

## Referral to the 0-19 Healthy Child Team

Please return form by email to: [hdf.t.0-19darlington@nhs.net](mailto:hdf.t.0-19darlington@nhs.net)

For advice please telephone: 03000 030 013

Child/Young person's name	Address  Tel no:	Date of birth
Parent name:	Next of kin if different:  Relationship to child:	Has consent been obtained <b>Yes /No</b>  If no state why <i>(only in exceptional circumstances should consent not be obtained)</i>
School attended:  Class teacher:	Name of referrer  Contact details of referrer	Is there any social work /other agency involvement <b>Yes/No</b>  <i>If Yes give details in relevant information below</i>
Reason for the referral and any interventions tried:		
Any other relevant information/ risks to lone visiting.		
Name/ signature of referrer  Agency	Date of referral	
<b>For office use date received:</b>		