstt.spahealthvisitingservicelambeth@nhs.net)

**PLEASE EMAIL REFERRAL FORM TO** [**gstt.schoolnurseadmin@nhs.net**](mailto:gstt.schoolnurseadmin@nhs.net)

\*Mandatory field – if not completed your referral will be rejected and returned

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | | |
| **\*First Name** | |  | | | | | | | |
| **\*Surname Name** | |  | | | | | | | |
| **\*Date of Birth** | |  | | | | | | | |
| **NHS Number (if known)** | |  | | | | | | | |
| **\*Address** | |  | | | | | | | |
| **Young Person’s Phone Number** | |  | | | | | | | |
| **GP Name & Address** | |  | | | | | | | |
| **\*Educational status** | | *In school, Educated Other than At School* | | | | | | | |
| **\*School / education provider** | |  | | | | | | | |
| **\*Gender** | |  | | | | | | | |
| **\*Ethnicity** | |  | | | | | | | |
| **\*Gillick competent** | | Yes/No | | | | | | | |
| **Parent/Carer Details** | | | | | | | | | |
| **\*First Name** | |  | | | | | | | |
| **Surname Name** | |  | | | | | | | |
| **\*Does the child reside with their parent/carer?** | |  | | | | | | | |
| **\*Telephone/ mobile** | |  | | | | | | | |
| **Email** | |  | | | | | | | |
| **\*Relationship with client** | |  | | | | | | | |
| **\*Is an interpreter required? State language** | | **Parent/Carer** | | Yes/No | | | **Child/young person?** | | Yes/No |
| **Consent**  Without the consent of either parent/carer, or the young person if Gillick competent, we cannot accept the referral. | | | | | | | | | |
|  | **\*If applicable, has the young person consented to this referral?** | Yes/No | | | **\*Has the parent/carer consented to this referral?** | | | Yes/No | |
| **Safeguarding**  **Please add details of Social Worker:** | | | | | | | | | |
| **Child Protection plan** | | Yes/No | | | | | | | |
| **CIN Plan** | | Yes/No | | | | | | | |
| **Child Looked After?** | | Yes/No | | | | | | | |
| **Educational health care plan?** | | Yes/No | | | | | | | |
| **Special Educational Needs?** | | Yes/No | | | | | | | |
| **Disability?** | | Yes/No | | | | | | | |
| **Has a recent referral been made to social care?** | | Yes/No | | | | | | | |
| **Is the family open to social care child and family assessment?** | | Yes/No | | | | | | | |
| **Other agencies involved** | | | | | | | | | |
|  | **Name** | | **Agency** | | | **Contact email** | | | |
| **1.** |  | |  | | |  | | | |
| **2.** |  | |  | | |  | | | |
| **3.** |  | |  | | |  | | | |
| **4.** |  | |  | | |  | | | |

**Which intervention(s) is required?**

**Chronic health**

**Care Plans:**

* Allergy management plan
* Epilepsy

**Support - Chronic health condition affecting education and wellbeing:**

* Asthma
* Epilepsy
* Diabetes
* Sickle cell
* Eczema
* Allergy
* Other

**Emotional health and wellbeing**

* Bullying
* Low mood and anxiety
* Self esteem
* Emotional regulation

**Sexual Health and Relationships:**

* Accessing condoms and contraception advice
* Sexual health education
* Healthy relationships
* Exploring gender identity and sexual orientation

**Risk taking behaviours**

* Youth violence
* Substance use
* Smoking/vaping
* Community safety

**Healthy lifestyles**

* Sleep
* Healthy eating
* Healthy weight nurse **– Lambeth 5-12yrs only**  *Has child accessed weight management programme before?* Yes  No
* Overweight
* Underweight
* Puberty and hygiene
* Dental health

**Safeguarding**

* Initial holistic health assessment

**Continence**

* Enuresis (night time wetting)
* Soiling and daytime wetting

*First line advice can be offered and in some cases referral into bladder & bowel service. In the first instance we would recommend the child is taken to the GP, if not already attended.*

**Reason for referral (e.g. what the concern is and what support is required?)**

**Is there anything else you would like us to know?**

**Referrer’s details**

|  |  |
| --- | --- |
| **Referrer details:** |  |
| **Name:** |  |
| **Email:** |  |
| **Phone number:** |  |
| **Designation** |  |
| **Organisation/School** |  |

You will receive an email to let you know whether your referral has been accepted or rejected.

<https://www.evelinalondon.nhs.uk/our-services/community/school-nursing-service/overview.aspx>

**Parentline: Parents and carers can contact school nurses directly via text for confidential health advice and support: 07520 631 130**

**ChatHealth: Young People aged 11-19 can contact a school nurse via text for confidential advice and support or to make appointments: 07507 332 150**