

SCHOOL NURSING REFERRAL FORM



FOR SCHOOL NURSING SERVICE USE ONLY:

Date referral received:

Accepted **Yes / No** (State reason if not accepted)

Priority for assessment (Please tick and give target date)

High

Medium

Low

Dates:

Acknowledgement sent to referrer: **Yes / No**

Date:

Action Taken:

Telephone Advice Appointment Home Visit Group Session Staff Training Session

Other (Please state)

Date Commenced:

Date Completed

Work Ongoing **Yes/ NO**

Referred informed of outcome

**Please note this not an emergency service.
For Emergency health contact: NHS 111
For Safeguarding concerns contact: 01753 875362**

www.publichealthnursing4slough.co.uk

Tel: 01753 373464 / 0800 7723578

Secure fax: 01753 251085