**CHILDREN’S COMMUNITY NURSING TEAM REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | **MCH colour.jpg** |
| **Bury CCNT** | **HMR CCNT** | **Oldham CCNT** | **Manchester CCNT** |
| **Fax** 0207 019 8252 | **Fax** 0207 019 7419 | **Fax** 0161 621 3885 | **Fax** 0161 248 6267 |
| **Tel** 0161 724 2137  **Email**  pcn-tr.ccnt.bury@nhs.net | **Tel** 01706 676 777  **Email**  pcn-tr.HMRchildrensAONS@nhs.net | **Tel** 0161 621 3870  **Email**  pcn-tr.CCNTOldham@nhs.net | **Tel** 0161 248 8501 |

**Please indicate (circle) which team you are referring to**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname Name** | | **Consultant** | | | **NHS No** | |
| **First name** | | **DOB M/F** | | | **Ward Department**  **…………………………………………..**  **Contact No**  **…………………………………………..**  **Date of Admission ………………….**  **Date of Discharge …………………..**  **Date of Surgery ……………………..**  (if applicable) | |
| **Address**  **Post Code** | | **Parents/ Guardian Names** | | |
| **Interpreter needed Y/N** | | |
| **Language** | | |
| **Phone No** | | **Ethnicity**  White ****  Black – Caribbean ****  Black – African ****  Indian ****  Pakistani ****  Bangladeshi ****  Chinese ****  Other  (Please state)………………. | | | **Is the Child subject to a protection plan?**  Or A Looked after child  Or A Child in need  Any other risk factors e.g. Domestic Violence ………………………………  Any other agencies involved………...  …………………………………………. | |
| **Mobile No** | |
| **GP Name**  **Address**  **Postcode**  **Phone No** | |
| **Diagnosis – Reason for Referral** | | | | Date of first visit / contact required | | |
| Relevant Information, Nursing & medical needs | | | | | | |
| Discharge observations **Weight** | | | | | | |
| **Respirations** | **Heart Rate** | | **SaO2** | | | **Temperature** |
| Discharge Medication | | | | | | |

**Updated & amended January 2018 (amended & shared by Oldham CCNT) DP & EM**