

**Children and Young People’s Phlebotomy Services Referral Form**

**\* Starred fields are mandatory. If any of these fields are not completed the form will be returned.**

**Please send referral form to service via email to** [**mft.manchesterccnt@nhs.net**](mailto:mft.manchesterccnt@nhs.net)

**Referral form must be completed in full, incomplete referrals will be returned.**

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| **\*Surname:**  **\*Forename:**  **\*Previous Surname:**  **\*Address:**    **Is a copy appointment letter required:** Yes / No  **Please give details:** | **\*Date of Birth**:  **\*NHS Number:**  **\*Gender:**  **\*Home Telephone:**  **Mobile Telephone:**  **E-mail Address:**  **Reminder required for appointments (if available):**  **Text:** Yes/No |

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| **\*Language Spoken:** \***Religion:**  **\*Interpreter Required: \*Ethnicity:**  **Preference for interpreter: Male Female**  \***Access Needs:**  (Please delete as appropriate ) |

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| **\*Early Help Assessment (EHA) Completed:** yes/no  **Unique reference number (URN) :**  **Lead Professional:**  **Name:**  **Address:**  **Telephone:**  **Other Professionals Involved:** | **\*GP Name:**  **\*Practice Name:**  **\*Practice Address:**  **Nursery / School Attended:** |

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| **\*Diagnosis / Reason blood tests are required (please state which blood tests are required)** | **\*Additional information (Any factors needed to take into consideration such as social communication difficulties):** |
| **\*Please confirm the following:**  **Bloods requested in ICE as postponed**  **Yes/No**  **Prescription provided for local anaesthetic cream and 4x film dressings Yes/No**  **Are any tests fasting or time specific Yes/No** | **\*Details of fasting/time specific tests** |

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| **Referrer Name:**  **Designation:**  **Address:**  **Telephone:** | **Date of referral:**  **Has parent/guardian agreed to the referral?** |

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| **Office Use Only -**  Date referral received …………………….....…............... Demographic details checked on child health system? Yes / No  Name……………………………………………….……….. Date……………………………………  **Date of appointment**……………………………………… |