**Family Nurse Partnership (FNP) Notification Form**

|  |  |
| --- | --- |
| **FNP Eligibility Criteria Checklist copy tick √**  **Please tick all relevant boxes**   * Age 19 or under at conception * First child * No later than 26 weeks gestation * Living in Salford Borough * First time Mum aged 21 and under and who are Care Leavers * Eligible if previous pregnancy resulted in removal at birth (Client did not have the opportunity to parent) * Recruitment passed 28 weeks - concealed pregnancy only / client moving into the area, unknown to health services up to birth | Midwife/referrer identifies all eligible clients at booking or other appointments. Midwife to state **“Now you are pregnant there are other Health Services you are entitled to and someone will be in touch soon to find out what services you would like. Someone from the FNP team MAY contact you first”.** |
| **Highlighted additional concerns**  **copy tick √**   * History of/or current abuse * Low educational attainment * Previous or current Mental Health problems * Client substance abuse (alcohol, drugs, tobacco) * Previous or current exposure/perpetrator of domestic abuse * Family dysfunction/chaotic home environment * Criminal justice system involvement, client or partner * Other risks to client not covered above or prioritised locally | |
| **Client meets eligibility criteria**   * Referrer to notify Salford FNP team by completing the below form, attach any Supervisory/Safeguarding Alert forms and send to the FNP team via [salford.fnp@nhs.net](mailto:salford.fnp@nhs.net) or [fnp@srft.nhs.uk](mailto:fnp@srft.nhs.uk). | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Forename(s)** | | | | **Surname** | | **D.O.B** | | | **NHS No.** | | |
|  | | | |  | |  | | |  | | |
| **Partner/Baby’s Father Forename(s)** | | | | **Surname** | | **D.O.B** | | | **Present/absent** | | |
|  | | | |  | |  | | |  | | |
| **Client ethnicity** | | | |  | | **Partner ethnicity** | | |  | | |
| **Address** | | | | | | **Phone number/email address** | | | | | |
|  | | | | | |  | | | | | |
| **LMP** |  | | **EDD** |  | | **Gestation** | | |  | | |
| **Are any of the following in place?** | | | | | | | | | | | |
| **CAF** |  | **TAC/TAF** | |  | **Single Assessment** |  | **CIN Plan** | |  | **CP Plan** |  |
| **MW:** | | | | **HV:** | | **GP/Surgery:** | | | | | |
| **Delete as appropriate** | | | | | | | | | | | |
| **Client consent to text:**  YES / NO **Consent to leave message:** YES/NO | | | | **Partner aware of pregnancy:** YES / NO | | | | | | | |
| **Consent obtained for notification to Early Help if FNP declined?**  YES / NO | | | | **Interpreter required?**  YES / NO  **Language** | | | | **Are family members aware of the pregnancy?** YES / NO | | | |
| **Client signature/verbal permission** | | | |  | | | | | | | |
| **Request by (requesting agency/organisation)** | | | |  | | | | | | | |
| **Notifiers contact details, name, phone number(s) and email address** | | | |  | | | | | | | |
| **Position held** | | | |  | | | | | | | |
| **Secure email** | | | |  | | | | | | | |
| **Internal email** | | | |  | | | | | | | |