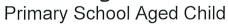
Portsmouth School Nursing Service Referral Form:





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 automos are Devent/Cover and Child having to achieve by this referred?		
What outcomes are Parent/Carer and Child hoping to achieve by this referral?		
For School referrals - how have school supported with the situation?		
For School referrals - now 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

Portsmouth School Nursing Service email: portsmouthschoolnursingservice@solent.nhs.uk Contact number: 0300 123 6629