

Name :		NHS Number :		DOB :	
Address :			Telephone No :		
			Mobile No :		
Name of Parent / Carer :					
GP :		GP Address & Telephone Number :			
Medical History :					
Current Medication (including laxatives/stimulants) :					
Previous Medication used (including dose and frequency) :					
Current School :					
Has constipation treatment pathway been followed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Identify which Health Professional(s) involved with constipation/soiling management :					
GP <input type="checkbox"/> Health Visitor <input type="checkbox"/> School Nurse <input type="checkbox"/> Other <input type="checkbox"/>					
Is the child's family aware of this referral			Is there a safeguarding protection plan?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the child aware of this referral?			Is there a Common Assessment Framework (CAF)/Team Around the Child (TAC) in progress?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date :Name.....Address.....					
.....Tel No.....Fax No.....Signature.....					

REFERRAL METHOD

- In **writing** using Constipation Service Referral Form.
- **Fax** : Community Children's Nursing Services (CCN) on 01743 450801.
- **Post** : Community Children's Nursing Services,
NHS Telford & Wrekin,
Specialist Services for Children & Young People,
Coral House, 11 longbow Close,
Harlescott, Shrewsbury, SY1 3GZ.
- **Once referral received**, the Constipation Service will respond to the client and referrer within 5 working days.
- The **first appointment** will be issued within 2 weeks of referral to service.