



Tel: 0300 019 8279 CCN Team, Poole Hospital NHS Trust, Longfleet Road, Poole BH15 2JB			
Child's details (name, address, dob & NHS number or sticky)			Names of Parents / Main Carer's:
Telephone numbers	Home	Mobile (mother/Carer)	Mobile (father/Carer)
GP details (incl. phone no.)			
Diagnosis			
Reason for referral			
Nursing need; Training, nutrition, Oxygen and medication, allergies, weight			
Professionals involved in care (please include consultants, safeguarding, CNS, Therapists, Social Workers, Lead Professional etc)	1. 2. 3. 4. 5. 6.		
Consent to share information obtained? Are the family aware of referral? Yes / No (please circle)			
Are there any potential risks to visiting the child at home? Yes / No (please circle)			

Please attach any information needed to this referral. Once Referral received and accepted contact with family will be made and full assessment completed.



See Risk Assessment		
If Yes please contact the CCN Team on telephone number above.		
Likely date of discharge		
Discharge planning meeting?	Yes / No	Date.....
	Name of person Coordinating.....	
Equipment needs e.g. suction, Oxygen, Spo2 monitors, feed pumps	Item	To be provided by
Follow-up Appointments		
Referrer's name and contact details	Email: Tel No:	Date:

CCN referral criteria: Needs to meet all 3

- Live within a BH postcode and a Dorset GP
- Paediatric Consultant
- CCN nursing need

CCN criteria for acceptance:	Tick and date once completed
Consultant to consultant referral	
Dietician to dietician referral	
CCN referral form completed and sent to CCN with any additional information. ccn@uhd.nhs.uk Please ring 0300 019 8279 and leave a message once sent.	

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