# Children with complex physical health needs

|  |  |
| --- | --- |
| Full name | Type your response here. |
| Date of birth | Type your response here. |
| NHS Number (if known) | Type number here. |

|  |  |
| --- | --- |
| What clinical nursing intervention does the CYP require support with? | Type your response here. |
| Does the CYP require any equipment to support their clinical nursing need? | Type your response here. |
| If there a specific date that the care needs to be delivered? *(Please supply copies of any care plans, treatment protocols or patient information provided)* | Type your response here. |
| How long is the clinical intervention expected to be needed for? | Type your response here. |
| What training have care givers received in order to support CYP needs *(Please supply copy of any competencies that have been completed)?* | Type your response here. |
| Is there any plan for follow up by the referring centre or clinician? | Type your response here. |
| If there is no specific clinical intervention identified what do you need the Community Children’s Nursing Team to support with? | Type your response here. |