

NHS Lothian School Nursing Service

Request for Service

**Consent is required before sending a request for service**

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| Are the parent(s)/carer(s) aware of this referral?  |  Yes / No  | Is the young person aware of this referral? | Yes / No |
| Is this a Care Experienced Child/Young Person?  | Yes / No | Date: |  |

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| **Details of Child / Young Person** |
| Full Name: |  | Date of Birth:  |  |
| Address:  |  | School Name:  |  |
|  |
| Parent / Carer Name(s): |  | GP Name: |  |
| Home Phone: |  | GP Address |  |
| Mobile Phone: |  |

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| **Referrer Details** |
| Name:  |  | Designation:  |  |
| Email: |  | Contact Address:  |  |
| Telephone:  |  |

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| **Areas of Concern** *(please mark all that apply)* |
| Physical health & wellbeing |  | Young Carer |  |
| Emotional health & wellbeing |  | Peer relationship |  |
| Risk taking behaviour |  | Sexual health & wellbeing |  |
| Transition |  | Care Experienced children & Young People |  |
| Family issues |  | Substance Misuse |  |
| Homeless in temporary accommodation |  | Other |  |
|  |
| Details of your concern:  |
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| Relevant Background Information: |
|  |
| Current Supports and Intervention:  |
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| Completed Requests Should be Returned to the Appropriate School Nursing Team |
| **Team** | **Location** | **Telephone** | **Email** |
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|  |  |  |  |

**For School Nurse Office Use Only**

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| **School Nurse Team Acknowledgment and Response** |
| Date Received: |  | Request Response:  |  Accepted / Rejected |
| Reason for Outcome. |  |
| Date:  |  | Name:  |  |

**Please note the outcome for this RFS must be documented in the RFS monthly data report:**

**Accepted: Reason for accepting the RFS and initial plan.**

**Rejected: Reason for rejecting the RFS and your completion plan.**