

Greater Manchester Childrens Community Nursing Team Referral Form

BURY Email: ccnt-bury@nca.nhs.uk Telephone: 0161 724 2137 Duty Phone: 07564047423	BOLTON Email: boh-tr.icpsreferrals@nhs.net Telephone: 01204 463939	HEYWOOD, MIDDLETON, ROCHDALE Email: hmrchildrensaons@nca.nhs.uk Telephone: 0161 206 0606 Duty Phone: 07761405271	MANCHESTER Email: mft.manchesterCCNT@nhs.net Telephone: 0161 248 8501
OLDHAM Email: ccntoldham@nca.nhs.uk Telephone: 0161 357 5115 Duty Phone: 07973407220	SALFORD Email: CCN.Team@nca.nhs.uk Telephone: 0161 206 2370	STOCKPORT Email: community.team@stockport.nhs.uk Telephone: 01614192124	TAMESIDE & GLOSSOP Email: ccnttameside@tgh.nhs.uk Telephone: 0161 922 5251
WIGAN Complex Email: wvl-tr.ccntwigan@nhs.net Acute Email: alwch.acutechildrenscommunitynursingteam@nhs.net Telephone Numbers: Complex - 01942 481153 Acute - 01942 481151 Duty Phone: 07901 110 910			Please indicate (circle) which team you are referring to

Surname	Consultant	NHS Number			
First name	DOB	Ward/Department/Other (i.e., G.P/111 etc.)			
Address	Gender: M / F / Other (please specify)	Assessed/Discharged by			
	Parent/Guardian Names	Contact Number			
	Interpreter Needed Y/N	Date of admission			
	Language	Date of discharge/assessment			
	Religion	Time of discharge/assessment			
Postcode	<input type="checkbox"/> <i>Checked and correct on discharge</i>		Date of Surgery (if applicable)		
Phone Number	Ethnicity White Black – Caribbean Black – African Indian Pakistani Bangladeshi Chinese Other (please state).....	Is this child subject to a protection plan?			
Mobile Number		Or a Looked After Child?			
GP Name		Or a Child in Need?			
Address		Any other risk factors?			
Post Code		Any other agencies involved?			
Contact Number					
Diagnosis – Reason for Referral		Date of first visit/contact required			
Relevant Information, Nursing and Medical Needs/Advice given					Allergies
Discharge/Prescribed Medication					
Discharge Observations	Temperature	Heart Rate	Respiratory Rate	Saturations	Weight
Acceptable Parameters (if different to MANCHEWS2)	Temperature	Heart Rate	Respiratory Rate	Saturations	
Has the discharge/ referral been discussed with family/carer?					Yes / No
Has the ward/Childrens Community Nurses telephone number been given to the family/carer?					Yes / No
Has the parent received the G.P. discharge letter/consultation assessment notes?					Yes / No
Have instructions been given regarding medication?					Yes / No / NA
Have instructions been given regarding any advice/information/supplies?					Yes / No / NA

PLEASE EMAIL/FAX COMPLETED FORM AND CONFIRM BY PHONE