

Portsmouth School Nursing Service Referral Form:
Primary School Aged Child



CONFIDENTIAL

Name of Child:

Date of Birth:

Gender:

School:

Year:

Parent/Carer Name:

Parent/Carer signature or verbal consent given:

Parent/Carer contact number:

Consent to SMS Text: YES/NO

Parent/Carer Email Address:

Consent to Email: YES/NO

Reason for referral:

What outcomes are Parent/Carer and Child hoping to achieve by this referral?

For School referrals - how have school supported with the situation?

What does the child understand about this referral?

Current school staff and professionals/agencies involved:

Name of Referrer:

Designation:

Email Address of Referrer:

Date of referral:

Please provide email address of referrer to enable School Nursing Team to provide feedback

Please send this referral via a secure electronic method via nhs.net account - email address below.

Portsmouth School Nursing Service email: portsmouthschoolnursingservice@solent.nhs.uk

Contact number: 0300 123 6629