

# School Nurse Referral Form for Professionals

## Accessing the School Nursing Service

Any child or young person from reception year who attends Wolverhampton State Funded Schools, Academies, Free Schools, Special Schools, Pupil Referral Units, Re-Entry sites and Educated at Home who has an identified health need, can be referred to the School Nursing Service.

This form must be completed by any professional who wishes to refer a child or young person. All referrals must be submitted via email to our secure email address. [rwh-tr.0-19Service@nhs.net](mailto:rwh-tr.0-19Service@nhs.net)

## Exclusion Criteria

The service is not applicable to any child or young person who is:

- not registered in a Wolverhampton education establishment as above
- in need of urgent medical attention that needs treatment or prescription
- in need of counselling or long-term mental health support
- requiring direct referral to a specific service e.g., Physiotherapy/Speech and Language/Audiology/CAMHS/Counselling services / a child or young person whose health needs are already being supported by a relevant specialist for that need.

## Criteria for Referral

### Physical

Long Term Medical Conditions  
Sleep  
Developmental Concern  
Growth, Diet, and Exercise  
Continence

### Social and Family Support

Strategy Meeting  
Lateral Checks  
Referral for Safeguarding  
Early Help - referrals will only be accepted following discussion with duty School Nurse  
01902 441057

### Emotional Health and Wellbeing

Anxiety  
Stress  
Low Moods  
Confidence/Self Esteem  
Please note: self-harm referrals will only be accepted following discussion with duty school nurse  
01902 441057

### Relationships and Sexual Health

Puberty  
Keep Safe Work (sexual health only)  
Sexual Health  
Sexuality/Gender

## Referral Response Times

Appointments will normally be offered within 35 days of referral, although priority appointments can be offered if deemed necessary. For further information and advice on supporting children and young people or signposting to other services, please see the 0-19 internet page

<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/0-19-service/>

# School Nurse Referral Form for Professionals

*Please complete a separate form for each child*

Name of Child:	Gender: Male/ Female/Non-Binary Transgender/ Intersex
	Gender not listed above:
DOB:	Religion:
Ethnicity:	Language spoken:
GP:	School:
	Resource Base (if applicable):
NHS No. (if known)	
Address:	
Name of person with parental responsibility (PR):	
Relationship to child:	
Telephone no:	
Has the person with PR given consent for this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the child (if age appropriate) given consent for this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date consent was obtained:	
Has the person with PR consented for the School Nurse to share the information with the referrer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Using the criteria above, what are the issues and reasons for referral to the School Nursing Service?</b>	
Has this referral already been discussed with a School Nurse? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of School Nurse _____ Date discussed _____	
<b>Other agencies involved not specific to the reason for referral</b>	
Does the child/young person have an EHCP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the child/young person a young carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child/young person have special educational needs (SEND)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Referrer's Details</b>	
Name of Referrer:	Telephone Details:
Address:	Email:
Designation:	Signature:
Date:	