**IF YOU USE EPIC RECORDS YOU MUST**

**Upload this notification to EPIC records along with a referral into GOS COMM EIHV service in-basket.**

**For other professionals:**

**Please email your notification form to**:[**gst-tr.earlyinterventionhealthvisitingservice@nhs.net**](mailto:gst-tr.earlyinterventionhealthvisitingservice@nhs.net)

The Evelina Universal 0-19 Public Health Nursing Service provides community health visiting care to all families in Lambeth and Southwark who have children aged 0-5 years old. Parents / Carers can access support and evidence-based advice about, for example, their child’s development and growth, healthy eating, physical activity, emotional wellbeing and immunisations.

**This notification of concern should be completed and sent to the Health Visiting Service (see above) at the earliest opportunity when a concern regarding a child/unborn arises. Notifiers must inform the family that there are a number of pathways within the health visiting service. The allocated health visitor will contact them to discuss which pathway of care best meets their health needs.**

**Notification forms will be triaged by the health visiting service to ensure the family receive the right care based on the needs and concern you have informed us of.**

**Please complete all applicable sections to avoid triaging delays**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Child / unborn details** *– Complete all sections.* | | | | |
| **Full name of child** |  | | | |
| **Address** |  | | | |
| **NHS Number** |  | | | |
| **DOB** | **If UNBORN** **EDD:** | | | |
| **Gender** | Male  Female  Other  Unknown | | | |
| **Ethnicity** |  | | | |
| **First language** |  | | | |
| **Pre-school/Nursery** |  | | Address: | |
| **EHCP (if in place)** | Yes  No  Unknown | | | |
| **History and diagnosis** |  | | | |
| **CPP/CIN/CLA** |  | CPP Category | |  |
| **Has a CAF / MARF been completed?** | Yes ☐ No ☐ Not applicable | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Parents/ Carers information***– Complete all applicable sections for all parents/carers.* | | | | | | |
| **Full name of parents / Carer** | **Mother:** | | | | | |
| **Father/partner:** | | | | | |
| **Address (both if different)** | **Mother:** | | | | | |
| **Father / Partner:** | | | | | |
| **NHS Numbers** | **Mother:** | **Parent / Carer Ethnicity** | | |  | |
| **Father/partner:** |  | |
| **First language** |  | | Will an interpreter be required? Yes ☐ No ☐ | | |
| **Telephone / Mobile and email** |  | | Email |  | |
|  | |  | |
| **Parent / Carer History** | | | | | | |
| Young parents aged 20 and under Yes ☐ No ☐  Parent (s) / Carer with significant mental health conditions Yes ☐ No ☐  Domestic abuse posing current risk or impact Yes ☐ No ☐  Substance misuse posing current risk or impact Yes ☐ No ☐  Alcohol misuse posing current risk or impact Yes ☐ No ☐  Parent (s) / Carer with a learning disability posing current risk or impact Yes ☐ No ☐  Parent (s) / Carer with complex medical needs posing current risk or impact Yes ☐ No ☐  Parent (s) /Carer history of Adverse Childhood Experiences Yes ☐ No ☐  Concealed pregnancies posing current risk or impact Yes ☐ No ☐  Parent(s)/carers of children who need emotional and wellbeing support (Child had a Yes ☐ No ☐ developmental assessment by a HCP)  Antenatal diagnosis of complex genetic conditions e.g. Down’s syndrome T21, Yes ☐ No ☐ T18, spinal bifida etc.  Child aged 0-5years with a physical neuro-disability Yes ☐ No ☐ | | | | | | |

|  |  |  |
| --- | --- | --- |
| 1. **Siblings and other adults / children residing in the home** | | |
| |  | | --- | | Name, address and NHS Number if known | | Relationship | D.O.B./EDD |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **Professionals involved Contact Details (Tel/Email)** | | |
| |  | | --- | |  | |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| 1. **Reason for Health Visiting Notification** |
| HEADLINES - WHAT ARE YOU WORRIED ABOUT?  PARENTS/CARERS ADVERSE CHILDHOOD EXPERIENCES  HISTORICAL HARM / RISKS  WHAT NEEDS TO HAPPEN NEXT, WHAT ACTIONS ARE BEING TAKEN BY YOU?  THE IMPACT ON THE CHILD OR FAMILY IF NOTHING CHANGES |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Notifier’s name and contact information** | | | |
| Name and job role |  | Date: |  |
| Contact number/email |  | | |
| EPIC user name: |  | | |
| Team/Agency email and phone number: |  | | |

**All notifications will be triaged by the duty specialist health visitor within 10 working days Notifiers will be informed of the allocated health visiting team and pathway.**