**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**

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**

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| 1. **Child / unborn details** *– Complete all sections.*
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| **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 [ ]  |

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| 1. **Parents/ Carers information***– Complete all applicable sections for all parents/carers.*
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| **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 ☐  |

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| 1. **Siblings and other adults / children residing in the home**
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| Name, address and NHS Number if known  |

 | Relationship  | D.O.B./EDD |
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| 1. **Professionals involved Contact Details (Tel/Email)**
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| 1. **Reason for Health Visiting Notification**
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| HEADLINES - WHAT ARE YOU WORRIED ABOUT?PARENTS/CARERS ADVERSE CHILDHOOD EXPERIENCESHISTORICAL HARM / RISKS WHAT NEEDS TO HAPPEN NEXT, WHAT ACTIONS ARE BEING TAKEN BY YOU?THE IMPACT ON THE CHILD OR FAMILY IF NOTHING CHANGES |

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| 1. **Notifier’s name and contact information**
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|  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.**