

Children's Community Nursing and Psychology Service (CCNP)

| | |
|-------------------------|----------------------------|
| Child's Surname: | Child's First Name: |
| NHS number: | |

| | | |
|---------------------------|------------|-----------------------|
| Previous Surnames: | M/F | Date of Birth: |
|---------------------------|------------|-----------------------|

Referral Accepted: Yes No

| | |
|------------------|---|
| Home CCG: | First Language: English <input type="checkbox"/> (tick or write) Other: _____ |
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| | | | |
|---|--|--|--|
| Religion (write in or tick one): | | Ethnicity (write in or tick one): | |
| | Not stated <input type="checkbox"/> Preferred not to say <input type="checkbox"/> | | Not stated <input type="checkbox"/> Preferred not to say <input type="checkbox"/> |

Primary Diagnosis: (Please give as much detail as possible, include diagnosis dates)

Secondary Diagnosis:

Please tick one of the following:

| | |
|--------------------------|--|
| Long term: | |
| Life limiting: | |
| Life threatening: | |

Known allergies:

| | |
|---------------------|----------------------------|
| Named Nurse: | Named Psychologist: |
|---------------------|----------------------------|

| | | | |
|------------------------------|--|----------------------------------|--|
| Date Referred: | | | |
| Name of Referrer: | | Referrer Contact Details: | |
| Position of Referrer: | | Referrer Email Address: | |

Any further details:

Parent/Carer Details

| | | | |
|------------------|--|-----------------------|--|
| Name: | | Telephone: | |
| Address: | | Mobile: | |
| Postcode: | | Email address: | |

Sibling Names:

DOB:

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| | |

GP

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|------------------|--|-----------------------|--|
| Name: | | Telephone: | |
| Address: | | Mobile: | |
| Postcode: | | Email address: | |

Referral for B&NES: Referrals can be made for a child with any life limiting or life threatening condition (apart from children who have malignant conditions as they have their own specialist nurses). In these geographical areas a referral can also be made for children with a chronic/long-term condition who have a specific nursing need. Referrals for children with continuing care needs/need for a care package can also be made.

Referral for the Clinical Psychologist: Referrals to Psychology cannot be made unless a child is receiving a service from the Lifetime nursing team. Referrals can be made via the CCN named nurse.

Further information is on the website at <http://bathneshealthandcare.nhs.uk/childrens/childrens-community-nursing-psychology/>

Please return form to **B&NES Community Children's Nursing and Psychology Service, St Martin's Hospital, Ground Floor Midford House, Kempthorne Lane, BATH BA2 5RP.** Or if you are able to email securely from an nhs.net account you can email to VCL.bathneschd@nhs.net marked for attention of the CCNP Service