

### **REFERRAL TO THE HEALTHY CHILD SERVICE (School Nursing)**

Please complete and return to: [HCS-Secure@york.gov.uk](mailto:HCS-Secure@york.gov.uk)

#### **Healthy Child Service offer to school aged children/ young people:**

Continence ; assessment and advice / onward referral to specialist services.

Emotional wellbeing ; Referrals for Children / Young People who are open to, or on a waiting list for another emotional wellbeing service will **not** be accepted by the HCS. Children and Young People in school should in the first instance be referred to the School Wellbeing Service for emotional health needs unless their preference is for the HCS.

Promoting healthy lifestyles

Physical health needs

Name of young person:	Date of Birth:			
	Gender:	Ethnicity:		
Address:	Home Tel. No:			
Postcode:	Mobile Tel. No:			
Parents name:	Parents address <i>(if different)</i>			
GP Name:	GP Address:			
School Attended:				
School Year:				
Referred by <i>(print name)</i> :	Contact No:			
Organisation:				

Is the child / young person aware of this referral?	Yes / No (Circle as appropriate)
Reason for referral:	
What do you and the young person / carer hope the service can provide, what is the expected outcome?	
What other support has been / is being offered? Who else is working with the young person? ( <i>Multi Agency Support / School Actions</i> )	

As the person with parental responsibility I consent to my child being referred to the Healthy Child Service and understand that the Healthy Child Service may share this with other professionals to ensure the appropriate support is offered.	
Sign: (Parent / Carer) Print Name:	Date:

<b><u>OR</u></b> Self consent by young person	
Sign:	Date: