

NORTH CENTRAL LONDON COMMUNITY CHILDREN'S NURSING REFERRAL FORM



CHILD'S DETAILS					
First Name:	Click here to enter text.		Known as:	Click here to enter text.	
Surname:	Click here to enter text.				
Gender:	Choose an item.		Date of Birth:	Click here to enter a date.	
NHS No.:	Click here to enter text.		Hospital No.:	Click here to enter text.	
Address:	Click here to enter text.				
Postcode:	Click here to enter text.		Borough of Residence:	Choose an item.	
Home Tel No.:	Click here to enter text.		Child's Mobile No.:	Click here to enter text.	
Ethnicity:	Choose an item.				
PARENT/GUARDIAN DETAILS					
Mother's Name:					
Mobile No.	Click here to enter text.	Language spoken:	Click here to enter text.	Interpreter Required?:	<input type="checkbox"/>
Father's Name:	Click here to enter text.				
Mobile No.	Click here to enter text.	Language spoken:	Click here to enter text.	Interpreter Required?:	<input type="checkbox"/>
Legal Guardian:	Click here to enter text.				
Please give details of other communication difficulties we need to know about prior to contacting the family, e.g. hearing difficulties: Click here to enter text.					
GENERAL PRACTITIONER					
GP Name:	Click here to enter text.				
GP Address:					
Postcode:	Click here to enter text.		Telephone Number:	Click here to enter text.	
OTHER INFORMATION					
Main Diagnosis:	Click here to enter text.				
Nursing care required / reason for referral: Click here to enter text.					
Current Medication / Treatment (e.g. TTA's, Dressings, Enteral Feeds): Click here to enter text.					
Supplies given (e.g. Dressings, IV Antibiotics, etc. Has Drug Chart been given to parents?): Click here to enter text.					
Any other key information (including any possible risks for CCN visiting, child protection concerns): Click here to enter text.					
Date 1 st Visit or Contact:			Visit / Telephone Contact:		
OTHER PROFESSIONALS					
Hospital Consultant:					

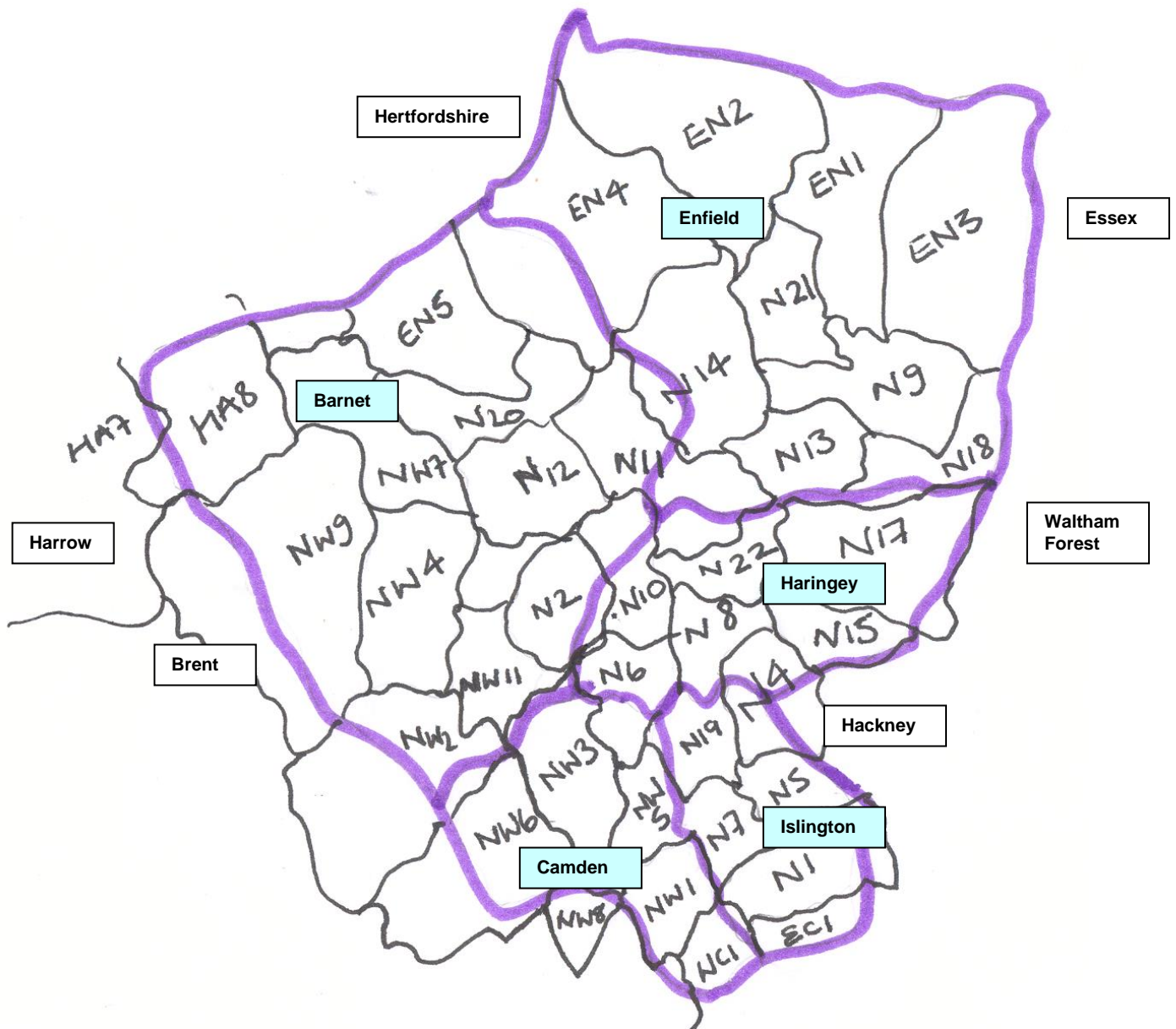
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Contact Details:	Click here to enter text.	Telephone Number:	Click here to enter text.
School Nurse:	Click here to enter text.		
Contact Details:	Click here to enter text.	Telephone Number:	Click here to enter text.
Health Visitor:	Click here to enter text.		
Contact Details:	Click here to enter text.	Telephone Number:	Click here to enter text.
Names of other Key Professionals involved (e.g. Social Worker, Dietitian, Physiotherapist, Speech Therapist): Click here to enter text.			
REFERRED BY			
Name:		Designation (e.g. Nurse, Doctor):	
Organisation / Location (e.g. hospital, ward, GP Practice, etc.):			
Telephone Number:			
Have parents / guardians been informed of the referral?		(N.B. Parents must be informed of the referral)	

Please note: your email address will be taken as a signature and the date of referral will be taken as the date the email was sent.
(N.B. form should be checked and signed by a qualified member of staff)

NCL Community Children's Nursing Network



Contact details for Community Children's Nursing (CCN) referrals within North Central London (inside the purple boarder)

For a child living in:

- ❑ **Islington** refer to the Islington CCN team. Mon-Fri 8-6, Sat & Sun 8-4. Telephone: 020 3316 1950
Email: whh-tr.IslingtonChildrensNursing@nhs.net
- ❑ **Camden and South Barnet** (NW2 NW11) Refer to the Royal Free Hospital CCN Team. Mon-Fri 8-6, Sat 8-4.
Telephone: 020 7830 2571 Email: rf.CommunityChildrensNurses@nhs.net
- ❑ **Haringey** refer to the North Middlesex Hospital CCN team. Mon-Sun 9-5. Telephone: 020 8887 3301
Email: northmid.ChildrensCommunityNurses@nhs.net
- ❑ **Enfield** and there post code begins with an E they should be referred to the Chase Farm Hospital Home Care Team. Mon-Sun 9-5. Telephone: 020 8375 1992 Fax 020 8375 1903 If the the postcode begins with an N they should be referred to the North Middlesex Hospital CCN team. Mon-Sun 9-5. Telephone: 020 8887 3301
Fax: 020 8887 2973.
- ❑ **Barnet** and they are under a consultant at Barnet Hospital refer to the Barnet Home Care Team. Mon-Sun 9-5.
Telephone: 020 8216 5242 Fax: 020 8216 5244. If they are not under a consultant at Barnet Hospital, either discuss with a consultant or the Home Care Team.