


Referral and Consent Forms

 NSW Health	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.	
ADDRESS			
WELLBEING NURSE REFERRAL			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
The Wellbeing Nurse is employed by NSW Health to work with schools to help students and their families to: <ul style="list-style-type: none"> • Identify their health and well-being needs • Connect to health and community services they need • Understand information about their health care to make decisions and how to act on it. 			
Student Details			
Family name		Given name	
Preferred name		Alias(es)	
Current family name		Previous family name	
Date of birth		Sex	
Address		Phone/mobile number	
Living with: _____			
Contact Person 1		Contact Person 2	
Name		Name	
Address		Address	
Phone No.		Phone No.	
Email address		Email address	
Relationship to student		Relationship to student	
<input type="checkbox"/> Parent / Guardian has been informed about the referral <input type="checkbox"/> Student has been informed about the referral			
Student Information			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not stated			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Not stated			
Different identity (specify): _____			
Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other: _____			
Identify as Aboriginal or Torres Strait Islander?			
<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes-Torres Strait Islander <input type="checkbox"/> Yes-Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown			
Aboriginal Liaison officer offered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred language		Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of school		Student is currently in Out of Home Care (OOHC)	
Year level		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The Wellbeing Nurse does not provide an EMERGENCY service.</p> <p>If you or someone is at immediate risk of harm call TRIPLE ZERO (000) immediately</p> <p>OR</p> <p>Go to the nearest Hospital Emergency Department OR alert School Staff (if on school grounds).</p>			



SMR010270

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BINDING MARGIN - NO WRITING

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WELLBEING NURSE REFERRAL

SMR010270

NO WRITING



NSW Health

FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. / / M.O.

ADDRESS

WELLBEING NURSE REFERRAL

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Reason for referral

- Accommodation/homelessness
- Behavioural
- Family/peer relationship
- Mental/emotional health issues
- Physical health
- School non-attendance
- Social support
- Other (specify)
- Alcohol and/or drugs
- Bullying
- Learning difficulty
- Personal safety
- Not meeting developmental milestones
- Sexual health

List relevant history/diagnosis/assessments that might relate to this referral.

Is the child/family receiving any health/social services supports that may be relevant to this referral (e.g., school counsellor, NDIS, Department of Communities and Justice)?

What supports/outcomes are being requested from the Wellbeing Nurse?

Referrer Details

Full name:

Position:

School / Organisation:

Phone number:

Email address:

Signature:

Print and Sign

Date: DD / MM / YYYY

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NSW Health

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D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

WELLBEING NURSE CONSENT

The Wellbeing Nurse helps students and their families to:

- Identify their health and wellbeing needs
- Connect them to health and community services they need
- Understand information about their health care to make decisions and act on it.

The Wellbeing Nurse requires consent from the parent/guardian/carer/student before help can be given. (A student must be aged 14 years and older to give consent).

To be completed by a parent/guardian/carer/student (Please tick and print clearly)

I give consent for the Wellbeing Nurse to:

- Carry out health and wellbeing assessments on my child/me as required Yes No
- Refer my child/me to other health and/or social services for support as required Yes No
- Share information about my child/me with school staff involved in my child's/my support Yes No
- Share information about my child/me with prescribed bodies (agencies or organisations that have responsibility for the provision of services to children) to assist in my child's/my care. Yes No

I have viewed the NSW Health Privacy leaflet <https://www.health.nsw.gov.au/patients/privacy/Pages/privacy-leaflet-for-patients.aspx>

or We keep it Zipped

(<https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/confidentiality-resources.aspx>) and understand my child's health/my information will not be shared unless needed to help in my child's/my care

Full name: _____

Signature: **Print and Sign** Date: ____/____/____

Relationship to student: Parent/guardian I am the student

Student Details

Family name: _____ Given name: _____

Date of birth: ____/____/____ Medicare number: □□□□□□□□□□/□

Home address: _____

Name of school: _____ Year level: _____

Telephone/mobile: _____

Parent/Guardian/Carer Details

Family name: _____ Given name: _____

Home address: _____

Telephone/mobile: _____ Email address: _____

To be completed by Wellbeing nurse (Please tick and print clearly)

I have obtained verbal consent from the parent/guardian/carer student Yes No N/A

I have provided them with the information contained within this consent form Yes No N/A

I have assessed the student to be a minor with the capacity to give consent (mature minor) Yes No N/A

Full name: _____ Signature: **Print and Sign**

Designation: _____ Date: ____/____/____

NO WRITING

WELLBEING NURSE CONSENT

SMR020.280



SMR020280

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BINDING MARGIN - NO WRITING

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